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Reporting requirements for medical assistance in dying

If you are a Canadian physician, nurse practitioner or pharmacist, you need to know:

New federal reporting requirements for medical assistance in dying are in effect as of November 1, 2018. This means any written request for medical assistance in dying received on or November 1, 2018, may trigger reporting requirements under the new regulations.

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Who needs to report:

- Physicians and nurse practitioners who have received a request for MAID **in writing** and encounter one of the scenarios listed below
- Pharmacists who have dispensed a substance in connection with the provision of MAID

What type of request triggers the requirement to report?

The regulations require written requests to be reported in certain situations outlined below. 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.

Scenarios where a physician or nurse practitioner must

report and associated deadlines:

PLEASE NOTE: Practitioners are always required to act within the professional standards set by their regulatory colleges for the provision of MAID.

The regulations require reporting in certain situations where MAID is requested. The following tables provide six possible scenarios that a physician or nurse practitioner may encounter in relation to MAID and outlines the deadlines and related rules in such scenarios.

Scenarios where a written request is received and MAID is provided

Scenario	Deadline to report	Related rules
Scenario 1: You provided MAID by administering a substance to a patient	Within 30 days after the day the patient dies	
Scenario 2: You provided MAID by prescribing or providing a substance for self-administration by the patient	120 days after the day of prescribing or providing	You can report earlier if you know the patient has died. In all other cases, you must wait 90 days before reporting.

Scenarios where a written request is received and MAID is not provided

Scenario	Deadline to report	Related rules
Scenario 3: You referred a patient to another practitioner or a care coordination service or transferred their care as a result of the request	Within 30 days after the day of referral/transfer	You do not need to report if you refer or transfer a patient more than 90 days after the day you receive the written request. If you report with respect to a referral or transfer of care, you are not required to report again for the same written request unless you later provide MAID.
Scenario 4: You found a patient to be ineligible for MAID	Within 30 days after the day ineligibility is determined	You do not need to report if you find a patient ineligible more than 90 days after the day you receive the written request. If you report on a finding of ineligibility, you are not required to report again for the same written request unless you later provide MAID.

<p>Scenario 5: You became aware that the patient withdrew the request for MAID</p>	<p>Within 30 days after the day you became aware of the withdrawal</p>	<p>You do not need to report if you become aware, more than 90 days after the day you receive the written request, that a patient has withdrawn their request.</p> <p>If you report on the withdrawal of a request, you are not required to report again for the same written request unless you later provide MAID.</p> <p>If the patient has not contacted you after the initial written request, you are not required to actively seek out information about whether the patient has withdrawn the request, whether or not you have assessed them. In such a situation, you do not need to report.</p>
<p>Scenario 6: You became aware of the death of the patient from a cause other than MAID</p>	<p>Within 30 days after the day you became aware of the patient's death</p>	<p>You do not need to report if you become aware, more than 90 days after the day you receive the written request, that a patient has died of a cause other than MAID.</p> <p>If the patient has not contacted you after the initial written request, you are not required to actively seek out information about whether the patient has died of a cause other than MAID, whether or not you have assessed them. In such a situation, you do not need to report.</p>

Important timelines for reporting on non-MAID outcomes

As you will notice from the table above, after a referral, finding of ineligibility, or a practitioner becoming aware of the patient withdrawing their request or dying of another cause, the practitioner then has up to 30 calendar days to file a report. Note that the 30 days starts running after one of those 4 events, not as soon as the written request is submitted to the practitioner.

Reporting requirement ceases after 90 days where MAID is not provided

Health Canada recognized the need to put a time limit on the requirement to report when MAID is not provided. If none of the events outlined above has happened within 90 calendar days of the practitioner receiving the written request, the practitioner **is not required** to report at all.

For example, if a practitioner received a written request on February 1st, and conducted an

assessment and found the patient ineligible on March 15th, a report **would** be required within 30 calendar days after the finding of ineligibility on March 15th.

