

Medical Assistance in Dying (MAiD)

SCOPE OF PRACTICE STANDARD FOR REGISTERED NURSES

Scope of Practice Standards establish the standards, limits and conditions for registered nurses' practice. They link with other standards, policies and bylaws of CRNBC and all legislation relevant to nursing practice.

PLEASE NOTE

This document was updated June 23, 2016, to provide additional clarity for nurses.

To support timely dissemination and uptake, the new standards, limits and conditions for registered nurses for aiding in the provision of medical assistance in dying have been published in this standalone document, which must be used in conjunction with the [Scope of Practice Standard for Registered Nurses: Standards, Limits and Conditions](#).

This is an interim administrative step only, and does not alter the meaning or effect of these new standards, limits and conditions.

The role of registered nurses and nurse practitioners is limited to aiding in the provision of medical assistance in dying. If you are approached about aiding in the provision of medical assistance in dying, we encourage you to seek independent legal advice and contact the [Canadian Nurses Protective Society](#) and to carefully review the new standards, limits and conditions for medical assistance in dying.

You may also contact CRNBC practice support at 604 736 7331 local 332 for further information.

INTRODUCTION

Medical Assistance in Dying

The Criminal Code of Canada has been amended to allow a person to request and receive, under limited circumstances, a substance intended to end their life.

Only two forms of medical assistance in dying (MAiD) are permitted under the Criminal Code:

- the administering by a medical practitioner or a nurse practitioner of a substance to a person at their request
- the prescribing or providing by a medical practitioner or a nurse practitioner of a substance to a person at their request, for their self-administration

A person is eligible for MAiD only if they meet all of the following criteria:

- is eligible for publicly funded health-care services in Canada

- is at least 18 years of age and capable of making decisions with respect to their health
- has a grievous and irremediable medical condition
- has made a voluntary request in writing for MAiD that, in particular, was not made as a result of external pressure
- has given informed consent to receive MAiD after having been informed of the means that are available to relieve their suffering including palliative care

A person has a grievous and irremediable medical condition only if all of the following criteria apply:

- they have a serious and incurable illness, disease, or disability
- they are in an advanced state of irreversible decline in capability
- the illness, disease, or disability causes them enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable
- their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time they have remaining

There are three roles related to MAiD—determining eligibility, providing MAiD and aiding in the provision of MAiD.

The registered nurse role is limited to aiding in the provision of medical assistance in dying.

For now, the role of a nurse practitioner continues to be limited to aiding in the provision of medical assistance in dying. **NPs must not determine eligibility for or provide medical assistance in dying until CRNBC provides further notice.**

Registered nurses being asked to aid in the provision of MAiD need to confer with their employer and are encouraged to seek the guidance of the [Canadian Nurses Protective Society](#).

Organizations establish processes, supports and resources (e.g., policies, procedures, decision support tools) to ensure that nurses meet the standards of practice set out by CRNBC.

End of Life Care

There is an important and notable distinction between the intended outcomes of MAiD and palliative care. The purposeful and intended outcome of MAiD is to assist a person explicitly requesting assistance in dying to end his or her life in a respectful, culturally appropriate, safe, ethical and competent manner.

Palliative care differs from MAiD in that the purpose of palliative care is to improve the quality of life of a person experiencing a life-limiting illness. MAiD is not an appropriate alternative for a person who is seeking palliative care. While palliative care activities such as

pain management or palliative sedation may result in the unintended hastening of death, the intended outcomes of these palliative care activities are to reduce intractable pain and extreme suffering at the end of life.

Nurses have important roles in providing high quality client-centered end of life care, which includes activities such as advocating for clients, providing information, participating in decision-making, caring for and supporting clients and their families and collaborating with members of the health care team to ensure that clients have their care and information needs met.

As noted above, the Criminal Code sets out an express requirement for a person requesting medical assistance in dying to be informed of the means that are available to relieve their suffering, including palliative care. This supports the person requesting MAiD to gather information needed to make informed decisions about their health care options for end of life care and palliation.

Witnessing and Signing MAiD Requests

The Criminal Code imposes several procedural safeguards including the requirement that a person's request for MAiD must be made in writing, in the presence of two independent witnesses who must then also sign the request. To be considered independent, a witness:

- must be at least 18 years of age
- must understand the nature of the request for MAiD
- must not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death
- must not be an owner or operator of any health care facility at which the person making the request is being treated or any facility in which that person resides
- must not be directly involved in providing health care services to the person making the request
- must not directly provide personal care to the person making the request

If a person requesting MAiD is unable to sign their request, another person—who is at least 18 years of age, who understands the nature of the request for MAiD and who does not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death—may sign the request in the person's presence, on the person's behalf and under the person's express direction.

In addition, the MAiD [standards](#) of the College of Physicians and Surgeons of BC require the physical attendance of a nurse or other regulated health professional at a telemedicine assessment of eligibility, to act as a witness to the assessment.

