



Guidance Document on Reporting Requirements under the *Regulations for the Monitoring of Medical Assistance in Dying*

About:

The [*Regulations for the Monitoring of Medical Assistance in Dying \(the Regulations\)*](#) require physicians, nurse practitioners, and pharmacists to provide information related to requests for, and the provision of, medical assistance in dying (MAID). This guidance document is to support these professionals in fulfilling their responsibilities under the *Regulations*.



This document is not part of the *Criminal Code* or the *Regulations for the Monitoring of Medical Assistance in Dying*. This document is an administrative document that is intended to facilitate reporting and is not intended to provide legal advice regarding the interpretation of the *Code* or *Regulations*. In the event of any inconsistency or conflict between the *Code* or the *Regulations* and this document, the *Code* or the *Regulations* take precedence. If a regulated party has questions about their legal obligations or responsibilities under the *Code* or the *Regulations*, they should seek the advice of legal counsel.

Who is this guide for?

- Physicians and nurse practitioners who have received a written request for MAID; and
- Pharmacists who have dispensed a drug for the purpose of MAID.

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Document d'orientation sur les exigences déclaratives en vertu du Règlement sur la surveillance de l'aide médicale à mourir

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1. Background

On June 17, 2016, [*An Act to amend the Criminal Code and to make related amendments to other Acts \(medical assistance in dying\)*](#) came into force, allowing physicians and nurse practitioners to provide MAID to eligible Canadians. Federal monitoring, which refers to the collection and analysis of MAID data, is a critical feature of the legislation and reflects the seriousness of MAID as an exemption to the criminal laws that prohibit ending a human life.

The *Regulations* support the collection of consistent, comprehensive information on MAID across the country by setting out reporting requirements for physicians and nurse practitioners who provide this service and pharmacists who dispense the necessary drugs. More information is available on the Government of Canada [website](#).

2. Who needs to report?

- Physicians and nurse practitioners who have received a request for MAID **in writing** and encounter one of the scenarios listed in section 3.2
- If there is no most responsible practitioner (MRP) identified with respect to the receipt of a written request, the practitioners involved (or the care coordination service or administrative body, where applicable) must determine which practitioner will be responsible for reporting.
- Pharmacists who have dispensed a substance in connection with the provision of MAID.
- **If you are not** a physician, nurse practitioner or pharmacist you do **not** need to report involvement in a MAID case (unless otherwise indicated by a provincial/territorial or institutional policy)
- Note that **delegation of reporting on MAID** to other individuals or administrative staff **is not allowed** both in the context of the federal legislation and the *Regulations for the Monitoring of MAID*.

3. When is a report needed?

3.1 How do I know if I need to report?

When a written request for MAID is received, physicians and nurse practitioners will need to report in most cases, even if the request doesn't result in MAID. See Section 3.2 for more details about scenarios for reporting and timelines.

What constitutes a written request?

A patient's written request may take any form – it does not have to be in the format required by the *Criminal Code* as a safeguard when MAID is provided (i.e., duly signed, dated and witnessed) to require reporting. It must, however, be an explicit request for MAID and not just an inquiry about MAID or a request for information.

Examples: Written request received → report may be required

- A practitioner receives an unsigned request from a patient through an email or text message.
- A practitioner receives a patient's written request for MAID through a care coordination service or a referral from another practitioner.
- A patient who is unable to speak writes a request down on paper and hands it to a practitioner.

Examples: No written request → report not required

- A patient meets with a practitioner and asks for MAID but does not put their request in writing.
- A patient asks their practitioner about eligibility for MAID. The practitioner conducts an initial assessment finding the patient eligible and provides the patient's information to a MAID coordination service to be assessed formally.
- A patient emails a practitioner a list of questions about MAID. They want to understand what is required to qualify.
- A patient types a request for MAID into a speech generating device in the presence of a practitioner.

3.2 When physicians and nurse practitioners are required to report

If MAID **was** provided:

1. You provided MAID by administering a substance to a patient
2. You provided MAID by prescribing or providing a substance for self-administration by the patient



Report within 30 days **after the day the patient dies**



Report between 90-120 days **after the day of prescribing or providing**

You can report earlier if you know the patient has died. In all other cases, you must wait 90 days.