However, if an assessment on this same written request occurred only on May 10th and the patient was found ineligible, a report **would not** be required, as more than 90 days had elapsed since receipt of the written request.

Information physicians and nurse practitioners are required to report:

Please note that for some required information, a drop down menu from which to select the appropriate response will be available when using the Canadian MAID Data Collection Portal.

Information that must be reported in all cases:

- Date you received the written request;
- From whom you received the written request, i.e., from the patient directly, a practitioner, a care coordination service, or another third party
- Patient's date of birth, sex, health insurance number and province of issuance, postal code
- Your name, province or territory of practice, license or registration number, mailing address, and e-mail
- If you are a physician, your area of specialty (dropdown menu available)
- Whether the patient consulted you for another reason before you received the request for MAID

Additional information required when patient eligibility has been assessed:

- Assessment of eligibility criteria and related information:
 - Which of the eligibility criteria as required by the Criminal Code were assessed and whether the patient met those criteria (checklist provided)
 - Whether other health care professionals or social workers were consulted (dropdown menu available)
 - Reason(s) why you are of the opinion that the request was voluntary (dropdown menu available)
 - The type of serious and incurable illness, disease or disability experienced by the patient (dropdown menu available)
 - A description of the patient's suffering (dropdown menu available)
 - Whether the patient received palliative care ¹; if yes, for how long (if known) and, if not, whether it was accessible (if known)
 - Whether the patient required and received disability support services ² (if known); If yes, for how long (if known) and, if not, whether they were accessible (if known) (dropdown menu available)

Information to be reported depending on the scenario:

Scenario 1: If you provided MAID by administering a substance to the patient:

- Information reported “in all cases” and eligibility assessment information
- Which of the procedural requirements outlined in the Criminal Code you applied (select from a list of requirements)
- The date the patient signed the formal request required by the Criminal Code
- The date the other practitioner signed the second assessment and whether the practitioner was a physician or a nurse practitioner
- When you considered a shorter period than 10 clear days appropriate, the basis for that determination (imminence of death or loss of capacity)
- Date and place that the substance was administered to the patient (dropdown menu available)

Scenario 2: If you provided MAID by prescribing or providing a substance to the patient for self-administration:

- Information reported “in all cases” and eligibility assessment information
- Which of the procedural requirements outlined in the Criminal Code that you applied (select from a list of requirements)
- The date the patient signed the formal request required by the Criminal Code
- The date the other practitioner signed the second assessment and whether the practitioner was a physician or nurse practitioner
- When you considered a shorter period than 10 clear days appropriate, the basis for that determination (imminence of death or loss of capacity)
- The date you prescribed or provided the substance and where the patient was staying at the time (dropdown menu available)
- Whether the patient self-administered the substance and, if so, the date and place where it occurred (if known) and whether you were present
- If the patient did **not** self-administer the substance, whether to the best of your knowledge, they died of a cause other than MAID

Scenario 3: If you referred the patient or transferred their care elsewhere in response to their request for MAID:

- Information reported “in all cases”
- Date on which you referred or transferred the care of the patient
- Reason for the referral or transfer of care (dropdown menu available)
- Whether an eligibility assessment was done prior to referring or transferring the care of the patient

Scenario 4: If you found the patient ineligible:

- Information reported “in all cases” and eligibility assessment information
- If the patient had originally been found to be eligible and later found to be ineligible, whether the

reason for the change was due to a loss of capacity or becoming aware that the patient's request was not voluntary

Scenario 5: If the patient withdrew their request for MAID:

- Information reported “in all cases” and, if eligibility was assessed, eligibility assessment information
- Patient's reasons for withdrawing the request (if known)
- Whether the patient withdrew their request after being given the opportunity to do so immediately before MAID was to be provided

Scenario 6: If you're aware that the patient died of another cause before MAID was provided:

- Information reported “in all cases” and, if eligibility was assessed, eligibility assessment information
- Date of death (if known)
- If you completed the medical certificate of death, the immediate and underlying causes of death on the certificate

Additional information that must be reported based on your province:

To avoid practitioners having to report information to both the federal monitoring regime and to provincial authorities, the following provinces are collecting information in collaboration with Health Canada. Practitioners from these provinces will be asked to report the following additional information in the Canadian MAID Data Collection Portal.

