

Medical Assistance in Dying (MAID)

PROGRAM UPDATE & ONTARIO'S APPROACH TO THE
FEDERAL MONITORING REGIME



PRESENTATION PROVIDED BY:
Ministry of Health and Long-Term Care
Office of the Chief Coroner of Ontario
Health Canada
October 2018

PURPOSE

The purpose of this presentation is to:



Provide an update on the implementation of MAID in Ontario.



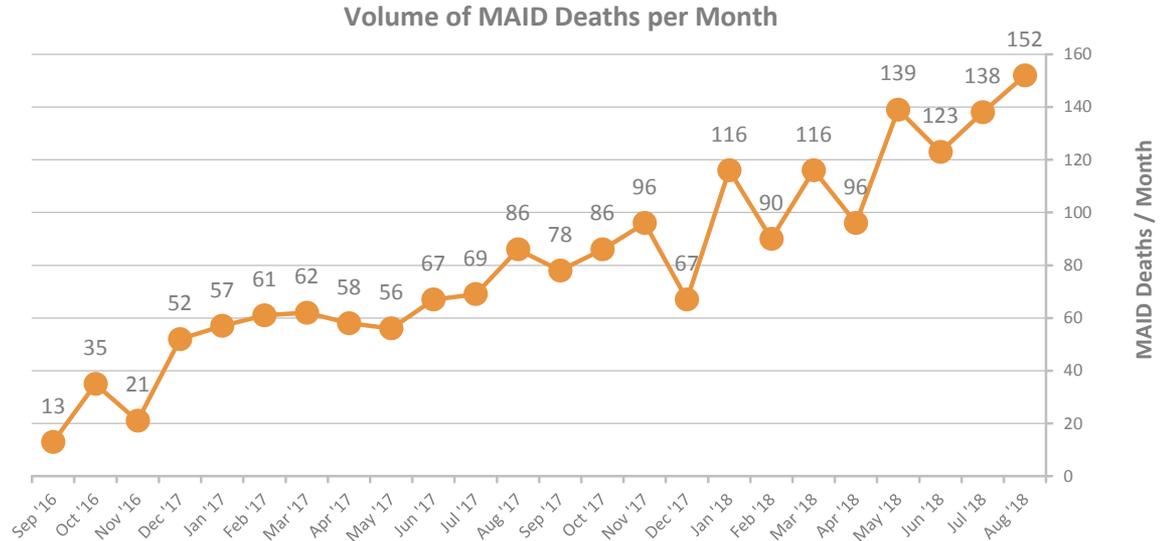
Provide an overview and educate clinicians and stakeholders about Ontario's approach to the upcoming federal monitoring regime.

MOHLTC Update – Implementation of MAID in Ontario

VOLUMES: THE NUMBER OF MAID CASES IN ONTARIO IS GROWING



- As of August 31, 2018, there have been a total of **2000 MAID deaths in Ontario** (since June 2016).
 - 1999 clinician-administered
 - 1 self-administered
- The number of MAID deaths has grown, on average, by 19% per month.



MAID represents a notable proportion of deaths in the province of Ontario.

0.8%

In 2017, 0.8% of all deaths in the province were due to MAID.

1%

In 2018, MAID is expected to account for over 1% of all deaths in Ontario.

1.8%

In 2017, MAID accounted for 1.8% of all cancer-related deaths in Ontario.

PATIENT CHARACTERISTICS: THERE IS NO “TYPICAL” MAID PATIENT



AGE

Average Age

The average age of patients receiving MAID is 74 years old.



Youngest Age

The youngest patient to receive MAID in Ontario was 22 years old.



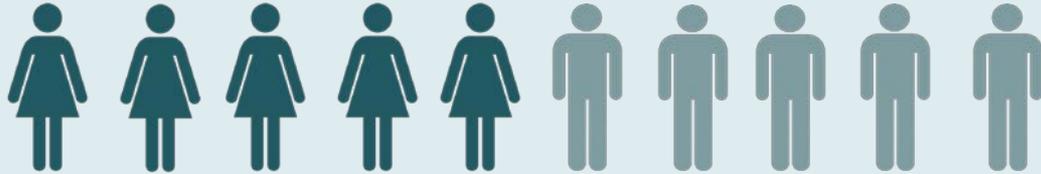
Oldest Age

The oldest patient to receive MAID in Ontario was 105 years old.



