



New Brunswick College of Pharmacists Ordre des pharmaciens du Nouveau-Brunswick

*Governing the practice of pharmacy for a healthier New Brunswick
Régir l'exercice de la pharmacie pour un Nouveau-Brunswick en meilleure santé*

POLICY CATEGORY: GOVERNING THE MEMBERSHIP
POLICY FOCUS: PHARMACY PRACTICE
POLICY NAME: POSITION STATEMENT: MEDICAL ASSISTANCE IN DYING (MAiD)
POLICY NUMBER: GM-PP-MAiD-01 MAiD POSITION STATEMENT
LAST UPDATED: DECEMBER 5, 2016
MOTION NUMBER: C-16-12-08
OTHER:

Position Statement: Medical Assistance in Dying (MAiD)

PURPOSE

This position statement is intended to assist pharmacy professionals in complying with legal and professional standards. A companion document, **Frequently Asked Questions (FAQs): MAiD** addresses specific issues potentially posing challenges to pharmacy professionals.

PHILOSOPHY

Pharmacy professionals' (indeed all health professionals') provision of MAiD to eligible patients is a major development in healthcare and Canadian society. Recent legislation (2016) and existing Standards of Practice published by NAPRA provide guidance to practitioners in their work with the healthcare team (which includes the patient and often their families) in the context of MAiD. The New Brunswick College of Pharmacists (the College/NBCP) aims to support practitioners in community, hospital and primary care practice in the provision of optimal care to patients receiving MAiD to ensure the public is served and protected.

INTRODUCTION

Federal Bill C-14 received royal assent on June 17, 2016 providing pharmacists and other members of the healthcare team with exemption from criminal prosecution in the provision of MAiD so long as it is provided with, "...reasonable knowledge, care and skill and in accordance with applicable provincial laws, rules or standards." (House of Commons of Canada, 2016)

The New Brunswick (NB) provincial government has not passed further legislation (as of September 1, 2016) therefore pharmacy professionals are guided in their provision of medications and cognitive services by three documents:

1. An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) [LINK](#)
2. The New Brunswick College of Pharmacists (NBCP) / National Association of Pharmacy Regulatory Authorities (NAPRA) Standards of Practice [LINK](#)

M A I D

DEFINITION :
[Section 241.1](#)

CRITERIA :
[Section 241.2](#)

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|-----------------|--------------|--------------------|
| First Approved: | Dec. 5, 2016 | Review Frequency: |
| Revised: | | Review Method: |
| Reaffirmed: | n/a | Responsibility of: |

3. NBCP Code of Ethics [LINK](#)

Other provincial pharmacy regulatory authorities and pharmacy organisations have also published helpful guidance. NB pharmacy professionals are encouraged to review these documents for direction in terms of best practice with respect to therapeutics, drug supply chain and documentation in providing MAiD. Particularly useful documents are included in [Appendix A: MAiD Resources](#).

CONSCIENTIOUS OBJECTION

Pharmacy professionals may determine that their personal philosophic, cultural or spiritual values conflict with providing MAiD. Those exercising their right to conscientious objection must inform their supervisor/manager of their objection so provision can be made well in advance of any patient presenting for MAiD to ensure care is provided in a timely manner by another pharmacist and/or pharmacy technician who philosophically supports MAiD. Objecting pharmacists in leadership roles are obligated to determine how to best address issues of conscience with their peers and/or the College. The College's Code of Ethics (page 4) provides guidance on conscientious objection: [LINK](#)

PHARMACY TECHNICIAN ROLE

Pharmacy technicians may be involved in the preparation of MAiD to the same degree as any pharmaceutical product.

PHARMACIST ROLE

Initial Patient Inquiries: Pharmacists should refer all initial inquiries regarding MAiD for a particular individual to a medical or nurse practitioner, to the NB Government informational webpage [LINK](#), or to either of NB's regional health authority (RHA) webpages (Horizon Health Network: [LINK](#), Vitalité Health Network: [LINK](#)). As a member of the patient care team, the pharmacist should liaise with the patient's primary health provider with the patient's consent.