Conscientious Objection

Nothing in the Criminal Code compels nurses to aid in the provision of medical assistance in dying. A nurse may have moral or religious beliefs and values that differ from those of a client's. Nurses who have a conscientious objection to MAiD may arrange with their employer to refrain from aiding in the provision of MAiD. It is a requirement for nurses with a conscientious objection to take all reasonable steps to ensure that the quality and continuity of care for clients are not compromised.

To refrain from aiding in the provision of MAiD, nurses with a conscientious objection must notify their organization well before the client is to receive MAiD. If such procedures are unexpectedly proposed or requested and no arrangement is in place for alternative providers, nurses must inform those most directly involved of their conscientious objection. Nurses are required to ensure a safe transfer of care to an alternate provider that is continuous, respectful and addresses the unique needs of a client.

(See also the *Duty to Provide Care* practice standard)

Education

Many of the competencies required for aiding in the provision of medical assistance in dying are entry to practice competencies for registered nurses including providing end of life care, supporting access to information, providing holistic client-care, providing education and collaborating with the health care team.

Registered Nurses who are aiding in the provision of MAiD require the competencies to:

- provide end of life care specific to MAiD
- discuss a client's request for MAiD including understanding the client's motivation (e.g. pain, emotional or physical distress), providing information, and helping to ensure that the client understands the options available related to end-of-life care
- understand requirements for a client requesting MAiD including understanding the legislative requirements such as eligibility, witnessing consent, use of forms and documentation
- understand their role as a nurse in aiding in the provision of MAiD including:
 - responding to the client's request for MAiD
 - participating in decision-making with the health care team including sharing information and consulting on the client's request for MAiD

STANDARDS, LIMITS AND CONDITIONS

Standards

1. Registered nurses respond with empathy, in a professional and non-judgmental way, when approached by a client with a request about medical assistance in dying
2. Registered nurses listen carefully and explore the client's reason for requesting medical assistance in dying
3. Registered nurses ensure that a client has access to the information that the client requires to understand all of their options and to make informed decisions about medical assistance in dying or other end-of-life options such as palliative care
4. Registered nurses assess the cultural and spiritual needs and wishes of the person seeking medical assistance in dying and explore ways the person's needs could be met within the context of the care delivery
5. Registered nurses work with their organizations and other members of the health care team to ensure that the person requesting medical assistance receives high quality, coordinated and uninterrupted continuity of care and, if needed, safe transfer of the client's care to another health care provider

Limits and Conditions

- Registered nurses may only aid in the provision of medical assistance in dying and do not prescribe, compound, dispense or administer substances specifically intended for the purpose of providing medical assistance in dying
- Registered nurses do not direct or counsel clients to end their lives
- Registered nurses may aid a person requesting medical assistance in dying only as permitted under the Criminal Code and other legislation, regulations and regulatory college standards, court decisions and provincial and organizational policy and procedures
- Registered nurses may aid a health professional authorized to provide a person with medical assistance in dying only as permitted under the Criminal Code and other legislation, regulations and regulatory college standards, court decisions and provincial and organizational policy and procedures
- Registered nurses who aid in the provision of medical assistance in dying must successfully complete additional education¹ and follow an established decision support tool
- Registered nurses do not aid in the provision of medical assistance in dying for a family member

1 Additional education is structured education (e.g. workshop, course, program of study) designed so that registered nurses can attain the competencies required to carry out a specific activity as part of registered nursing practice. Additional education builds on the entry-level competencies of registered nurses, identifies the competencies expected of learners on completion of the education, includes both theory and application to practice, and includes an objective, external evaluation of learners' competencies on completion of the education. The terms does not refer to a course or program approved by CRNBC for CRNBC certified practice.

APPLYING THE STANDARDS TO PRACTICE

Role of Aiding in the Provision of Medical Assistance in Dying

Nurses provide nursing care and services for clients in a variety of ways and ensure that clients receive high quality and uninterrupted continuity of care.

Nurses who are supporting clients through the process of understanding and obtaining medical assistance in dying use the same methods of care generally used in practice. For instance, although a nurse must not assess a person's eligibility for medical assistance in dying, the nurse may be present and support a client through telehealth methods when a physician is completing that assessment.

