

Medical Assistance in Dying (Practitioner Administered) Practice Guideline for Pharmacists and Pharmacy Technicians

1 BACKGROUND

Historically, medical assistance in dying (MAID) has been prohibited in Canada under the *Criminal Code* as it was considered to be aiding, abetting or counselling a person to commit suicide. On February 6, 2015, in the *Carter v Canada (Attorney General)*, 2015 SCC 5 [Carter] decision, the Supreme Court of Canada found that the provisions of the *Criminal Code* that created the criminal prohibition on physician-assisted dying were contrary to an individual's right to life, liberty and security of the person under the *Canadian Charter of Rights and Freedoms*.

The Court suspended its declaration of invalidity and ordered that the *Criminal Code* provisions (sections 241(b) and 14) remain in force until February 6, 2016, which was later extended to June 6, 2016. This extension was granted to allow the federal, provincial and territorial government's time to respond, by enacting legislation consistent with the parameters set out in *Carter* and establishing safeguards to protect vulnerable people from abuse and error.

In preparing its legislative response to *Carter*, the federal government obtained input through public consultation and key stakeholders including:

- Report of the External Panel on Options for a Legislative Response to *Carter v. Canada*;
- Report of the Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying; and
- Report of the Special Joint Committee on Physician-Assisted Dying.

The resulting federal Bill C-14 (*An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*), which can be found at: <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>, received royal assent on June 17, 2016 and is now largely in force. The legislation outlines the criteria for persons to be eligible for MAID and the safeguards to be followed. It provides for both medically-assisted death where the patient is provided assistance in ending their own life through self-administration of a lethal dose of drugs; and where a medical or nurse practitioner directly administers a lethal dose(s) of drugs. This document applies to the latter.

2 PURPOSE

As the *Criminal Code* (as amended by Bill C-14) contemplates the involvement of pharmacists in MAID, this document is intended to: (i) outline the accountabilities and responsibilities of; (ii) establish the requirements, expectations and limitations for; and (iii) provide direction to, pharmacists who participate in MAID consistent with the *Criminal Code*.

Pharmacists are expected to undertake MAID activities in accordance with these guidelines, as well as existing legislation, regulations, the Code of Ethics, and other standards of practice and policy directives relevant to pharmacy practice in Saskatchewan.

3 TERMINOLOGY

Effective referral

The referral of a physician or nurse practitioner by a pharmacist to:

- another pharmacist who is available to accept the referral, accessible to the patient and willing to participate in MAID; or
- a Regional Health Authority.

Medical Assistance in Dying (from *Criminal Code*)

- the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes death; or
- 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.

Medical Practitioner (from *Criminal Code*)

A person who is entitled to practice medicine under the laws of a province. Also referred to as a "physician" herein.

Nurse Practitioner (from *Criminal Code*)

A registered nurse who, under the laws of a province, is entitled to practice as a nurse practitioner — or under an equivalent designation — and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances and treat patients.

Patient

The person seeking medical assistance in dying.

Participating Pharmacist

A pharmacist who has decided to provide pharmacy services to support MAID for a specific patient after receiving a request from a physician or nurse practitioner who provides confirmation that the patient meets all of the MAID eligibility criteria specified in the *Criminal Code*, including that they have obtained informed consent from the patient.

Pharmacist (from *Criminal Code*)

A person who is entitled to practice pharmacy under the laws of a province.

4 ETHICAL CONSIDERATIONS

The process of providing a drug for the purpose of MAID raises important ethical issues and differences in viewpoints rooted in an individual's culture, values, morals and religious beliefs. A pharmacist needs to thoughtfully consider their personal viewpoint together with professional accountabilities and the SPCP Code of Ethics, standards and policies. They need to be prepared for how they will respond in meeting their clinical, ethical and legal responsibilities if asked to participate in MAID.

5 PRACTICE GUIDELINE

The following represents the expectations of pharmacy practice specifically associated with MAID. These are to be considered as clarifying and adding to, but not replacing, the practice expectations set out in the National Association of Pharmacy Regulatory Authorities ("NAPRA") *Model Standards of Practice for Canadian Pharmacists*, and the NAPRA *Model Standards of Practice for Canadian Pharmacy Technicians*.

MAID Participation Requirements:

1. A pharmacist who receives a request from a physician or nurse practitioner to participate in MAID for a specific patient shall respond at the earliest opportunity as to whether or not they will participate. If declining, the pharmacist must provide an effective referral. The referral must be made in a timely manner to allow the patient to access MAID. Patients must not be exposed to adverse clinical outcomes due to delayed referrals.
2. A pharmacist must have the requisite competency if they choose to participate in the MAID process, including knowledge of the relevant College of Physicians and Surgeons of Saskatchewan (CPSS) and Saskatchewan Registered Nurses Association (SRNA) policies, standards and guidance for these respective professions.
3. If a pharmacist receives a prescription for MAID before being notified in advance by a physician or nurse practitioner, then the pharmacist shall not proceed until they have been in contact with the physician or nurse practitioner. A pharmacist shall ensure a prescription received for MAID:
 - meets the requirements for a prescription in accordance with the relevant federal and provincial legislation;
 - is patient specific (i.e. not for "office use");
 - is for drugs consistent with recognized provincial MAID protocols; and
 - complies with the requirements of the Saskatchewan Prescription Review Program, if applicable.
4. Prior to participating in MAID, which includes dispensing the prescribed drug for this purpose, the pharmacist must receive a written declaration from the physician or nurse practitioner that:
 - the drug is for a specified patient;
 - the drug is intended for the purpose of MAID for that specified patient; and

- the specified patient meets all MAID eligibility criteria.

