

Ellen: At our case sharing session today, there was a case in which a person had suffered injuries from a suicide attempt (Drano) that left them with pain and disability that led them to ask for MAiD. The injuries also left them unable to control secretions leading to aspiration. They were determined to be Track 1 and had MAiD. The coroner called it death from suicide and not a natural death. Jonathan brought up that anyone on Track 1 must have a "natural death" that is reasonably foreseeable. We also talked about some cases of accidents leading to injuries that led a person to ask for MAiD 7 or 30 years later. These are also declared by coroners to be accidental and not natural deaths.

The question is, for the purpose of determining Track 1 or Track 2, are we allowed to consider risk of aspiration pneumonia from a suicide attempt or risk of sepsis from quadriplegia caused by a motor vehicle accident to be natural deaths (even though the coroner calls them not natural).

Jocelyn: I believe that determining manner of death for the purposes of medical certificates of death and determining which procedural track a patient should be placed on are two entirely distinct exercises. They serve different purposes and should be governed by different rules (legislation, policies, standards) and practices. It is justifiable for them to use different understandings/definitions of the term "natural".

The determination of track 1 vs track 2 should not depend on what caused the patient's current circumstances. For example, if two patients – the first due to a stroke and the second due to a diving accident – have the same current physiological circumstances (same grievous and irremediable medical condition causing same enduring, intolerable, and irremediable suffering), then they should be on the same track, even though the manner of death if the second received MAiD would be "accident" and the first would be "natural".

Given this, I believe the following is a reasonable approach to take:

- use death certificate logic, rules, and purposes (mortality statistics) to determine the meaning of "natural" under "manner" on medical certificate of death
- use common clinical language, logic, rules as well as Parliament's and courts' comfort and reliance on clinicians to determine the meaning of "natural death has become reasonably foreseeable"

When determining manner of death:

MAiD is "natural" if there is no suicide attempt, accident, or violence in the antecedent causes (including the underlying cause). MAiD is "suicide", "accident", or "violence" if any of the antecedent causes were suicide attempt, accident, or violence.¹

When determining NDRF for purposes of determining whether Track 1 or Track 2:

Using common clinical language, logic, rules, and purposes of NDRF, "natural" means "not from future external causes of death (e.g., MAiD, suicide, violence, accident, or negligence)." Therefore, "natural

¹ Note: on this logic, the manner of death following withholding and withdrawal of treatment if any of the antecedent causes were suicide attempt, accident, or violence should also be "suicide", "accident" or "violence". If this is not the case, and the manner of death in such cases is said to be "natural", then I would reject requiring manner of death following MAiD to be "suicide", "accident", or "violence" even where any of the antecedent causes were suicide attempt, accident, or violence.

death has become reasonably foreseeable” means “death is anticipated to follow from internal causes of death and not future external causes of death (e.g., MAiD, suicide, violence, accident, or negligence).”

Therefore, on these interpretations:

Patient with risk of aspiration pneumonia from a suicide attempt (and refusal of treatment for pneumonia) and patient with risk of sepsis from quadriplegia caused by a motor vehicle accident (and refusal of treatment for sepsis) to be natural deaths can be found to meet NDRF requirement. If they subsequently die through MAiD, the manner for the former would be “suicide” and for the latter would be “accident”.

Once this is settled, it would be a good idea to explain all of this in the CAMAP guidance on NDRF and to get M.E.’s to confirm that this is their understanding.