

## Privilege developed for Medical Assistance in Dying (MAID)

As of June 6, medical assistance in dying (MAID) is a charter right for “a competent adult person who clearly consents to the termination of life and has a grievous and irremediable medical condition (including an illness, disease or disability) that is intolerable to the individual.”

To meet this change, a panel of provincial subject-matter experts convened this spring to develop an appropriate privilege. The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and eight subject matter experts, who work across five BC health authorities. Panelists included senior representatives from the College of Physicians and Surgeons of BC and the BC Patient Safety and Quality Council, as well as physicians trained in geriatrics, psychiatry, internal medicine and general practice.

Drawing on broadly-based feedback gathered in several rounds of consultation, the panel created a privilege that serves as a consistent reference point for use across BC. As legislation, regulation and professional education programs develop, the MAID privilege will undergo review to ensure alignment with evolving standards.

### Application of the MAID privilege

Practitioners in BC may now seek privileges to provide MAID in provincial health authority facilities. At present, the MAID procedure is considered a non-core activity, that is, an activity that requires skills beyond those acquired in basic training. The MAID privilege is a stand-alone dictionary and may be requested by practitioners across different practice or specialty areas.

The MAID privilege is required for a practitioner who is providing medical assistance in dying—as defined below—within a health authority facility. The privilege defines the MAID procedure as including both:

- the procedure where the patient is provided assistance in ending his or her own life (assisted suicide), and
- the procedure where a practitioner directly administers a lethal dose of medication in accordance with the wishes of the patient (voluntary euthanasia).

A practitioner does not require the MAID privilege to provide an assessment of eligibility nor do qualified experts who are called upon to provide an opinion on the capability of a patient to request medical assistance in dying.

View a reference copy of the MAID non-core privilege at [bcmqi.ca/privileging-dictionaries](http://bcmqi.ca/privileging-dictionaries). To learn more or to request the privilege, practitioners should contact their local Medical Affairs office.

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## Thanks to the Privileging Dictionary Task Group

After the tremendous initial work to establish the 62 provincial privileging dictionaries, it became crucial to build a plan to effectively sustain the dictionaries. This work required multi-stakeholder leadership to develop a framework for new dictionary creation and dictionary review and refresh processes. Over the last seven months, a group of committed individuals gave their time and expertise to this task. Our thanks go to the Task Group for developing a thorough *Recommendation Report* that clearly outlines next steps for the privileging dictionaries:

Dr. Becky Temple (Chair)  
Wendy Bowles, NP F  
Dr. Lawrence Halparin  
Dr. Garey Mazowita  
Dr. Alan Meakes  
Bev Mitchell  
Dr. Heidi Oetter  
Dr. Alan Ruddiman  
Dr. Con Rusnak  
Dr. Nardia Strydom  
Dr. Brenda Wagner  
Dr. Peggy Yakimov

Practitioners are encouraged to direct questions or concerns about AppCentral or the provincial privileging dictionaries to their medical leaders or local medical administration office.

The BC Medical Quality Initiative (BC MQI) brings health care partners together to develop ways to improve the quality of medical care for people living in BC.

## Provincial C&P System at e-Health 2016

This year's eHealth conference in Vancouver offered a timely opportunity for partners in the new provincial credentialing and privileging system to share some of the lessons learned. Representatives from BC MQI, Vancouver Coastal Health and CGI Consulting participated in the June 6 conference showcase, to discuss the ins and outs of creating a provincial system from seven distinct credentialing and privileging programs.

The frank conversation highlighted the challenges of harmonizing business processes and replacing legacy systems across organizations. The successes that have been realized are due to the efforts of key people at all levels of the transition. With the initial rollout complete, all partners acknowledge there is work yet to do to achieve a seamless and user-friendly system. Now the team is looking ahead at needed improvements and the prospects for strengthening medical quality and safety using the new provincial platform.

## Next steps with AppCentral user feedback

Thanks to all those who completed the recent AppCentral User Survey. The results are being collated with feedback from the BC MQI website, our health authority partners, and a physician focus group on AppCentral. We look forward to sharing a summary and action items in our next *Update*.

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