GENDER

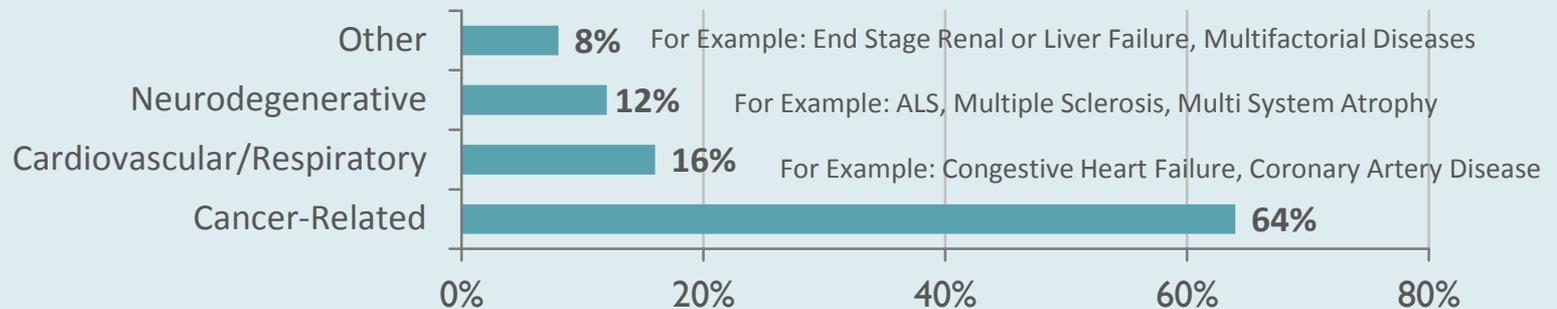
49.5%
Female



50.5%
Male

UNDERLYING CAUSE OF DEATH

Percentage of Deaths, by Underlying Cause

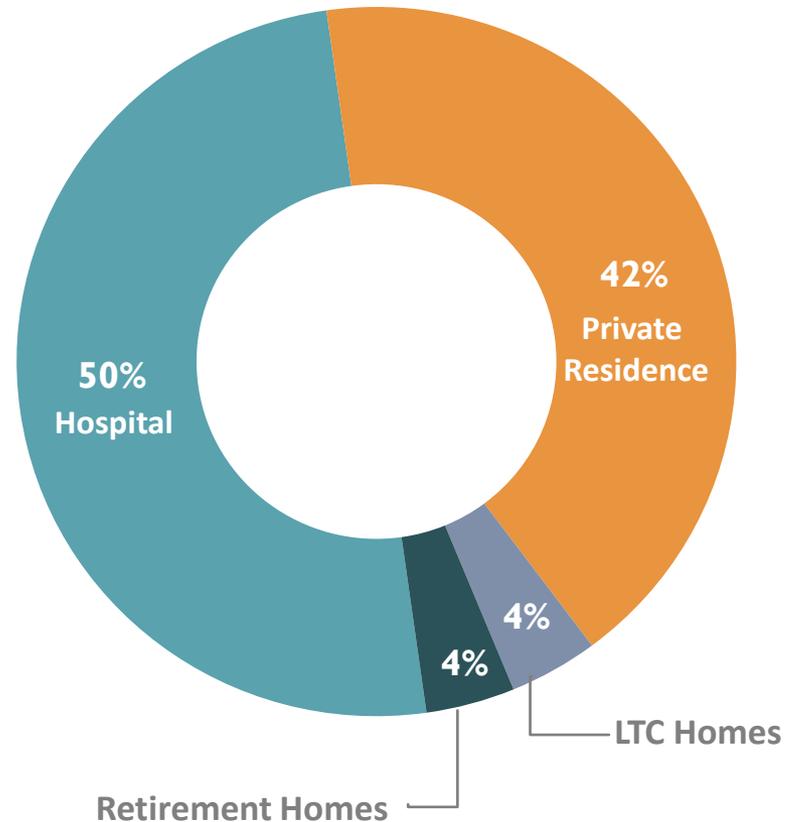


WHERE? MAID OCCURS IN A VARIETY OF SETTINGS...



MAID Deaths by Health Care Setting

- The majority of medically assisted deaths are provided in hospital, with approximately half of MAID deaths occurring in this setting.
 - 116 hospitals have had a MAID death occur in their facility; this represents over 51% of Ontario hospitals.
- Of note, the location of the MAID death may not accurately reflect where the patient was living prior to receiving MAID.



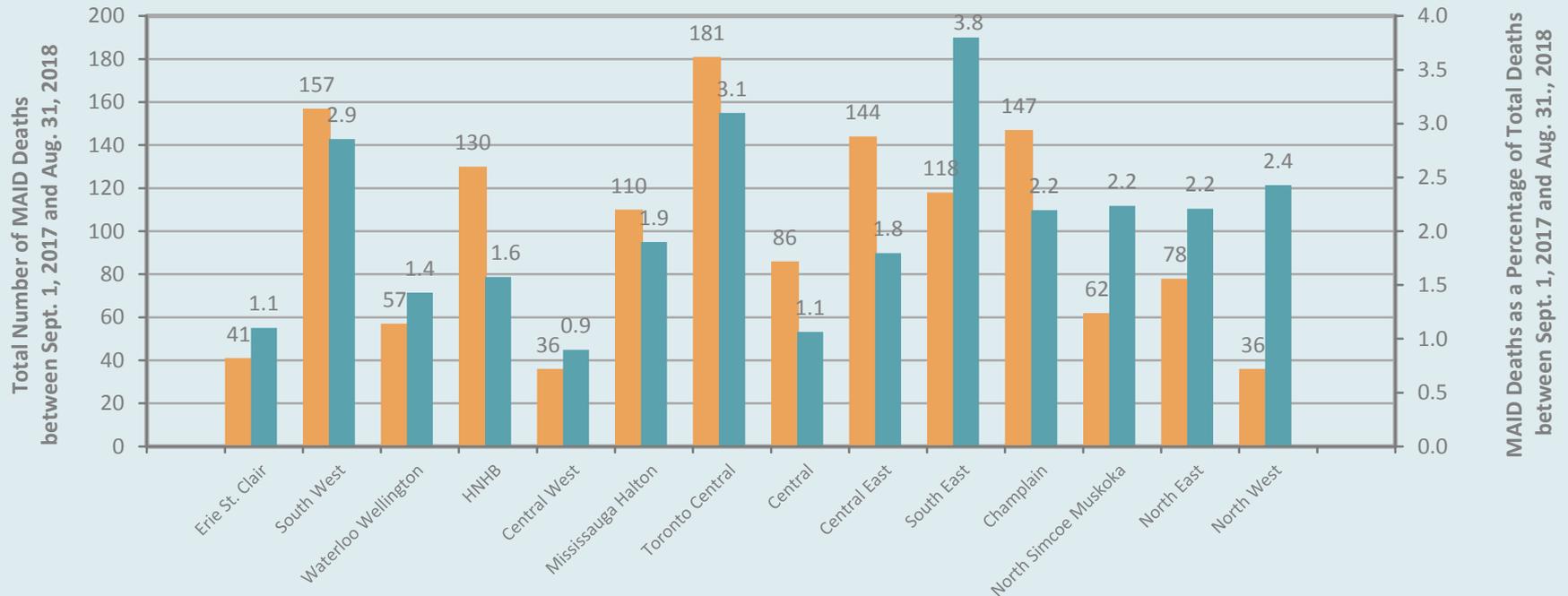
WHERE? ... AND RATES VARY ACROSS THE PROVINCE



