



PRINCE EDWARD ISLAND
COLLEGE OF PHARMACISTS

Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

MEDICAL ASSISTANCE IN DYING

GUIDANCE FOR PHARMACISTS AND PHARMACY TECHNICIANS

JUNE 16, 2016

Background

On February 6, 2015, the Supreme Court of Canada (SCC) in *Carter v. Canada* struck down the provisions in the criminal code prohibiting physician-assisted dying. The Carter decision deals with the rights of individuals to request physician-assisted death under specific conditions and does not explicitly address the involvement of the overall health team in this process. Under the Carter decision, only physicians are exempted from criminal liability when providing physician-assisted death.

The SCC suspended the decision for a period of 12 months to allow the federal government to pass legislation that would accommodate the decision.

As of June 6, 2016, the interim court approval process established by the Supreme Court in February 2016 is no longer required for physician-assisted death. This process enabled specific exemption of pharmacists from criminal liability through court orders. In the absence of this process, the Carter decision is ambiguous regarding involvement of the overall health team in physician-assisted death, and does not explicitly provide pharmacists and pharmacy technicians an exemption from criminal liability. Until legislators, through new legislation, or the courts through judicial decision determine otherwise, the current provisions of the Criminal Code likely still apply to pharmacists and pharmacy technicians.

At this time, there is no legal authority applicable in Prince Edward Island that specifically protects pharmacists from section 14, 21, 22, 222 and 241(b) of the Criminal Code where a pharmacist aids, participates or assists with a physician-assisted death.

As such, the College recommends that a pharmacist or pharmacy technician consult with their own legal counsel before providing services to support a physician's prescription for physician-assisted death. At this time, each pharmacist or pharmacy technician must make their own measured and informed decisions about whether to support physician-assisted death.

It is important that the pharmacist does not, or is not perceived to, undertake any of the following activities:

- Perform any activity that may be seen to suggest that the pharmacist is in any way leading or directing a physician-assisted death including:
 - Initiating conversations with a patient about physician-assisted death - Always refer all matters relating to physician-assisted death to a physician;
 - Assessing a patient's condition as grievous or irremediable;
 - Collecting, commenting on, or considering a patient's consent for a physician-assisted death; and

- Dispensing drugs they know or ought to know are intended for physician assisted death for “in-office use;
- Dispensing drugs they know or ought to know are intended for physician assisted death directly to a patient

Where a pharmacist or pharmacy technician makes the decision to participate in physician-assisted death, after having sought independent legal advice, he or she should consider the following:

- Prior to filling any prescriptions for medications that the pharmacist and pharmacy technician knows or ought to know is for the purposes of physician assisted death, the pharmacist should require that the primary and secondary physicians attending the patient provide written confirmation to the pharmacist and pharmacy technician, that the attending physician has determined that the patient meets the criteria for physician-assisted death as set out in Carter v. Canada, 2015 SCC 5, and that the physician is in compliance with the guidelines, directives and relevant policies issued by the Prince Edward Island College of Physicians and Surgeons on physician assisted dying;
- Confirm the indication of the prescription if unknown;
- Pharmacists must not adapt or therapeutically substitute a prescription for physician-assisted death;
- Dispense the prescription for a specific patient and not “for office use”
 - The prescription **must only** be released directly to the prescribing physician, never to the patient;
 - The prescription must be dispensed under the patient’s name;
- Ensure that documentation is completed and retained in the patient profile;
- Practice within the standards of practice and code of ethics.