If MAID **was not** provided:

3. You referred a patient to another practitioner or a care coordination service or transferred their care
4. You found a patient to be ineligible for MAID
5. You became aware that the patient withdrew the request for MAID
6. You became aware of the death of the patient from a cause other than MAID



Report within 30 days **after the day of referral or transfer**



Report within 30 days **after the day ineligibility is determined**



Report within 30 days **after the day you became aware of the withdrawal**

You are never required to actively seek out information about whether a patient has withdrawn the request.



Report within 30 days **after the day you became aware of the patient's death**

You are never required to actively seek out information about whether a patient has died.

Note: the 30 days starts the day after one of the above reportable outcomes occurs, not the day after the practitioner receives the written request.

Exceptions: **When is a report *not* required?**

- You receive a written request and provide the patient with contact information for a care coordination service. This is not considered, for the purposes of the federal regulations a referral or transfer of care, and reporting under the federal regulations is not required.
- You receive a written request, did not provide MAID and none of the above reportable outcomes have happened within 90 calendar days of receiving the request.
Note: Reporting is always required when MAID is provided, regardless of the time that has passed since the receipt of the written request. For all other outcomes, reporting is only required if the outcome occurs within 90 days.
- Your involvement is limited to providing a second opinion (second assessment) of a patient's eligibility.
Note: this does not apply if you refer a patient in addition to providing a second assessment. For example, you receive a request for MAID but will be away on vacation so you refer the patient to another physician. You agree to provide a second assessment before you go away. In that case, you must still report the referral.
- You have already filed a report related to a written request and have not provided MAID.
For example: you refer a patient to another practitioner and file a report. You later find out that the patient has withdrawn their request. You do not need to file again. Note: if you go on to provide MAID for this request, a second report is still required.
- You work at a care coordination centre but you are not a physician or nurse practitioner. You receive a written request for MAID and refer the patient to a physician or nurse practitioner for an eligibility assessment.

3.3 When pharmacists are required to report

You dispense a substance in connection with the provision of MAID



Report within 30 days **after the day the substance was dispensed**

Only one report is required regardless of how many substances are dispensed for the purpose of providing MAID to one patient.

4. How is a report submitted?

4.1 Submissions to the Federal Minister of Health

If you receive a request in one of the provinces or territories listed below, you will submit your report to Health Canada:

- Yukon
- Manitoba
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland and Labrador



Providers and pharmacists reporting to Health Canada may submit their report through the [Canadian MAID Data Collection Portal](http://www.canada.ca/reporting-medical-assistance-in-dying) [www.canada.ca/reporting-medical-assistance-in-dying] a secure platform developed jointly by Health Canada and Statistics Canada. If you are not in a location where you can access the federal Portal (e.g., rural/remote), you may submit your report using either fax or mail. Please contact Health Canada to request a PDF version of the reporting form by email at: hc.maid.report-rapport.amm.sc@canada.ca, or by phone at: 1-833-219-5528.

Tips for Using the Portal

- You are not required to log into the portal. Simply follow the link to begin filing.
- **You cannot save your work and return to complete a report later.** It is recommended that you review the checklist in Appendix A before accessing the portal.
- The portal will guide you through a series of screening questions related to your role in handling the request and will present you with the questions that you need to answer, based on the scenario you have presented. For that reason, question numbers in the portal will not always be sequential.
- Upon submission of your report, you will receive a confirmation number. Please print or make note of this number as it will be used to help identify the filing if any follow up is required.

4.2 Submissions to a Province or Territory

If you are reporting on a request received **in one of the following provinces and territories**, you will submit your report to the relevant provincial or territorial body listed below:

- Alberta (Minister of Health)
- British Columbia (Deputy Minister of Health)
- Northwest Territories (Deputy Minister of Health and Social Services)
- Nunavut (Minister of Health)
- Quebec (Deputy Minister of Health and Social Services)
- Saskatchewan (Chief Executive Officer of the Saskatchewan Health Authority)



Providers and pharmacists reporting to a provincial or territorial body must follow the system established by that jurisdiction for submitting information. You can find more information on Health Canada's [website](#). Some provincial and territorial reporting deadlines may be shorter than the federal deadlines. Contact your province or territory if you have questions.

