

Frequently Asked Questions

Medical Assistance in Dying (MAID)

November 22, 2016

NOTE: The following FAQs regarding Medical Assistance in Dying (MAID) remain unchanged from those circulated in July of 2016. [This update contains links to new resources](#) developed by the government and the Regional Health Authorities to assist persons seeking information on MAID.

What is the legal context for MAID?

In February of 2015 the Supreme Court of Canada rendered the *Carter* decision which removed the legal barrier to physician assisted dying (PAD) in the Criminal Code. On April 14, 2016 the federal government introduced Bill C-14 *An Act to amend the Criminal Code and to make related amendments to other Acts (MAID)*¹. This legislation was passed and took effect on June 17, 2016.

How does Bill C-14 define MAID?

Bill C-14 defines medical assistance in dying as:

1. the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or
2. the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.

What does Bill C-14 say about RNs and NPs in reference to MAID?

Bill C-14 exempts NPs from criminal prosecution if they provide a person with MAID in accordance with the legislation and also exempts RNs, and other health care team members, from prosecution if they assist a physician or an NP in the provision of MAID carried out in accordance with the legislation.

The law requires that MAID be provided with reasonable knowledge, care and skill, and in accordance with any applicable laws, rules or standards. Nurses who fail to comply with legal requirements may be convicted of a criminal offence. Therefore, all nurses should familiarize themselves with requirements for MAID and ensure their practice is consistent.

¹ <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>

What is NANB's guidance to RNs and NPs with regards to MAID?

Nurses have an integral role in providing care to clients at the end of their lives and at any time when they contemplate end-of-life decisions. RNs and NPs have a professional obligation to provide safe, competent, ethical and compassionate nursing care in accordance with NANB standards.

RN Role

If clients ask questions about MAID, RNs should compassionately acknowledge and answer questions and/or provide access to other sources of information to support the client's ability to make informed decisions about their care and their end-of-life needs. As with all other aspects of client care, the RN should promptly inform the client's primary care provider and other appropriate members of the health care team of the client's requests and document the conversation in the client record.

In the event that a client proceeds with MAID then RNs can assist an NP or a physician by performing activities such as educating clients, inserting an intravenous for the administration of medications, and providing care and comfort to clients and family through the dying process.

It is important to note that RNs are **not authorized** to administer the medication that causes death. This can only be done by the NP or physician providing medical assistance in dying.

The legislation does allow for a person to aid the client to self-administer a medication to cause death. This means that if a nurse is asked by a client the nurse can assist the client with the self-administration of medication that has been prescribed by a physician or NP. This assistance should be of a limited nature (e.g. handing oral medication to the client) so that the concept of self-administration is not blurred.

It is suggested that nurses being asked to assist in the provision of MAID contact NANB for clarification and seek advice from the Canadian Nurses Protective Society.

NP Role

Bill C-14 exempts from criminal prosecution those NPs who choose to provide MAID to their clients, and also outlines a role for NPs in providing an independent second opinion on a client's eligibility to receive MAID.

NPs who provide MAID must provide clients with information about the risk, eligibility criteria, safeguards and processes involved in MAID. NPs who do not personally provide MAID must refer clients who request this to another NP or physician.

NPs must comply with documentation standards and with record keeping and reporting requirements set by their employer and/or government. NANB will inform NPs of additional requirements as they become available.

Who is eligible for MAID?

A person may only receive MAID if they meet all of the following criteria:

- they are eligible for health services funded by a government in Canada;
- they are at least 18 years of age and capable of making decisions with respect to their health;
- they have a grievous and irremediable medical condition;
- they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
- they give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve suffering, including palliative care.

A person has a grievous and irremediable medical condition if:

- they have a serious and incurable illness, disease or disability;
- they are in an advanced state of irreversible decline in capability;
- that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
- 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 that they have remaining.

What safeguards must be followed for the provision of MAID?

Before providing MAID the NP or physician must ensure that the following safeguards have been met:

- the patient meets all eligibility criteria established in legislation
- the person's request for MAID is made in writing and signed and dated by the person² after the person was informed by a physician or nurse practitioner that the person has a grievous and irremediable medical condition
- the request was signed and dated by the person before two independent witnesses who then also signed and date the request;

² If the person is unable to sign and date the request, another person – who is at least 18 years of age and who understands the nature of the request for MAID – may do so in the person's presence on their behalf.

