northern health
the northern way of caring

Provision of Medical Assistance in Dying: Northern Health Physicians Survey

1. I am willing to **participate in the assessment** of patients concerning eligibility for medical assistance in dying:

    a. For patients in my own medical practice

    Yes No

    b. For patients referred or directed to me from outside my practice

    Yes No

2. I am willing **to prescribe and administer medication** to provide medical assistance in dying.

    a. For patients in my own medical practice

    Yes No

    b. For patients referred or directed to me from outside my practice.

    Yes No

3. Northern Health maintains a confidential participating physicians list. Are you willing to be identified only to the other physicians on the participating physicians list?

    Yes No

4. Would you be willing to travel to another community in Northern Health to provide Medical Assistance in Dying?

    Yes No

NAME:

COMMUNITY:

EMAIL ADDRESS:

PHONE NUMBER:

Please submit survey responses:
Via e-mail to maid@northernhealth.ca
Via fax to 250-565-2640