4.3 Submissions in Ontario: a hybrid approach

Ontario has a hybrid reporting model. You report to the Chief Coroner of Ontario if you provide MAID by administering a substance, or providing or prescribing a substance for self-administration, and the patient dies from MAID. For all other cases where a report is required, you report to the federal Minister of Health through the Canadian MAID Data Collection Portal. Pharmacists in Ontario **always** report to the federal Minister of Health. You can find contact information for reporting on Health Canada's [website](#).

5. What happens if the required information is not reported?

Health Canada or your provincial or territorial body will follow up with you if the information provided is unclear or incomplete, or to find out why you have not reported.

Practitioners and pharmacists are required under [s. 241.31 of the *Criminal Code*](#) to file the information required in the regulations within the specified timeframes. A practitioner or pharmacist who **knowingly** fails to comply with this requirement could face a maximum term of imprisonment of two years.

If Health Canada, or a provincial or territorial body, becomes aware of failures to apply the eligibility requirements or safeguards in the *Criminal Code*, or continued or egregious omissions in reports, a situation could be referred to law enforcement agents.

6. Clarification of selected reporting requirements

6.1 Referral or Transfer of Care:

Referral is intended to capture circumstances where the written request for MAID is referred to another healthcare practitioner or care coordination service. Transfer of Care captures circumstances where a patient's care is fully transferred in response to their request for MAID, e.g., a patient is transferred out of a residential care facility in order to receive MAID at home.

Where your response to a written request for MAID is simply to provide the patient with contact information for another practitioner or a care coordination service, for the purposes of the federal regulations, a referral has not taken place and reporting is not required. For an obligation to report a referral to exist, a practitioner typically must communicate regarding the patient with the practitioner or care coordination service to which the patient is being referred.

6.2 Withdrawing a Request:

Withdrawing a request means that, to the best of the practitioner's knowledge, the patient does not intend to pursue their request for MAID. The withdrawal may take any form (e.g., oral or in writing). A lack of contact with the patient would not be sufficient to assume that he or she has withdrawn the request. You are never required to actively seek out information about whether the patient has withdrawn their request, whether or not you have assessed them, but must report if known.

6.3 Awareness of the Patient's Death:

In cases where a patient has died without a practitioner present (i.e. death by a cause other than MAID or some cases of self-administration), you may be uncertain about some of the information relating to the patient's death. In some cases, you may be unaware as to whether the patient has died, when they died, or

where they died. In these cases, “do not know” is an acceptable response. You are not required to take steps to actively seek out the requested information for the purpose of complying with the federal *Regulations*.

Please note that the portal only presents “do not know” as an option where that response is acceptable under the *Regulations*.

6.4 Disability Support Services:

A number of questions refer to “disability support services.” These could include, but are not limited to, assistive technologies, adaptive equipment, rehabilitation services, personal care services and disability-based income supplements.

6.5 Palliative Care:

A number of questions refer to “palliative care.” This is an approach that improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of pain and other physical symptoms, and psychosocial and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care.

6.6 Patient’s Description of Suffering:

The *Regulations* require practitioners to provide the patient’s description of their suffering. The portal offers a series of options to select, in a “check all that apply” format, as well as an “other” option. This list is intended to support practitioners in relaying the patient’s description of their suffering. It is not intended to validate or invalidate various forms of suffering in respect of eligibility for MAID.

6.7 Patient Information:

Monitoring the characteristics of those who are seeking, and those who obtain, access to MAID will enable identification of trends, help determine whether the *Criminal Code* provisions are meeting their objectives, and enable independent analysis and research from qualified researchers. Patient information may be used to link records in other national databases in order to support these objectives. Health Canada and Statistics Canada are subject to the federal *Privacy Act* with respect to the collection, retention, use and disposal of personal information.

6.8 Patient’s Sex

You are not required to ask the patient their **sex** solely for the purpose of answering this question, but may wish to do so to allow them to self-identify. Alternatively, you may rely on other sources (e.g., patient chart) to answer the question.

