

Medical Assistance in Dying Clinical Privileges

Name: _____

Effective from ____ / ____ / ____ to ____ / ____ / ____

Initial privileges (initial appointment) Renewal of privileges (reappointment)

All new applicants should meet the following requirements as approved by the governing body, effective: June 13, 2016.

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

[Department/Program Head or Leaders/ Chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

Other requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

Medical Assistance in Dying Clinical Privileges

Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

Definition

Medical assistance in dying includes both the procedure where the patient is provided assistance in ending his or her own life (assisted suicide) and where a practitioner*¹ directly administers a lethal dose of medication in accordance with the wishes of the patient (voluntary euthanasia). These procedures are provided to patients in accordance with legislation.

Qualifications for Medical Assistance in Dying

Initial privileges: To be eligible for privileges in Medical Assistance in Dying, the applicant should meet the following criteria:

Education which includes *:

1. Demonstrated knowledge of the eligibility criteria established by relevant legislation.
2. Demonstrated knowledge of the evidence-informed drug protocols used in medical assistance in dying. This will include the skills and expertise in managing the administration of these drugs and complications/ interactions arising from their use.
3. Demonstrated knowledge of the following components of the process and ability to provide them:
 - a. Ability to describe and discuss options for care available to an individual requesting medical assistance in dying, including palliative and end of life care services as appropriate.
 - b. Ability to assess the individual's capacity to consent to medical assistance in dying; and when necessary to refer to a qualified expert.
 - c. Ability to recognize and respond to components of vulnerability that may impact an individual's request for medical assistance in dying including but not limited to:
 - i. Negative self-perceptions and reliance on others

¹ In anticipation of pending legislation, this document uses "practitioner" to refer to physicians and nurse practitioners, and may be applied to both types of medical staff as the law allows.

Medical Assistance in Dying Clinical Privileges

- ii. Sense of burden due to lack of access to needed supports and health care
 - iii. Caregiver, family, or social coercion
 - iv. Health care provider influence/bias
4. Demonstrated knowledge of relevant health authority policies and directives on medical assistance in dying.

* *this section has been adapted from work completed by Alberta Health Services in February 2016. It will need to be reviewed post June 6, 2016.*

Education obtained through either:

Successful completion of acceptable training in medical assistance in dying, as it becomes available,

OR

Completion of a preceptorship under the guidance of a qualified practitioner, acceptable to the health authority.

AND

Recommended current experience: To be determined by the province at a future date, on the basis of accumulated experience across B.C.

Renewal of privileges:

To be eligible to renew privileges in Medical Assistance in Dying, the applicant should meet the following criteria:

- Ongoing demonstration of the knowledge and skill as outlined in Initial Privileges.

Return to practice:

To be eligible to return to providing Medical Assistance in Dying, the applicant should normally meet the following criteria:

- The knowledge and skills outlined in Initial Privileges.

Non-Core Privileges: Medical Assistance in Dying

Requested

Medical Assistance in Dying Clinical Privileges

Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility I am applying, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____ Date: _____

Department/Program Head or Leaders/Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

Name of Department / Division / Program: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____