The role of the nurse aiding in the provision of medical assistance in dying:

1. **includes** carrying out nursing care, services or activities for the purpose of supporting a person and their family during medical assistance in dying such as:
 - providing education and answering questions posed by the person about their care
 - supporting a person requesting information to make informed choices
 - participating in decision-making by sharing information with the health care team
 - acting as an independent witness only as permitted under the Criminal Code
 - providing care such as establishing intravenous (IV) access in preparation for the medical assistance in dying procedure
 - supporting the unique needs of the person during and after the provision of medical assistance in dying
 - supporting the family and the person's care givers during and after medical assistance in dying
 - following legal, legislative, regulatory and organizational requirements for aiding in the provision of, documenting and reporting MAiD

The role of the nurse aiding in the provision of medical assistance in dying:

1. **excludes** directing a person to consider medical assistance in dying (e.g. "have you thought about", "you might want to consider")
2. **excludes** assessing and determining the person's eligibility for medical assistance in dying
3. **excludes** prescribing, compounding, dispensing or administering any substances used for the purpose of providing medical assistance in dying
4. **excludes** documenting the MAiD substances administered by the physician.

Only pharmacists and physicians who are caring for the person requesting MAiD have roles related to prescribing, compounding, dispensing or administering the medications (also known as substances) outlined on the pre-printed prescription.

Nurses may continue their roles related to medication administration only for those medications **not included** in the medical assistance in dying protocol outlined in the pre-printed prescription.

Assessing Eligibility and Providing Medical Assistance in Dying

Nurses must not assess a person’s eligibility for MAiD or provide MAiD to a person.

Only physicians may assess eligibility for MAiD or provide MAiD. Only a physician may prescribe or administer the substances for medical assistance in dying. The College of Physicians and Surgeons of BC has established [standards](#) for physicians in carrying out these activities.

Only a pharmacist may compound and dispense the substances for medical assistance in dying. The pharmacist dispenses the substances directly to the physician providing medical assistance in dying. The College of Pharmacists established [requirements for pharmacists](#) related to medical assistance in dying.

Additional Education for Medical Assistance in Dying

Meeting the additional education requirement for nurses aiding in the provision of medical assistance in dying may occur in a number of ways. The training does not need to be a formal course; however, the additional education does need to ensure that nurses have the information required to provide safe patient care and to meet the competencies outlined in the introduction of this standard. Using an interprofessional approach when delivering education is an important consideration.

Additional education includes content that addresses:

- the legislative and other legal aspects of MAiD, including the eligibility requirements and procedural safeguards
- applicable regulatory college standards for each of the health care providers involved
- the pre-printed provincial forms used in the process
- organizational expectations, such as policies and procedures
- roles and responsibilities of each of the health care providers
- how medical assistance in dying differs from other end-of-life care
- what to expect and the steps for carrying out the procedure
- addressing the needs of the person during the request for medical assistance in dying
- addressing the needs of the person during the medical assistance in dying procedure
- addressing the needs of the family during and following the medical assistance in dying procedure

- end-of-life care information specific to medical assistance in dying
- follow-up care activities after the procedure is complete such as completion of forms, role of the coroner, role of vital statistics, evaluation and debriefing
- other information as needed specific to the organization

Approaches to additional education:

Aiding in the provision of medical assistance in dying is a new aspect of nursing practice in British Columbia. Over time, learning methods will become structured and integrated into organizational processes. In the interim, methods for additional education for nurses aiding in the provision of medical assistance could include (but are not limited to):

- a health care provider led PowerPoint presentation with a follow-up discussion
- a interprofessional training session with experienced providers

Decision Support Tools

For the purposes of aiding in the provision of medical assistance in dying, nurses require decision support tools that clarify their roles and responsibilities related to the procedure and outline the expectations of their organization.

CRNBC participates in a provincial working group which has developed a series of provincial forms intended to help ensure clients receive standardized MAiD across British Columbia. Examples of the forms include:

- Medical Assistance in Dying Record of Patient Request
- Medical Assistance in Dying Assessor's Assessment Record
- Medical Assistance in Dying Assessor-Prescriber Assessment Record
- Medical Assistance in Dying Consultant Assessment of Patient's Informed Consent Decision Capability
- British Columbia Medical Assistance in Dying Prescription
- Medical Assistance in Dying Document Submission Checklist

The purpose of a decision support tool is to support standardized, consistent and safe patient care. The provincial forms along with any additional required clinical guidance are important components of decision support for medical assistance in dying.

Related Standards of Practice

Standards of Practice of note for MAiD include:

- [Professional Standards for Registered Nurses and Nurse Practitioners](#)
- [Scope of Practice for Nurse Practitioners: Standards, Limits and Conditions](#)
- [Scope of Practice for Registered Nurses: Standards, Limits and Conditions](#)
- [Consent Practice Standard](#)
- [Duty to Provide Care Practice Standard](#)
- [Documentation Practice Standard](#)
- [Boundaries in the Nurse-client Relationship Practice Standard](#)
- [Privacy and Confidentiality Practice Standard](#)

OTHER CRNBC RESOURCES

- [Legislation Relevant to Nurses' Practice](#) (pub. 328)

FOR MORE INFORMATION

For more information on these standards, limits and conditions, any other practice issue, contact CRNBC's Practice Support Service at 604.736.7331 (ext. 332) or 1.800.565.6505 or practice@crnbc.ca.

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