

Appendix 3 (as supplied by the authors): Final descriptor for entrustable professional act

Title: Assessment and provision of Medical Aid in Dying (MAID).

Description:

This activity includes 3 components:

1. *Assessment* for eligibility, which includes:

- Determining that the patient is clearly expressing a desire for hastened death (as opposed to a desire to die) and meets the criteria for MAID established by law.
- Establishing that the patient is capable- namely that they understand their medical options, including therapeutic options for their underlying illness as well as their EOL options (including palliative care); they understand the reasonably foreseeable consequences of each of these options; and they can make a reasoned decision among these options.
- Identifying the cause(s) of the patient's intolerable suffering and addressing any unmet palliative and social needs, if possible and appropriate, by engaging a palliative care or other specialized provider.
- Establishing that the decision is voluntary and not coerced.
- Obtaining corollary history and additional documentation as required.
- Documenting findings.

2. *Preparation* for the provision of MAID:

- Communicating with multidisciplinary team to arrange provision (including pharmacy, nursing, administration, when applicable).
- Determining the patient's preferred location, and making preparations appropriate for that location.
- Determining the patient's preferred route of administration (if applicable), and making appropriate preparations**.
- Responding appropriately to a rapid deterioration in the patient's patient's condition or episodes of delirium or decreased level of consciousness by expediting the provision.

3. *Provision* of MAID:

- Counseling the patient and family about what to expect during MAID provision.
- Confirming capacity and consent, and providing an opportunity to withdraw the request for MAID.
- Administering medication while ensuring a caring and supportive environment.
- Attending to post-death tasks including documentation of the provision, discussing next steps with family/caregivers, contacting the coroner when necessary, and debriefing with team members. Assuring appropriate paperwork and reporting to relevant oversight authorities.

Link with Competency Framework:

Knowledge: The learner should be aware of...

- The eligibility criteria established by law and reasonable interpretations of these criteria.

- Areas of controversy in interpreting these criteria, and the basis of the controversies.
- Regional/institutional requirements such as standard protocols, reporting requirements, institutional procedures, and referral mechanisms.
- The range of medications and equipment used during MAID.
- Considerations that arise when providing MAID in the home vs. in an institution.
- Common events that occur and signs that patient may display during the provision of MAID.
- Regulations regarding organ and tissue donation.

Skills: The learner should be able to...

- Understand and assess the patient's understanding of treatment alternatives relevant to the patient's condition, in keeping with the expertise of the assessor.
- Assess and facilitate the patient's understanding of information and ability to reason between options, particularly in patients with neurological disease, mental illness and cognitive impairment.
- Recognize when additional medical information or assessments are required from other sources.
- Prognosticate when appropriate, and to appreciate how prognosis might affect the eligibility or timing of MAID.
- Document and communicate findings accurately.
- Develop a therapeutic relationship with new patients/family members in a short timeframe.
- Assess and manage the range of emotions that can arise from the family and health care team either in respect to MAiD in general or to a particular MAiD provision.
- Manage enteral** or intravenous access, and anticipate and troubleshoot problems that may arise during the provision of MAID.
- Support family through acute grief around the time of MAID provision.

Attitudes: The learner should...

- Demonstrate a non-judgmental approach to patients'/families' responses to MAID (either positive or negative)
- Not allow personal views on MAID to influence an eligibility assessment, or influence a patient's decision to proceed with MAID or not.
- Advocate for access to MAID when an eligible patient has requested MAID.
- Show humility by acknowledging limitations of personal knowledge, and consult experts regarding medical, legal or ethical issues outside their training and experience.
- Adapt their approach (by providing extra documentation or consultation) when medicolegal consequences seem more likely.
- Demonstrate a commitment to self-care and emotional support for other members of allied health team who may be struggling with MAID.
- Demonstrate a commitment to maintain the competence of self and others by participating in a community of practice to share experience and learn from the experience of others as the practice of MAID and eligibility and reporting requirements evolve.

Teaching Approaches may include:

- Didactic sessions
- Witnessed assessments and provisions, including remote witnessing via telemedicine
- Optional: Simulated encounters with standardized patients.
- Optional: Procedural simulation for vascular access.

Sources of Information to evaluate progress may include:

- Direct observation
- Reviewing documentation of assessments.
- Multi-source feedback.

Potential basis for formal entrustment decisions:

Entrustment indicates that in the opinion of the assessor, the learner can be trusted to perform the task independently. We suggest that in order to be able to make this entrustment decision, a minimum of two assessments for and provisions of MAiD be directly observed and completed at a level compatible with unsupervised practice. Ideally, one of these assessments should involve a patient with a higher degree of complexity (illness that may affect capacity, complex family dynamics, lack of clarity in interpretation of the law). This is, however, a guideline and we recognize that from a logistical standpoint this may be challenging, especially for those working in remote areas. In some circumstances telemedicine may prove helpful. We suggest that for entrustment, the learner should at least be able to demonstrate the ability to distinguish between straightforward and complex cases, and demonstrate a willingness to ask for help from colleagues when appropriate. This definition of entrustment is also not meant to limit the functioning of existing MAiD providers, but rather to provide a more robust way of verifying competence for those seeking to become assessors and/or providers.

**Not applicable to Quebec