

The information provided in this Practice Support checklist is intended to provide general guidance to assist registrants in identifying issues and options that should be considered, and implementing strategies to address issues, resolve problems and improve practice, with respect to a particular aspect of psychology practice. No checklist can anticipate all variables that might be relevant to a specific professional decision or circumstance, but the checklist can provide general guidance to registrants dealing with the identified practice issue. Registrants are also invited to contact the Practice Support Service with any questions.

Readers are advised that documents provided by the Practice Support Service are not legal advice, and do not supplant any applicable legislation, the College's Code of Conduct, or any other official College communications. While an effort has been made to be comprehensive, the information in this checklist is not exhaustive, and the College makes no warranty or representation as to its currency, completeness or accuracy. The College accepts no responsibility for any errors or omissions, and expressly disclaims any such responsibility.

This checklist does not establish standards, limits or conditions for registrants' practice for the purposes of the Health Professions Act, and it is not intended to impose mandatory requirements to the extent that such requirements are not established under the Code of Conduct. In the case of any inconsistency between this checklist and any Code standard, the Code standard governs. The final decision on the course of action to be taken in any practice situation is made by the registrant, and checklists are not intended as a substitute for the professional judgment and responsibility of the registrant. Exclusive reliance on checklists is imprudent, as every practice decision depends on its own particular circumstances.

This document may not be copied in part. Registrants wishing to copy it in its entirety must keep this disclaimer attached and must identify it as a College of Psychologists of B.C. Practice Support document. For ease of reference, select Code standards are indicated in brackets following checklist items. Registrants are obligated to consider any other Code standards and legislation that may be relevant to a specific practice situation. All references to the Code of Conduct and other legislation is current to the date indicated at the beginning of each checklist.

Providing an Assessment Requested for MAiD Checklist (with FAQs)

The checklist and FAQs are intended to provide basic information and resources to registrants of the College of Psychologists of British Columbia in light of recent Criminal Code of Canada amendments to allow a person to request and receive, under certain limited circumstances, medical assistance in dying (MAiD).

During the MAiD process, one or both medical assessors may refer a patient to a psychologist or other qualified practitioner with expertise in capacity assessment if they are unsure the patient has the capacity to give free and informed consent.

As with all professional activities, registered psychologists who participate in MAiD requests must maintain compliance with all relevant provisions of the CPBC Code of Conduct. The following checklist is a non-exhaustive list of considerations for registrants who are considering providing an assessment of an individual who has requested MAiD, to assist the registrant in ensuring they are offering their services consistently with Code of Conduct requirements. Code Standards are provided for reference in brackets following checklist items.

- I have the requisite competency to perform a capacity assessment. (3.1, 3.2, 3.3, 3.5, 3.7, 3.10, 3.11, 3.21, 3.23, 3.25, 11.1, 11.2)
- I have ensured that I am aware of, and understand, current MAiD legislation at both the federal and provincial levels of government, and that I am familiar with the forms and reporting requirements of a consultant practitioner in the MAiD process. (3.7, 3.8, 7.9, 18.1)
- I will ensure that the process I use for obtaining informed consent for any MAiD related assessment includes, at a minimum, the following:
 - a clear explanation of my role,
 - a clear explanation of the assessment process,
 - disclosure regarding risk of harm to self specifically related to the unique situation of the MAiD legislation
 - an explanation of the limits of confidentiality unique to the situation, including but not limited to:
 - disclosure necessary to access collateral information, including disclosure for the purposes of (i) conducting collateral interviews with involved medical staff, family members, etc., and (ii) reviewing relevant medical information,
 - the identification of all parties who will be consulted for collateral information, and
 - the identification of all parties who will have access to the results of my assessment,
 - an explanation of how my assessment results, which will include consideration of collateral information obtained, may be anticipated to be used, and
 - written documentation of the informed consent agreement that is, wherever possible, signed by the client. (4.1, 4.2, 4.3, 4.7, 4.8, 4.11, 5.2, 5.3, 5.13, 6.1, 6.4, 6.14, 11.4)