6.9 Practitioner and Pharmacist Information:

Personal information regarding practitioners and pharmacists is collected to link reports about the same patient, and to enable follow up in the case of unclear or missing information. Health Canada and Statistics Canada are subject to the federal *Privacy Act* with respect to the collection, retention, use and disposal of personal information.

6.10 Postal Codes:

You are required to provide the postal code associated with the patient's Health Insurance Number. If the patient does not have a health insurance number, please indicate the postal code of their usual place of residence on the date when their written request for MAID was received.

If the patient does not have a Health Insurance Number and does not have a usual place of residence, a shelter, hostel, or similar institution located in Canada that provides food, lodging, or other social services to the patient can be considered their usual place of residence for the purposes of the Regulations. Providing the postal code of such an institution satisfies your obligation to report the patient's postal code.

6.11 Interjurisdictional Cases:

In some cases, activities such as the receipt of a request and provision of MAID may cross provincial or territorial borders. The *Regulations* require practitioners to report based on where the written request was received.

Example: You are a physician based in Toronto but practice in Nunavut a few weeks per year. An Iqaluit patient calls your office in Toronto to book an appointment to discuss MAID. At the appointment in Iqaluit, the patient brings a hand written request for MAID. You assess the patient and find them eligible, follow the procedural safeguards and provide MAID. You would report to the Nunavut Minister of Health because you received the written request in Nunavut – the initial contact in Toronto was not in writing and was only to discuss MAID.

7. For Assistance

By E-mail	By Mail	By Phone
QUESTIONS ABOUT THE REGULATIONS AND GUIDANCE DOCUMENT		
Officials are available Monday to Friday (except holidays) from 7:30 a.m. to 5:30 p.m. Eastern Standard Time		
<p>Contact us by e-mail:</p> <p>hc.maid.report-rapport.amm.sc@canada.ca</p>	<p>Contact us by mail:</p> <p>End-of-life Care Unit Strategic Policy Branch Health Canada 200 Eglantine Driveway 1904-D, Room 411A Tunney's Pasture Ottawa, Ontario K1A 0K9</p>	<p>Contact us by phone:</p> <p>Toll Free (Canada and United States): 1-833-219-5528</p>
TECHNICAL ASSISTANCE FOR THE CANADIAN MAID DATA COLLECTION PORTAL		
Agents are available Monday to Friday (except holidays) from 8:00 a.m. to 7:00 p.m. Eastern Standard Time.		
<p>Contact us by e-mail:</p> <p>infostats@canada.ca</p>	<p>Contact us by mail:</p> <p>Statistics Canada Electronic Collection Services Central Reception SC-0505 150 Tunney's Pasture Driveway Ottawa, Ontario K1A 0T6</p>	<p>Contact us by phone:</p> <p>Toll-free (Canada and United States): 1-877-949-9492 Toll-free (other countries): refer to the list of other available countries TTY (Toll-free): 1-855-382-7745</p>

Appendix A – Checklists of information required for reporting

See below



Checklist for physicians and nurse practitioners

Reporting as required by the Regulations for the Monitoring of Medical Assistance in Dying

You must report if:

You provided MAID.

OR

You received a **written** request* and one of the following non-MAID outcomes occurs on or before the 90th day after the day you receive the written request:

- ▶ you referred the patient, or transferred their care as a result of their request, or
- ▶ you found the patient ineligible, or
- ▶ the patient withdrew their request, or
- ▶ the patient died of a cause other than MAID.

You are not required to report more than once for the same written request unless you later provide MAID.

* **Note: to trigger the obligation to report, a patient's written request may take any form. It does not have to be in the format required by the *Criminal Code* as a safeguard for MAID to be provided.**

Information physicians and nurse practitioners are required to report:

Please note that for some required information, a drop down menu from which to select the appropriate response will be available when using the Canadian MAID Data Collection Portal.