Ontario:

- Patient's Local Health Integration Network (dropdown menu available)

Manitoba:

- Patient's first and last name and their regional health authority (dropdown menu available)
- Triage start date
- Whether a physical transfer of the patient was required for assessment and/or to receive MAID and the reason(s) for the transfer (dropdown menu available)
- Which professionals other than the practitioner were present at the administration of MAID (dropdown menu available)

Reporting by Pharmacists:

The following table outlines the deadline for pharmacists to report when they dispense a substance in connection with the provision of MAID.

Scenario	Deadline to report
You have dispensed a substance in connection with the provision of MAID	30 days after the day of dispensing

Information required from Pharmacists

- Patient's date of birth, health insurance number and province of issuance
- Your name, province or territory of practice, licence or registration number, mailing address and e-mail
- Name and licence or registration number for the practitioner who prescribed or obtained the substance
- The date that the substance was dispensed and where it was dispensed (hospital or community pharmacy)

Where to send information:

The legislation requires a designated recipient to be clearly identified to receive the information that is outlined in the regulations from physicians, nurse practitioners and pharmacists. Who you report to depends on where you received the written request.

Federal Designated Recipient

For the majority of provinces/territories, the federal Minister of Health is the designated recipient, and you can submit information through the Canadian MAID Data Collection Portal developed jointly by Health Canada and Statistics Canada. Screening questions on the site will guide you to the relevant questions for your scenario.

Provinces and territories with a federal designated recipient (federal Minister of Health)
Manitoba
New Brunswick
Newfoundland and Labrador
Nova Scotia
Prince Edward Island
Quebec

Yukon
Ontario (hybrid – in all cases not involving a MAID death, report to the federal Minister of Health)

Provincial/Territorial Designated Recipient

However, some provinces and territories have a provincial or territorial level designated recipient to collect MAID information outlined in the regulations from physicians, nurse practitioners and pharmacists, and then forward this information to the federal Minister of Health. If you practice in one of the following provinces or territories, you must follow the system established in your province or territory.

Provinces and territories with their own designated recipient
Alberta (Minister of Health)
British Columbia (Deputy Minister of Health)
Northwest Territories (Deputy Minister of Health and Social Services)
Nunavut (Minister of Health)
Saskatchewan (Chief Executive Officer of the Saskatchewan Health Authority)
Ontario (hybrid – in cases resulting in a MAID death, report to the Chief Coroner of Ontario)

Failure to provide the required information:

Health Canada or your provincial or territorial designated recipient may follow up with you for clarification if the information provided is unclear or incomplete or to find out why you have not reported.

The objective of the monitoring system is to gather data in order to gain insight into the implementation of MAID legislation in Canada, while protecting the privacy of individuals. That said, 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.

Additional resources:

Prior to the coming into force date of November 1st, 2018, this 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 provincial/territorial designated

recipients' processes for reporting

- A checklist outlining the information required in each of the scenarios listed above

Related information:

- [News Release: Coming into Force of Regulations for Monitoring Medical Assistance in Dying](#)
- [Backgrounder: Regulations for Monitoring Medical Assistance in Dying](#)
- [Regulations for the Monitoring of Medical Assistance in Dying and Regulatory Impact Analysis Statement](#)
- [Medical assistance in dying](#)
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Contact information:

If you would like further information about the requirements to report under the Regulations for the Monitoring of Medical Assistance in Dying, send an e-mail to: hc.maid.report-rapport.amm.sc@canada.ca

Footnotes

- 1 Palliative care is an approach that improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of pain and other physical symptoms, and psychosocial and spiritual suffering. It may be provided in any setting, by specialists or by others who have been trained in the palliative approach to care.
- 2 Disability support services could include but are not limited to assistive technologies, adaptive equipment, rehabilitation services, personal care services and disability-based income supplements.

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