- The distribution of MAID deaths varies across Ontario's 14 Local Health Integration Networks (LHINs)¹:
 - Central West and North West had the lowest number of MAID deaths (33 total MAID deaths); and,
 - Toronto Central had the highest number of MAID deaths (167 total MAID deaths) during this period.

- When comparing the number of MAID deaths to all deaths across the LHINs¹:
 - In Central West, MAID deaths represented 0.8% of all deaths; and,
 - In South East, MAID deaths represented 3.8% of all deaths during this period.

Total Number of MAID Deaths between Sept. 1, 2017 and Aug. 31, 2018, breakdown by LHIN

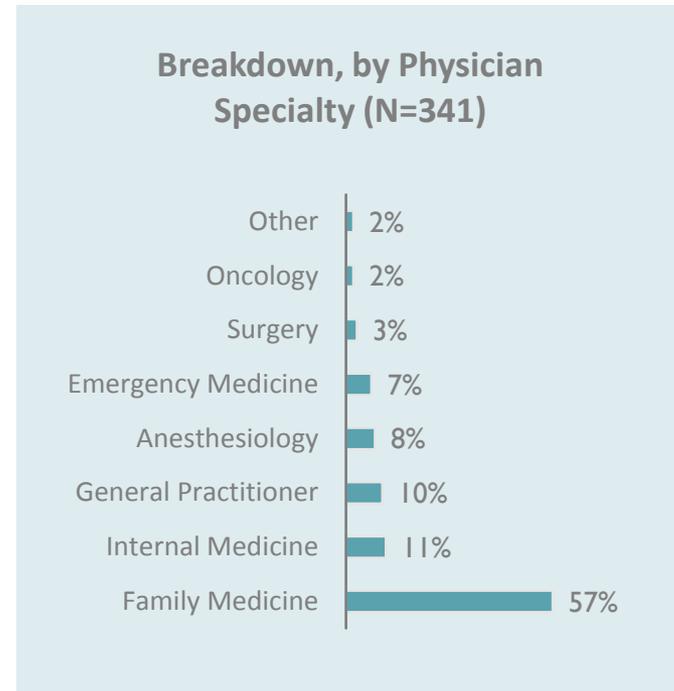
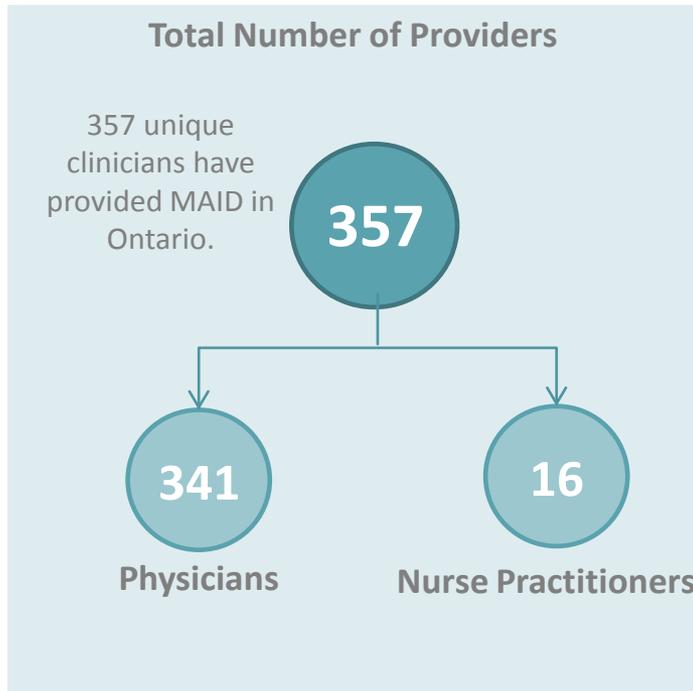


¹The Office of the Chief Coroner amended their data collection intake form on August 1, 2017 and as a result, is able to break down deaths by LHIN as of that date. Between September 1, 2017 and August 31, 2018, 1297 MAID deaths occurred across Ontario.

WHO IS PROVIDING MAID?



- **The number of MAID providers has grown significantly**, from 112 unique providers in January 2017 to 357 unique providers in August 2018 – a 219% increase in a period of 19 months.
- The majority of physicians who provide MAID are **family physicians (57%)**.



Ontario's Approach to the Federal Monitoring Regime

NOTE: The following slides are for informational purposes only. Please refer to the federal regulations and Health Canada's website and seek independent legal advice if you have questions about how the requirements apply to you.