- Any person who is at least 18 years of age and who understands the nature of the request for MAID may act as an independent witness, except:
 - if they 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;
 - are 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;
 - are directly involved in providing health care services to the person making the request; or
 - directly provide personal care to the person making the request.
- the person has been informed that they may, at any time and in any manner, withdraw their request;
- an independent physician or NP has provided a written opinion confirming that the person meets all of the eligibility criteria
 - Clinicians are considered independent if they :
 - are not a mentor to the other practitioner or responsible for supervising their work;
 - do 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, other than standard compensation for their services relating to the request; or
 - do not know or believe that they are connected to the other practitioner or to the person making the request in any other way that would affect their objectivity.
- ensure that there are at least 10 clear days between the day on which the request was signed by the person³ and the day on which the medical assistance in dying is provided or — if they and the other medical practitioner or NP are both of the opinion that the person's death, or the loss of their capacity to provide informed consent, is imminent — any shorter period that the first physician or NP considers appropriate in the circumstances.

What steps must be taken prior to providing MAID?

- The NP or physician providing MAID must inform the pharmacist that the medications they are prescribing will be used for that purpose.
- Immediately before administering medication to cause a client's death (i.e. voluntary euthanasia) or providing a prescription for a medication for a client to self-administer (i.e. assisted suicide), the NP

³ If the person is unable to sign and date the request, another person – who is at least 18 years of age and who understands the nature of the request for MAID – may do so in the person's presence on their behalf.

or physician must ask the client to provide explicit consent and ensure the client has an opportunity to withdraw consent.

- If the person has difficulty communicating, the NP or physician should take all necessary measures to provide a reliable means by which the person may understand the information that is provided to them and communicate their decision.

Is it mandatory to provide and/or participate in MAID?

All nurses are accountable for providing safe, competent and ethical nursing care and will be expected to provide care for patients seeking MAID in accordance with the *Standards of Practice for Registered Nurses*, the *Standards for the Practice of Primary Health Care Nurse Practitioners*, and the *Standards for the Therapeutic Nurse-Client Relationship* and applicable legislation and guidelines. However, Bill C-14 does not compel any individual to provide or assist in providing MAID.

It is recognized that some nurse's beliefs and ethical value system will prohibit their participation in the provision of care to clients seeking MAID and NANB upholds a nurse's right to conscientiously object to participate if this is the case. As is stated in the *Code of Ethics for Registered Nurses*:

If nursing care is requested that is in conflict with the nurse's moral beliefs and values but in keeping with professional practice, the nurse provides safe, compassionate, competent and ethical care until alternative care arrangements are in place to meet the person's needs or desires. If nurses can anticipate a conflict with their conscience, they have an obligation to notify their employers or, if the nurse is self-employed, persons receiving care in advance so that alternative arrangements can be made. (Code, G7)



Resources:

Code of Ethics for Registered Nurses <http://www.nanb.nb.ca/media/resource/CNA-CodeOfEthics-E.pdf>

Government of New Brunswick

<http://www2.gnb.ca/content/gnb/en/departments/health/patientinformation/content/MedicalAssistanceInDying.html>

Horizon Health Network <http://en.horizonnb.ca/media-centre/awareness-initiatives/medical-assistance-in-dying.aspx>

Patient Brochure <http://en.horizonnb.ca/media/826321/2016-07-21-medicalassistindying-en.pdf>

Standards of Practice for Registered Nurses <http://www.nanb.nb.ca/media/resource/NANB-StandardsOfPractice-RegisteredNurses-2012-E.pdf>

Standards for the Practice of Primary Health Care Nurse Practitioners

<http://www.nanb.nb.ca/media/resource/NANB-NPStandards-E-2016-05.pdf>

Standards for the Therapeutic Nurse-Client Relationship <http://www.nanb.nb.ca/media/resource/NANB-StandardsNurseClientRelation-E-2015-10.pdf>

Vitalité Health Network <http://www.vitalitenb.ca/en/patients/end-life-care/medical-assistance-dying>