



Term:	Definition
End-of-Life Care:	This generally refers care provided in the last days to weeks of life. It is a component of palliative care, but not the same as palliative care.
Palliative Care	An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and <i>“treatment of pain and other problems, physical, psychosocial and spiritual”</i> – WHO definition. Note that the definition does not specify that a patient has an incurable illness and palliative care can be provided together with curative or life-prolonging treatments. It is therefore important to not label a patient as “palliative” since it does not provide useful information about the patient’s current situation. Palliative care is a philosophy of care for with any serious illness, at any age, and in any location (e.g. house, hospital, PCU).
Comfort Measures Only	When to goal of all medications and interventions are aimed at maximizing comfort and allowing a natural death. It is also commonly referred to as “Comfort care”.

<p>Hospice:</p>	<p>Refers to palliative care at the end-of-life. Hospice can also refer to a free standing facility providing end-of-life care to patients, most often in a residential setting unlike a PCU. Hospice can also refer to a program that provides additional supports in the home, such as volunteers and other resources for patients and families living with terminal illnesses. This is sometimes referred to as “hospice-at-home”. In other countries, such as the United States, the term hospice can have other meanings.</p>
<p>Palliative sedation therapy</p>	<p>A treatment of last resort for the management of refractory symptoms that are causing significant distress at the end of life. It consists of the administration of medications aimed at sedation until the patient is comfortable. The intent is to allow the natural progression of disease until death, NOT to hastened death. It is generally only considered in the last hours to days of life. This is in stark contrast to MAID.</p>
<p>Bill C-14</p>	<p>An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts http://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent</p>
<p>MAID (Medical Assistance in Dying)</p>	<p>In accordance with federal legislation, MAID includes circumstances where a medical practitioner or nurse practitioner, at an individual's request:</p> <ul style="list-style-type: none"> (a) administers a substance that causes an individual's death, or (b) prescribes a substance for an individual to self-administer to cause their own death.

<p>Goals of Care Conversations</p>	<p>Key information to be exchanged during conversations about goals of care includes prognosis, the patient’s values and wishes, and the risks and expected outcomes of life-sustaining treatments.</p>
<p>First Clinician Role as it relates to MAID procedure</p>	<p>Oversees the provision of MAID; Role may include, but is not limited to:</p> <ul style="list-style-type: none"> • receiving a patient request for MAID • conducting the first eligibility assessment • administering or prescribing the drug protocol for the provision of MAID <p>Recommended to be responsible for ensuring all relevant documentation is obtained and included in patient’s medical record</p>
<p>Second Clinician Role as it relates to MAID procedure</p>	<p>Must assess the patient in accordance with the same criteria as the first and provide a written opinion confirming that the requisite criteria for MAID have been met;</p> <p>Must be independent of the first clinician;</p> <p>Must not be a mentor to, or be responsible for supervising the work of the other clinician;</p>
<p>Informed Consent</p>	<p>Permission granted in the knowledge of the possible options and associated risks and benefits, typically that which is given by a patient to a doctor for treatment with full knowledge of the possible risks and benefits</p>
<p>Capacity</p>	<p>Able to understand the information that is relevant to making that decision (the cognitive element) and able to appreciate the reasonably foreseeable consequences of that decision or lack of decision (the ability to exercise reasonable insight and judgment)</p>