Federal Regulations: <http://gazette.gc.ca/rp-pr/p2/2018/2018-08-08/html/sor-dors166-eng.html>

Health Canada Website: <https://www.canada.ca/en/health-canada/services/medical-assistance-dying/reporting-requirements.html>

FEDERAL MAID MONITORING: OVERVIEW



- The *Criminal Code* requires (1) physicians, nurse practitioners (NPs), and pharmacists to provide information, in accordance with the regulations, for the purpose of monitoring MAID; and (2) the federal Minister of Health to make regulations to establish a pan-Canadian monitoring regime for MAID.
- The federal regulations address the information to be provided, how and when it must be provided, to whom, and its use and disposal.
- MOHLTC and the Office of the Chief Coroner have worked with Health Canada to ensure alignment between the federal MAID monitoring regime and Ontario's MAID oversight regime.

Federal regulations establishing the monitoring regime were published in *Canada Gazette II (CGII)* on August 8, 2018, and are set to come into force on November 1, 2018.

- The final regulations (which are not yet in force) may be accessed here: <http://gazette.gc.ca/rp-pr/p2/2018/2018-08-08/html/sor-dors166-eng.html>.

FEDERAL MAID MONITORING: PURPOSE AND OBJECTIVES



- As set out by Health Canada, the objectives of the federal monitoring regulations are to:
 - Support public accountability and transparency in relation to MAID;
 - Support the protection of vulnerable individuals by monitoring the application of the eligibility criteria and safeguards required by the legislation;
 - Identify and monitor trends in requests for, and the provision of, MAID;
 - Help determine whether the legislation is meeting its objectives; and
 - Make data available to qualified researchers for the purpose of enabling independent analysis and research.
- The information collected will be used to publish annual reports on MAID in Canada, including the number of requests received, the number of medically assisted deaths and the number of people found ineligible.
- Health Canada expects to continue to produce interim reports until the permanent monitoring and reporting system is operational. Annual federal reporting using the data collected under the Regulations is expected to begin in 2019.

FEDERAL MAID MONITORING: OVERVIEW OF FINAL REGULATIONS



The following provides an overview of the final regulations published in CGII on August 8, 2018:

■ Interpretation

- Provides definitions of key terms in the regulations.

■ Provision of information

- Designation of Recipients of Information – Identifies **to whom** information would be provided.
 - The federal Minister of Health is the designated recipient for Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Prince Edward Island, Quebec, Yukon, and Ontario (hybrid).
 - Provinces/territories (PTs) with jurisdiction-specific designated recipients include Alberta, British Columbia, Saskatchewan, Northwest Territories, Nunavut, and Ontario (hybrid).
- Practitioners - Identifies the various outcomes of written requests that would result in reporting requirements, **what** information would be required for each outcome, and **timelines** for reporting.
- Pharmacists - Identifies the requirements for pharmacists to report.

■ Collection of information

- Authorizes the federal Minister of Health to collect additional information, on a voluntary basis, from provincial and territorial governments relating to written requests for/provision of MAID, including coroners and medical examiners.

■ Publication of information

- Requires the federal Minister of Health to publish a monitoring report, at least once a year.
- Stipulates the information that would be included in monitoring reports.
- Stipulates that reports would not include any personal information.

■ Other disclosure

- Authorizes the federal Minister of Health to disclose information to (1) provincial or territorial governments for their own monitoring purposes; and (2) qualified researchers, to enable research and statistical analysis.
- Requires provincial and territorial designated recipients to provide information to the federal Minister of Health.

■ Coming into force

- Stipulates that the regulations would come into force on the first day of the fourth month following the month of registration.

■ Schedules 1-8 (see Appendix B for schedule details)

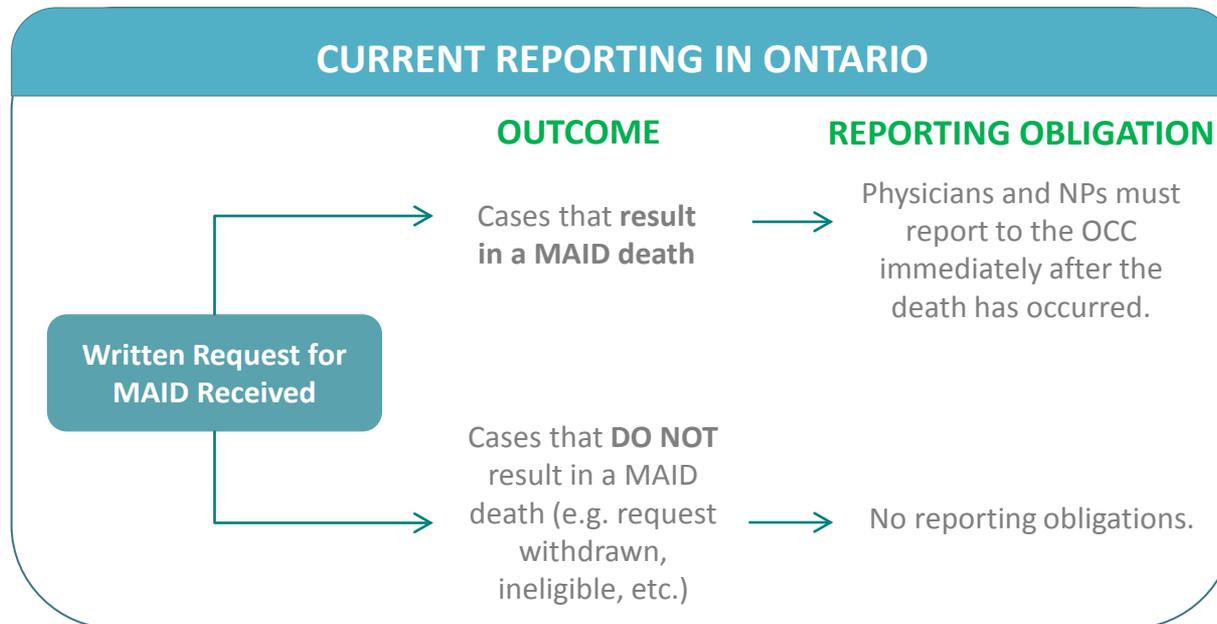
- Identifies information to be reported.

