Health PEI
Provincial Medical Assistance in Dying (MAiD) Program

[Patient Label]

Medical Assistance in Dying (MAiD)
Waiver of Final Consent

Persons whose natural death has become reasonably foreseeable may complete a Waiver of Final Consent for MAID to take place on or before a particular date under the following conditions:

- This written arrangement will be made with the physician or nurse practitioner who is scheduled to perform the MAiD procedure, or by another suitable MAiD Provider should the first clinician be unable to do the procedure on that date.
- This option is available for persons who:
  - Have been assessed and approved for MAiD
  - Have indicated their preferred date for their MAiD procedure, and
  - Are at risk of losing decision-making capacity prior to their scheduled MAiD procedure

Patient:

By checking the boxes and signing below, I confirm that:

☐ I am requesting MAiD procedure on _____ (YYYY/MM/DD)

☐ I have been informed by my MAiD Provider that I am at risk of losing capacity to give final consent for my MAiD procedure.

☐ I request that my MAiD Provider complete my MAiD procedure on or before the date indicated above if I have lost capacity to consent to MAiD at that time (e.g., coma, terminal delirium, brain injury).

☐ I understand that if, on or before the date indicated above, I demonstrate by words, sounds, or gestures, purposeful refusal, or resistance to the administration of a substance that would cause my death, this Waiver of Final Consent will be invalidated, and the MAiD procedure will not be performed.

☐ I understand that if circumstances arise that render the MAiD Provider(s) unavailable to provide MAiD on the agreed upon date, the patient and MAiD Provider(s) will work with the MAiD Program team to make alternate arrangements. In rare instances, this may include having MAiD on a different date, and/or provided by another MAiD Provider involved in the care of the patient.

Alternate Provider Details:

☐ The named provider has independently assessed the patient for MAiD while the patient is still capable and is aware and agrees to being named an alternate provider.

Additional Details:

[Patient Label]

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Signature of Patient	Print Name	Date Signed
Support people present:		

Proxy:

If the person requesting MAiD is physically unable to sign and date this request, another person (a proxy) may do so in the person's presence, on the person's behalf and under the person's express direction.

- I am at least 18 years of age.
- I understand the nature of this person's request for MAiD.
- I am not a beneficiary under the Will of the person making this request for MAiD, or a recipient in any other way of financial or other material benefit resulting from this person's death.
- I am signing this on behalf of _____ in their presence and under their express direction. (Patient Name)

Signature of Proxy	Print Name	Date Signed
Relationship to the Person requesting MAiD		Phone Number

Physician/Nurse Practitioner:

☐ I have advised_____ that they are at risk of losing capacity to give final consent to MAiD

☐ _____(Patient Name) has requested a MAiD Procedure on _____ (yyyy/mm/dd) and I have agreed to provide MAiD on or before that date if they have lost the capacity to consent to MAiD.

☐ If I am not available to provide MAiD on the date noted above, I will work with the patient and the MAiD Program team to make alternate arrangements to the best of our ability. In rare instances this may include having MAiD on a different date, and/or provided by another MAiD provider involved in the care of this patient.

Signature of Health Care Provider	Print Name	Date Signed
Signature of other Health Care Provider (if present)	Print Name	Date Signed

[Patient Label]

Medical Assistance in Dying
Waiver of Final Consent: Fact Sheet

A Waiver of Final Consent is a written agreement between you and your primary MAiD assessor **once you have chosen a date for MAiD**. This agreement means that if you lose capacity **on or before the date** you have chosen for your MAiD procedure, your provider will (if they possibly can) provide MAiD for you **on or before the date noted on the waiver**.

No other physician/nurse practitioner can provide MAID for you under the terms of the waiver (the only exception to this is if your second assessor is listed on the Waiver as being an alternate provider).

It is important to remember that the waiver is not a guarantee that you will receive MAiD. Many circumstances could prevent it:

1. Your MAiD provider cannot be available 24/7; should you lose capacity suddenly they may be unavailable due to holidays or other work commitments. A provider could also be unavailable due to illness or other unforeseen circumstances.

2. In the event of a sudden worsening of your condition there may not be enough time to organize a MAiD provision, which can take up to 5 business days or more. It may also be difficult to get IV access. If this were to happen, all comfort measures will be taken to help manage symptoms, until a natural death occurs.

3. If you change your mind and clearly refuse to have MAiD, then we will be unable to carry out the MAiD provision. This is true even if you are confused and have lost your capacity.

Whatever happens, as your illness progresses, we will do our best to carry out the terms of your waiver. However, we cannot guarantee that you will receive MAiD.

If you have any questions, please give us a call. It is also important that you or your supporters contact us if there is any substantial change in your condition.

The Provincial MAiD Program
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