- I have appropriately considered the requirements and range of issues in undertaking an Interview and possible formal assessment of the individual requesting MAiD, including, but not limited to, considering:
 - the presence of significant cognitive compromise,
 - the presence of affective states that may be influencing the individual's ability to make judgments, and
 - the ability to reason and make decisions regarding his or her medical situation and his or her MAiD request,in order to assess whether the individual is able:
 - to understand his or her illness and the purpose of his or her request,
 - meaningfully to review options to treatment,
 - to evaluate the risks and benefits of receiving and not receiving treatment, and
 - to evaluate the consequences and risks regarding all decisions relevant to the assessment of his or her capacity to consent. (3.3, 3.7, 3.10, 3.11, 3.14, 3.15, 3.16, 11.1, 11.2, 11.3, 11.6, 11.32, 11.33)
- I have considered and assessed the core issues of:
 - the competency of the individual to give informed consent for MAiD,
 - the ability of the individual to make health care decisions for him- or herself, and
 - the ability of the individual to request MAiD of his or her own free will. (11.2, 11.3, 11.6, 11.32, 11.33)
- I have ensured that my assessment is based on information and techniques that are appropriate, unbiased, and sufficient to address the referral questions. (3.7, 3.10, 3.12, 3.13, 3.14, 3.15, 3.16, 11.1, 11.2, 11.3, 11.4, 11.6, 11.22, 11.27, 11.28, 11.32, 11.33)
- I am aware and have considered that, dependent on the individual's specific medical condition, the ability to consent may fluctuate daily. (3.7, 3.13, 11.3, 11.6, 11.11, 11.28, 11.32, 11.33)
- I have confirmed the medical facts of the individual's care, including undertaking a solid review of past treatment care and priorities. (3.7, 3.12, 3.13, 3.14, 3.15, 7.9, 11.3, 11.6, 11.32, 11.33)
- I have considered the need to review availability of, and compliance to, previous and current treatment options pursued by the individual related to their grievous and irremediable medical condition. (3.7, 3.12, 3.13, 3.14, 3.15, 7.9, 11.3, 11.6, 11.32, 11.33)
- I will consult with medical personnel as appropriate to ensure my own understanding of the individual's medical condition and treatment options is sufficient to evaluate his or her capacity to consent. (3.7, 7.9, 11.3, 11.6, 11.32, 11.33)
- I have considered establishing what the patient's family understands, as appropriate. (3.14, 3.19)
- I have identified what if any, external forces/conflicts may be influencing the MAiD decision making. (11.3, 11.6, 11.33)
- I have relied upon the most appropriate and relevant psychometric tools and techniques in the assessment of the individual who is requesting MAiD. (3.2, 3.3, 3.7, 3.10, 3.15, 11.1, 11.2, 11.6, 11.15, 11.21)
- I have considered the need to assess the individual's understanding of the current MAiD protocol, which includes:
 - two independent witnesses,
 - a specific understanding of the word "independent,"
 - access and eligibility to receive MAiD includes a waiting period of 10 days, and
 - that exceptions may exist. (3.3, 3.7, 11.4)
- I will ensure that the individual understands he or she has the right to change his or her mind about a MAiD decision. (5.1, 18.1)
- I will appropriately specify any limitations to my opinions. (3.13, 3.18, 11.9, 11.11, 11.28)

Frequently Asked Questions

When Can MAiD be performed and who provides MAiD?

In British Columbia MAiD can only be provided after evaluation by two independent medical assessors, specified as being either a qualified nurse practitioner registered in British Columbia or a physician, has established the requesting patient meets the criteria for medical assistance in dying. Registrants of the College of Psychologists of BC are encouraged to consult the College of Physicians and Surgeons (CPSBC) [Professional Standards and Guidelines](#) and College of Registered Nurses of BC (CRNBC) [Scope of Practice for Nurse Practitioners](#) (page 38) as well as the [College of Pharmacists Guidelines](#) for details about the criteria and process. Additional information is also available at the Government of British Columbia Medical Assistance in Dying [website](#).

Who can provide information on MAiD?

All registrants should be aware that it is still a criminal offense to counsel a person to commit suicide. All registrants should ensure that they do not direct, and cannot be seen to be directing, a patient to consider medical assistance in dying and suicide.

The amendments to the Criminal Code allow healthcare professionals to provide information about MAiD when approached by a patient who is seeking information. Registrants are advised to limit the information they provide to patients looking to access medical assistance in dying to directing them to engage their doctor or nurse practitioner, who can discuss the options available to the patient or assist them to find someone who can help. For those patients without a physician or nurse practitioner to consult, the following B.C. health authorities have a designated person to help connect patients requesting information on assisted dying with a doctor or nurse practitioner who can provide guidance. See the health authority links below for information and contacts:

[Fraser Health](#)
[Provincial Health Services Authority](#)
[Vancouver Coastal Health](#)

[Northern Health](#)
[Interior Health](#)
[Island Health](#)

What is the potential role for a registered psychologist in a situation related to a request for MAiD?

The role of registered psychologists could be in providing information or assessment services to medical assessors with regard to the decision-making process of an individual who has sought out MAiD. This information sheet is intended to provide an outline of key considerations important to the registered psychologist in any role related to MAiD.

What should a registrant do if they are not comfortable having involvement in MAiD?

The new provisions for MAiD in BC do not compel registrants to accept referrals to assess patients related to their request for MAiD, and Standards 3.12 and 11.27 of the CPBC Code of Conduct provide clear direction to registrants who have conflicts of beliefs or values. Standard 8.2 gives further direction on providing the referring medical assessor with information about alternate providers. Those registrants employed in a public health setting or other circumstance in which they may be consulted as part of a MAiD process should confirm any decision not to take MAiD referrals with their employer. Registrants may make a personal choice not to accept a referral to assess patients related to a MAiD request based upon their values and beliefs.