NOTE: The following summary is for informational purposes only. Please refer to the federal regulations and Health Canada's website and seek independent legal advice, if needed.
Health Canada Website: <https://www.canada.ca/en/health-canada/services/medical-assistance-dying/reporting-requirements.html>

RECALL ONTARIO'S CURRENT REPORTING APPROACH



- Currently in Ontario, the Office of the Chief Coroner (OCC) provides oversight and monitoring of MAID, and clinicians are required to report MAID deaths to the Chief Coroner.
 - This reporting and oversight regime has been very effective to-date, with no formal complaints from clinicians about the process.
 - The OCC provides an important oversight role, which goes beyond the federal government's requirements to provide statistical reporting on MAID in Canada.



CHIEF CORONER'S CURRENT ROLE WITH RESPECT TO MAID

- 1) **Oversight:** The coroner is notified and collects data about every MAID death in the province.
- 2) **Investigations:** For each MAID death, the coroner determines whether a death investigation is necessary.
- 3) **Interim Federal Reporting:** Providing the data for the federal government's interim data reports, while the final federal monitoring regulations are being developed and implemented.



■ Federal Requirements and Approach:

- The new federal monitoring regime, as set out in the federal regulations, is broader than Ontario's current reporting requirements. It would capture not only deaths from MAID, but also written requests for MAID, even if a MAID death never occurs (e.g., if the patient dies beforehand, if they were deemed ineligible, if they change their mind, etc.).
- Federal legislation requires the federal Minister of Health to designate a recipient for information from physicians, NPs, and pharmacists.
- Given overlapping federal and P/T information needs for MAID, Health Canada has allowed provinces and territories to nominate a jurisdiction-specific designated recipient (DR) to receive info, and provide it, in turn, to Health Canada.
- In some PTs, the federal Minister of Health is the DR; in others, PTs have named a jurisdiction-specific DR, which physicians, NPs, and pharmacists will report to.

■ Ontario's Hybrid Approach in the Federal Regulation:

- To minimize the reporting burden on MAID clinicians, Ontario developed a hybrid approach to the federal reporting regime.
- In cases resulting in a MAID death, the Chief Coroner of Ontario is still the designated recipient for physicians and NPs (effectively maintains the status quo in that clinicians report the death to the OCC).
- For all other reporting requirements, the federal Minister of Health is the designated recipient (new reporting – clinicians have a new obligation to provide information related to MAID to the federal Minister of Health).

FEDERAL REPORTING REGIME: ONTARIO'S NEW HYBRID REPORTING APPROACH



NEW REPORTING APPROACH

Written Request for MAID Received

**1. All clinician and self-administered MAID cases that result in death are reported to the Office of the Chief Coroner (OCC).
(Status Quo Reporting)**

- ✓ This will be the status quo for MAID clinicians, who are currently obligated to report to the OCC for any MAID death.
- ✓ The OCC will collect data from physicians and NPs on all MAID cases that result in death, and will report to Health Canada on their behalf.

**2. All other reporting requirements that do not result in a MAID death are reported to Health Canada.
(New Reporting)**

- ✓ Written requests for MAID that do not result in MAID death (e.g. patient ineligible, patient died from other cause, request withdrawn, referred).
- ✓ Cases where a physician or NP prescribes a substance for MAID that does not result in a MAID death.
- ✓ Physicians and NPs would be required to report directly to Health Canada in these cases via the Canadian MAID Data Collection Portal.

**3. All cases where MAID drugs are dispensed are reported to Health Canada
(New Reporting)**

- ✓ Pharmacists report to Health Canada via the Canadian MAID Data Collection Portal.