Interprofessional Collaboration: Federal legislation now specifies only a medical or nurse practitioner can provide and prescribe MAiD and that pharmacists may provide pharmaceuticals, care and education to patients and their families regarding the intervention without fear of recourse. Pharmacists are collaborators on the patient care team however, as a supporting member rather than leading MAiD.

MEDICATION THERAPY MANAGEMENT/PHARMACEUTICAL CARE

The patient care process (assessment, plan and follow-up) ensures patients receive comprehensive care by a pharmacist. The high-stakes nature of MAiD demands pharmacists fully engage in all steps in the process. The NBCP FAQs: MAiD document contains a detailed discussion of pharmaceutical care in the context of MAiD.

Documentation

Patient care can be documented in various formats and should adhere to general standards of practice.

An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) includes safeguards that pharmacists should document as being satisfied.

Provider and independent reviewer document patient has:

1. Met all criteria for MAiD
2. Capacity for and provided consent for MAiD

In addition to patient care documentation, quality improvement (QI) data collection by provincial and federal governments is expected. Future developments will be communicated to members.

PROVISION OF PRESCRIPTION MEDICATION FOR MAiD

NB RHAs have collaborated with government, the College, ambulatory care agencies and internal risk management to establish MAiD prescriptions. These detailed prescriptions include medications, routes of administration and doses determined as first-line therapy for MAiD. The patient care team is encouraged to use these forms to ensure consistency and completeness of the MAiD regimen. While they are prescriptive, they do not preclude adjustment for patient-specific factors. In addition, these documents specify how medications should be securely provided to the patient (or professional administering the medicines) and how unused portions are returned to the originating pharmacy.

MAiD is not considered an urgent intervention. The patient care team should be aware that procurement of these medicines requires time (days to weeks), as they may not be in routine inventories. A reasonable timeline should be established with the team to facilitate planning of care.

Due to the high-risk nature of the medications used in MAiD, administration documentation (from the medical or nurse practitioner) should be retained so that the pharmacy professional can determine how much medication is expected for return to the pharmacy for destruction.

CONCLUSION

This position statement is meant to provide long-term guidance to pharmacy professionals. Pharmacy practice, as it relates to MAiD, will develop and change and practitioners are advised to consult current publications such as those listed in Appendix A. For further information, please contact the College directly (info@nbpharmacists.ca or call 506.857.8957).

Appendix A: MAiD RESOURCES

1. New Brunswick College of Pharmacists: Frequently Asked Questions (FAQs): MAiD (**Pending*)
2. Regional Health Authorities' guidance document and prescriptions (By request from: info@nbpharmacists.ca)
3. [Section 14 of the Criminal Code 2016 \(Canada\)](#)
4. Nurses Association of NB: [Frequently Asked Questions: Medical Assistance in Dying \(MAiD\) 2016](#)
5. Collège des médecins du Québec, Ordre des pharmaciens du Québec, Ordre des infirmières et infirmiers du Québec : Medical Aid in Dying 11/2015 Practice Guideline.
By request from: accesdocument@cmq.org
6. Ontario College of Pharmacists: [Guideline and FAQs](#)
7. Alberta College of Pharmacists: [Guidance 2016](#)
8. Nova Scotia College of Pharmacists: [Standards of Practice: Medical Assistance in Dying 2016](#)
9. Canadian Pharmacists Association: [Toward a Framework for Assisted Dying in Canada 2016](#)
10. Canadian Medical Association: [Principles-based recommendations for a Canadian approach to assisted dying 2016](#)
11. Dalhousie CPD: [A Conversation about Medical Assistance in Dying \(Live workshop November 16, 2016\)](#) (NB date to be announced)
12. Alberta CME modules (**Pending*)
13. Messages sent by NBCP on [June 16](#) and [May 25](#), 2016 (Login required)

List of acronyms

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|-----------|---|
| Bill C-14 | Received royal assent on June 17, 2016 and is now referred to as An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) |
| CME | Continuing Medical Education |
| CPhA | Canadian Pharmacists Association |
| Dal CPD | Dalhousie University College of Pharmacy: Continuing Professional Development |
| PAD | Physician Assisted Death |
| MAiD | Medical Assistance in Dying |
| RHA | Regional Health Authority |
| NBCP | New Brunswick College of Pharmacists |