Information that must be reported in all cases:	CHECK
Date you received the written request	
From whom you received the written request, i.e., from the patient directly, a practitioner, a care coordination service, or another third party	
Patient's date of birth, sex, health insurance number and province or territory of issuance, and postal code	
Your name, province or territory of practice, license or registration number, mailing address, and e-mail	
If you are a physician, your area of specialty (dropdown menu available)	
Whether the patient consulted you for another reason before you received the request for MAID	

Additional information required when patient eligibility has been assessed:	CHECK
Which of the eligibility criteria as required by the Criminal Code were assessed and whether the patient met those criteria (checklist provided)	
Whether other health care professionals or social workers were consulted (dropdown menu available)	
Reason(s) why you are of the opinion that the request was voluntary (dropdown menu available)	
The type of serious and incurable illness, disease or disability experienced by the patient (dropdown menu available)	
A description of the patient's suffering (dropdown menu available)	
Whether the patient received palliative care; if yes, for how long (if known) and, if not, whether it was accessible (if known)	
Whether the patient required and received disability support services (if known); If yes, for how long (if known) and, if not, whether they were accessible (if known) (dropdown menu available)	

Information to be reported depending on the scenario:

Scenario 1: If you provided MAID by administering a substance to the patient:	CHECK
Information reported "in all cases" and eligibility assessment information as listed above	
Which of the procedural requirements outlined in the Criminal Code you applied (select from a list of requirements)	
The date the patient signed the formal request required by the Criminal Code	
The date the other practitioner signed the second assessment and whether the practitioner was a physician or a nurse practitioner	
When you considered a shorter period than 10 clear days appropriate, the basis for that determination (imminence of death or loss of capacity)	
Date and place that the substance was administered to the patient (dropdown menu available)	

Scenario 2: If you provided MAID by prescribing or providing a substance to the patient for self-administration:	CHECK
Information reported "in all cases" and eligibility assessment information as listed above	
Which of the procedural requirements outlined in the <i>Criminal Code</i> that you applied (select from a list of requirements)	
The date the patient signed the formal request required by the <i>Criminal Code</i>	
The date the other practitioner signed the second assessment and whether the practitioner was a physician or nurse practitioner	
When you considered a shorter period than 10 clear days appropriate, the basis for that determination (imminence of death or loss of capacity)	
The date you prescribed or provided the substance and where the patient was staying at the time (dropdown menu available)	
Whether the patient self-administered the substance and, if so, the date and place where it occurred (if known) and whether you were present	
If the patient did not self-administer the substance, whether to the best of your knowledge, they died of a cause other than MAID	

Scenario 3: If you referred the patient or transferred their care elsewhere in response to their request for MAID:	CHECK
Information reported "in all cases" as listed above	
Date on which you referred or transferred the care of the patient	
Reason for the referral or transfer of care (dropdown menu available)	
Whether an eligibility assessment was done prior to referring or transferring the care of the patient	

Scenario 4: If you found the patient ineligible:	CHECK
Information reported "in all cases" and eligibility assessment information as listed above	
If the patient had originally been found to be eligible and later found to be ineligible, whether the reason for the change was due to a loss of capacity or becoming aware that the patient's request was not voluntary	

Scenario 5: If the patient withdrew their request for MAID:	CHECK
Information reported "in all cases" and, if eligibility was assessed, eligibility assessment information as listed above	
Patient's reasons for withdrawing the request (if known) (dropdown menu available)	
Whether the patient withdrew their request after being given the opportunity to do so immediately before MAID was to be provided (dropdown menu available)	

Scenario 6: If you're aware that the patient died of another cause before MAID was provided:	CHECK
Information reported "in all cases" and, if eligibility was assessed, eligibility assessment information as listed above	
Date of death (if known)	
If you completed the medical certificate of death, the immediate and underlying causes of death on the certificate	



Checklist for pharmacists

Reporting as required by the Regulations for the Monitoring of Medical Assistance in Dying

Information that must be reported in all cases:	CHECK
Patient's date of birth, health insurance number and province or territory of issuance	
Your name, province or territory of practice, licence or registration number, mailing address and e-mail	
Name and licence or registration number for the practitioner who prescribed or obtained the substance	
The date that the substance was dispensed and where it was dispensed (hospital or community pharmacy)	