Designated Recipient

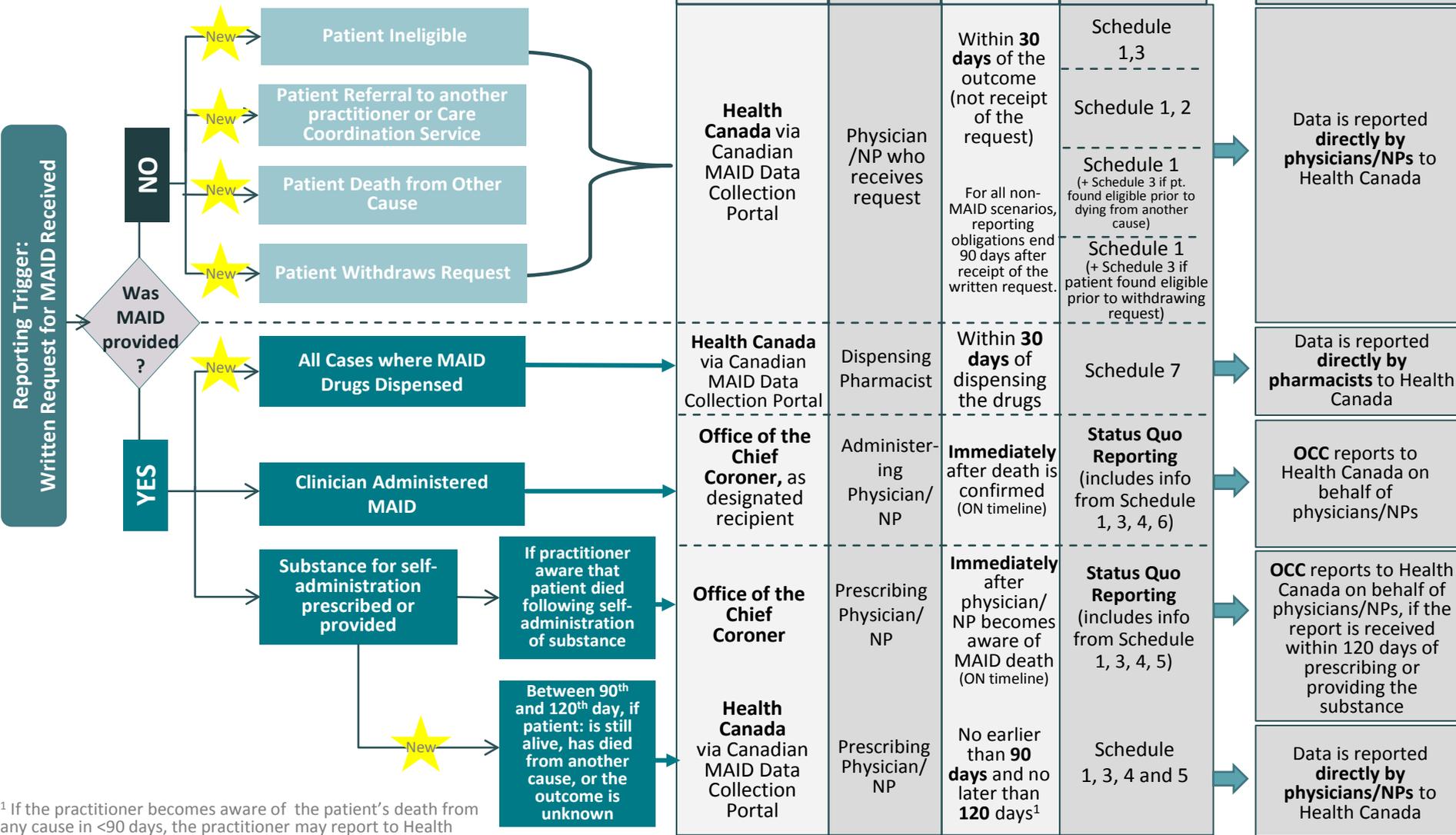
Provincial – Chief Coroner of Ontario

Federal - Health Canada

FEDERAL REPORTING REGIME : WHO REPORTS WHAT AND WHEN?



NOTE: The following summary is for informational purposes only. Please refer to the federal regulations and Health Canada's website and seek independent legal advice if you have questions about how the requirements apply to you.



¹ If the practitioner becomes aware of the patient's death from any cause in <90 days, the practitioner may report to Health Canada before the 90th day. In all other cases, the practitioner reports between the 90th day and 120th day.

FEDERAL REPORTING REGIME: THE CANADIAN MAID DATA COLLECTION PORTAL



WHAT IT IS

- The portal is a secure electronic filing system developed jointly by Health Canada and Statistics Canada. It enables clinicians and pharmacists to report directly to the federal Minister of Health.

HOW IT WORKS

- You are not required to log into the portal. Simply follow the link that will be posted on Health Canada's website to begin filing.
- You will be guided through a series of screening questions related to your involvement with a MAID request (see Appendix C).
- The portal will present you only with the questions that you need to answer, based on the scenario you selected during the screening questions.
- You will have the opportunity to review your previous answers and make any necessary changes up until when you finalize and submit your report. You may print the report for your own records.

TIPS

- You will receive a confirmation number when you submit your report. It is recommended that you print or make note of this - it will be used to help identify the filing if any follow up is required.
- At this time, you cannot save your work and return to complete a report later. A checklist has been created to help you make sure that you have all the information required before you begin reporting.
- Technical assistance for the portal will be available from Monday to Friday.

FEDERAL REPORTING REGIME: IMPORTANT REMINDERS



TIMELINES TO REPORT

- In cases where a clinician has administered MAID, despite federal regulations indicating that practitioners have 30 days to report the required information to Ontario's designated recipient, under Ontario law, the physician or NP who provided MAID is required to give notice of the death to a coroner immediately in order for the coroner to determine if the death ought to be investigated.
- The physician or NP who provided MAID must provide the coroner with any information about the facts and circumstances relating to the death that the coroner considers necessary to form an opinion about whether the death ought to be investigated.

WHAT CONSTITUTES A WRITTEN REQUEST?

- A patient's written request may take any form including a text message or an e-mail.
- It must, however, be more than an inquiry or a request for information about MAID.
- The request 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.

FAILURE TO REPORT

- Health Canada or the Office of the Chief Coroner for Ontario may follow up with clinicians 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 specific timeframes.
- A practitioner or pharmacist who knowingly fails to comply with this requirement could face a maximum term of imprisonment of two years.



Updated Approach to Monitoring and Oversight by OCC – The “Why”:

- Monitoring and oversight are key components of the federal and provincial MAID legislation.
- The Office of the Chief Coroner for Ontario (OCC) has responsibility for monitoring and oversight of MAID deaths in Ontario. The OCC reviews all MAID deaths to evaluate compliance with legal and regulatory obligations.
- Case reviews have demonstrated issues with compliance with both the Criminal Code and regulatory body policy expectations, some of which have recurred over time.
- To date, the OCC MAID review team has engaged with practitioners on a case-by-case basis to request any information that was missing, appeared inconsistent with the statutory requirements, or was unclear in what was originally provided by the practitioner.
- Learning opportunities were shared with practitioners on a case-by-case basis in response to identified concerns.
- Informed by experience over the initial two years, the volume of cases, and the requirements of the pending federal regulations, OCC will be revising our approach to situations where concerns are identified.



