

Medical Assistance in Dying Administering Physician Certification

The requirements of the College of Physicians and Surgeon of Manitoba By-Law No. 11, Schedule "M", Appendix "A" (the "Schedule") is incorporated in this document:

I, _____ (physician name) am the administering physician ("Administering Physician") who is providing/administering the pharmaceutical agent(s) for medical assistance in dying to _____ (patient name) for the intended purpose of causing the patient's death at the patient's request.

I am familiar with all of the requirements for providing medical assistance in dying to the patient as set out in sections 241.1 and 241.2 of the *Criminal Code*, R.S.C., 1985, c. C-46 (the "Criminal Code") and the Schedule.

1. I have informed the pharmacist that dispensed the pharmaceutical agent(s) that the substances were intended for medical assistance in dying;
2. I am satisfied that:
 - a. two independent assessments of the patient were conducted, one by me on the date as listed below, and the other conducted by the following physician/nurse practitioner ("Independent Practitioner") on the date also as listed below:

Printed Name of Administering Physician: _____

Signature of Administering Physician: _____

Date of Assessment (d/m/y): _____/_____/_____

Printed Name of Independent Practitioner: _____

Date of Assessment (d/m/y): _____/_____/_____

- b. the Independent Practitioner is independent of me and is not:
 - (i) a mentor to me nor responsible for supervising my work;
 - (ii) or believed to be a beneficiary under the will of the patient or recipient in any other way of any financial or material benefit resulting from the patient's death; and
 - (iii) connected to me or the patient in any other way which would affect their objectivity;
- c. the Independent Practitioner, who is independent of me and has conducted an independent assessment of the patient, has provided a written opinion confirming that the patient meets all eligibility criteria as set out in the applicable legislation; and
- d. the patient meets the criteria as set out in the applicable legislation to be eligible to receive medical assistance in dying having:
 - (i) verified the clinical diagnosis and assessment of the patient; or

- (ii) confirmed the diagnosis, prognosis and treatment options through consultation with another physician with relevant expertise;
3. A written request for medical assistance in dying was signed and dated by the patient (or the patient directed their Proxy to sign and date in the written request for medical assistance in dying) before two independent witnesses who then also signed and dated the request at least 10 clear days between the date of the patient's written request was signed and the day on which the medical assistance in dying is provided, or any shorter period of that I consider appropriate in circumstances where the Independent Practitioner and I are both of the opinion that the patient's death or their loss of capacity is imminent;
 4. If the patient had difficulty communicating, all necessary measures were taken to provide a reliable means by which the patient may understand the information that was provided to them and communicate their decision;
 5. I have advised the patient that, after their consent is signed, he or she may freely and voluntarily change their mind at any time and in any manner may withdraw their consent to proceed with medical assistance in dying;
 6. Immediately before providing medical assistance in dying, I provided the patient with the opportunity to withdraw their request for medical assistance in dying; and
 7. Immediately before providing medical assistance in dying, I ensured that the patient gave their express consent to receive medical assistance in dying.

I am of the opinion that all of the requirements of the Criminal Code and the Schedule in relation to assessing the patient's eligibility for medical assistance in dying and obtaining and documenting the patient's informed consent have been met. I, along with the Independent Practitioner, conducted independent assessments to determine the patient's eligibility, including an assessment of the patient's medical decision making capacity, and have obtained the patient's informed consent to receive medical assistance in dying.

The provision of medical assistance in dying took place at _____ (location) in the _____ of _____, in the Province of Manitoba on ___/___/_____ (d/m/y) at _____ (time).

Signature of Physician: _____
 Date: ___/___/_____ (d/m/y)

Printed Name of Witness: _____ Signature: _____
 Date: ___/___/_____ (d/m/y)