Updated Approach to Monitoring and Oversight by OCC – The “What”:

- OCC MAID Review Team will be implementing a more structured approach to respond to concerns that arise about potential issues with compliance with the statutory requirements, regulations, and/or College (regulatory body) policies.
- In the interest of transparency, OCC will be disseminating a list of the Criminal Code and federal monitoring regulation requirements, and the approach to oversight the team will follow going forward. Each requirement has been ranked according to OCC response in the event of observed noncompliance:
 - Level 1: Informal Conversation
 - Level 2: Educational Email
 - Level 3: Notice Email
 - Level 4: Report to Applicable Regulatory Body *
 - Level 5: Report to Police (and report to Applicable Regulatory Body) *
 - * Requires team discussion and review with Chief Coroner prior to implementing
 - ** Rankings are subject to change based on exceptional circumstance
- The assigned rankings apply to the first time an issue with compliance with the applicable requirement is identified for a practitioner. The approach will reflect whether or not there has been a repeated issue with meeting requirements by the same practitioner.



Updated Approach to Monitoring and Oversight by OCC – The “What”:

Example 1:

- First issue with compliance with the requirement that witness is not beneficiary = Level 3 (Notice Email)
- Second issue with compliance with the same requirement that witness is not beneficiary = Level 4 (Report to Applicable Regulatory Body)
- Third occurrence of an issue with requirement that witness is not beneficiary = Level 4 (with potential for Level 5)

Example 2:

- First issue with compliance with the requirement that witness is not beneficiary = Level 3 (Notice Email)
- First issue with compliance with the requirement for 10 clear days = Level 3 (Notice Email)
- Second issue with compliance with either of the above requirements OR first issue with compliance with ANY of the other legislative requirements = Level 4 (Report to Applicable Regulatory Body)
- Third occurrence of an issue with compliance with any legislative requirement = Level 4 (with potential for Level 5)

MOVING FORWARD: TOOLS AND RESOURCES



- Health Canada’s webpage has been updated to provide an overview of the reporting system:
<https://www.canada.ca/en/health-canada/services/medical-assistance-dying/reporting-requirements.html>
- Prior to the regulations coming into force on November 1, 2018, Health Canada’s webpage will be updated with the following information:
 - A detailed guidance document for practitioners and pharmacists;
 - Links to the Canadian MAID Data Collection Portal; and,
 - Checklist outlining the information required in various reporting scenarios.
- In addition, the MOHLTC and the Office of the Chief Coroner are currently working to update and/or develop the following tools and resources to aid clinicians in fulfilling their reporting obligations:
 - MOHLTC and Ontario websites;
 - Clinician Aids;
 - Centre for Effective Practice clinician tool; and,
 - Office of the Chief Coroner Checklist.



Questions?

- Further questions regarding the federal regulations for the monitoring of MAID may be directed to: hc.maid.report-rapport.amm.sc@canada.ca
- Further questions about Ontario's approach to the federal reporting regime may be directed to: endoflifedecisions@ontario.ca

APPENDIX A: PROVINCIAL CARE COORDINATION SERVICE



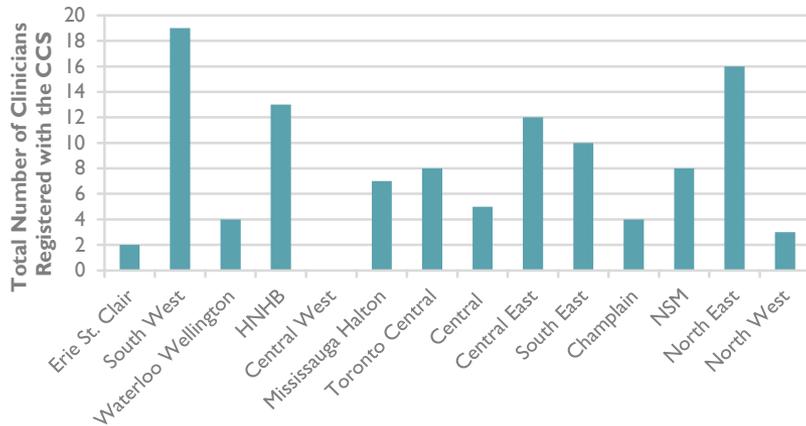
Number of Registered CCS Clinicians: To date, 111 clinicians have registered with the CCS.

- ✓ 56 Physicians
- ✓ 45 Nurse Practitioners
- ✓ 10 Pharmacists



Geographic Coverage: The CCS has good coverage across the province (i.e., not all willing clinicians are clustered in one geographical area) – only Central West LHIN has no registered clinicians with the CCS.

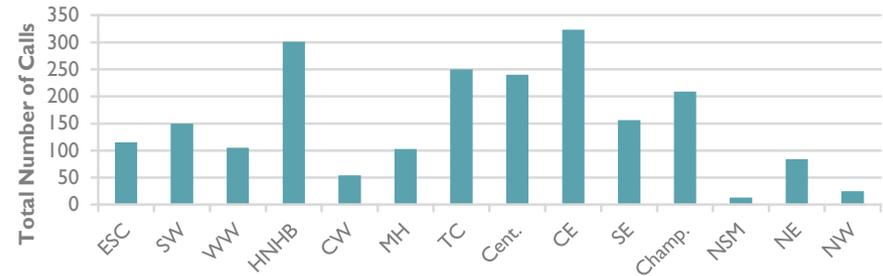
Number of Clinicians Registered with the CCS, breakdown by LHIN¹



Total number of calls received: To date, the CCS has received 2509 calls.

- ✓ 711 calls from clinicians
- ✓ 832 calls from patients
- ✓ 821 calls from family members
- ✓ 145 calls from the public

Total Number of Calls, breakdown by LHIN²



Total number of referrals received: As of August 2018, the CCS has received 1044 referrals.

- ✓ 1037 are closed
- ✓ 7 are in progress



Number of referrals per week: The CCS receives on average 16 new referrals/requests per week.



Average Completion Time: Average time to connect referrals has steadily improved since the launch of the CCS.

In August 2018, the average number of business days to complete a referral was 3.5.

¹Data provided by the CCS service provider Sykes, covers from May 31, 2017 – August 31, 2018.

²Some callers did not specify a LHIN.

APPENDIX B: SUMMARY OF INFORMATION SCHEDULES

The regulations include the following schedules, as described:

Schedule 1: Basic Information – Request for Medical Assistance in Dying

- Collects: 1) basic patient information; 2) practitioner information; and 3) date which the practitioner received the request and whether the practitioner received the request directly from the patient, a care coordination service, or another third party.

Schedule 2: Referral or Transfer of Care of Patient

- Collects information regarding: 1) the date on which the practitioner referred or transferred the care of the patient; 2) the reason the practitioner referred, or transferred the care of the patient; and, 3) an indication of whether the practitioner had determined if the patient met or did not meet the eligibility criteria prior to referring or transferring the care of the patient.

Schedule 3: Eligibility Criteria and Related Information

- Collects information indicating: 1) whether the practitioner consulted other health professionals to determine patient eligibility; 2) which eligibility criteria were assessed and whether the patient met those criteria (with further details for certain criteria, e.g., the underlying medical condition); 3) whether the patient received palliative care, if known; 4) whether the patient required disability support services, if known; and 5) after determining eligibility, whether the patient subsequently became ineligible.

Schedule 4: Procedural Requirements – Providing Medical Assistance in Dying

- Collects information indicating whether: 1) the practitioner was of the opinion that the patient met the eligibility requirement and the practitioner ensured that the safeguards were followed (with some additional details); and, 2) the date on which the written request was signed.

Schedule 5: Prescribing or Providing a Substance

- Collects information regarding the: 1) date; 2) location in which the practitioner prescribed or provided the substance; 3) other information regarding the provision of self-administered MAID, if known.

Schedule 6: Administering a Substance

- Collects information regarding the: 1) date; and, 2) location in which a practitioner administered the substance.

Schedule 7: Dispensing a Substance

- Collects information regarding the: 1) patient; 2) dispensing pharmacist; 3) practitioner who prescribed the substance or obtained the substance from the pharmacist; and, 4) dispensing of the substance.

APPENDIX C: CANADIAN MAID DATA COLLECTION PORTAL

The following screen shots provide a brief overview of the initial screening questions providers will be asked upon entering the Canadian MAID Data Collection Portal. The portal will present clinicians only with the questions that they will need to answer, based on the scenario selected during the screening questions. Clinicians will have the opportunity to review their previous answers and make any necessary changes up until when they finalize and submit their report. Clinicians may also print the report for their own records.

[Start of questionnaire](#) → Screening questions

Medical Assistance in Dying 3%

Screening questions [Cancel](#)

1. In what capacity are you reporting?

* Person reporting

Pharmacist

Physician or nurse practitioner

Provincial or territorial designated recipient

→ A provincial or territorial designated recipient is a person designated in the Regulations for the Monitoring of Medical Assistance in Dying as the recipient of information for the purposes of national monitoring in a specific province or territory.

[← Previous](#) [Next →](#)

[Start of questionnaire](#) → Screening questions

Medical Assistance in Dying 5%

Screening questions [Cancel](#)

2. What is the province or territory where you **received** the patient's written request for MAID (medical assistance in dying)?

* Province or territory

Ontario

[← Previous](#) [Next →](#)

APPENDIX C: CANADIAN MAID DATA COLLECTION PORTAL (CONT'D)

[Start of questionnaire](#) → Screening questions

Medical Assistance in Dying 6%

Screening questions [Cancel](#)

4. Did you receive this request for MAID in writing at any point, even if the original request was oral?

To trigger the obligation to report, a patient's written request may take any form. It may be, but 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). It could also include a text message or an email, for example. It must, however, be more than an inquiry or a request for information about MAID.

* Request in writing

Yes

No

[← Previous](#) [Next →](#)

[Start of questionnaire](#) → Screening questions

Medical Assistance in Dying 8%

Screening questions [Cancel](#)

5. What is the scenario that best applies to this written request at the present time?

* Scenario that best applies

You provided MAID by **administering a substance** to the patient

You provided MAID by prescribing or providing a substance for **self-administration**

You **referred** the patient's request to another practitioner, to a care coordination service or, as a result of the request, you **transferred the care** of the patient to another practitioner

You provided a second opinion (also known as a **second assessment**) as per s. 241.2(3)(e) of the *Criminal Code*

You became aware that the patient **withdrew** his or her request

You completed an assessment of the patient and found the patient **ineligible** for MAID

You became aware that the patient **died from a cause other than MAID**

None of the above

[← Previous](#) [Next →](#)