Health care professionals involved in MAID are expected to use the forms approved by provincial authorities. One of these forms will include this declaration, and pharmacists are expected to complete the appropriate areas of these forms for documentation.

5. After receiving the written declaration from the physician or nurse practitioner, the pharmacist shall document the MAID process as it proceeds and is completed.
6. The pharmacist shall personally prepare, label and distribute the prescription(s) for MAID. No aspect of dispensing MAID drugs shall be delegated.
7. If an additional quantity of a MAID drug is required as a contingency for potential spoilage or additional dosing, the pharmacist shall ensure it is prescribed, packaged and dispensed in conjunction with, but separately from, the MAID prescription(s) and according to protocols approved by provincial authorities.
8. Prior to release, the pharmacist shall store the prepared MAID prescription(s) in the pharmacy's locked safe.
9. The pharmacist shall only release the MAID drug(s):
 - to the physician or nurse practitioner, or the person designated by the physician or nurse practitioner; and
 - on the date specified by the physician or nurse practitioner.
10. The pharmacist shall either provide patient counselling or receive confirmation from the physician or nurse practitioner that they have provided patient counselling related to the MAID drugs.
11. The pharmacist shall ensure the physician or nurse practitioner has information on the preparation, stability, storage and any other details supporting the efficacy and administration of the MAID drugs by:
 - providing this information to the physician or nurse practitioner; or
 - confirming with the physician or nurse practitioner that he/she has this information.
12. The pharmacist shall support the secure and timely return and disposal of any unused MAID drugs in accordance with the approach established in collaboration with the physician or nurse practitioner.
13. The pharmacist shall file and report MAID-related information to any designated government organization(s) in accordance with any required format, manner and schedule.

Practice Limitations

14. A pharmacist shall NOT participate in MAID without first being contacted by a physician or nurse practitioner with a request to support MAID for a specific patient.

15. A pharmacist shall NOT perform any activity which is leading, or that may imply they are leading, the MAID process. Instead, the pharmacist shall refer the individual or group to:
 - their family physician or nurse practitioner;
 - another physician or nurse practitioner of their choice; or
 - the appropriate Regional Health Authority delegate.
16. A pharmacist shall NOT assess a patient to determine if he or she meets the MAID eligibility criteria. This is the responsibility of the physician or nurse practitioner involved in MAID.
17. A pharmacist shall NOT collect patient consent for MAID. This is the responsibility of the physician or nurse practitioner.
18. A pharmacist shall NOT prescribe drugs for MAID. This is the responsibility of the physician or nurse practitioner. The provisions of *The Pharmacy and Pharmacy Discipline Act (Saskatchewan)*, *The Drug Schedules Regulations, 1997 (Saskatchewan)* and Part K of the SPCP Regulatory Bylaws do not apply to MAID.
19. A pharmacist shall NOT dispense drugs intended for MAID as “office use”. A prescription for MAID must be dispensed under the patient’s name and documented in the patient record.
20. A pharmacist shall not engage in any pharmacy practice activities supporting MAID which present a conflict of interest or compromise their professional independence, judgment or integrity. This includes, but is not limited to, not participating in MAID if:
 - The pharmacist is or believes they may be a beneficiary under the will of the patient.
 - The pharmacist is a recipient, in any way, of a financial or other benefit resulting from the patient’s death, other than the standard compensation received for the services provided.
 - The drug is for themselves, a family member or someone with whom they have a close personal relationship.
21. Pharmacy technicians are not authorized to participate in the MAID process.

Conscientious Objection

22. A pharmacist may, for reasons of conscience or religion, decline to participate in MAID without contravening the College’s Code of Ethics provided that the pharmacist complies with our “Refusal to Provide Products or Services for Moral or Religious Reasons Statement Regarding Pharmacists and Pharmacy Technicians” found in our Reference Manual at:
http://scp.in1touch.org/uploaded/web/refmanual/REF_Refusal_of_Services_for_Moral-Religious_Reasons_Stmt_Current.pdf.

However, the following statement requires clarification: “.....The reasons for the objection should be conveyed to the pharmacy manager and to the patient. It would be

improper and unethical conduct if the pharmacist used the opportunity to promote his/her moral or religious convictions or engage in any actions which demean the patient.”

As the pharmacist may be responding to a request from a physician or nurse practitioner to participate in a MAID process, that pharmacist may express at the earliest opportunity his/her objection to the physician or nurse practitioner instead of the patient. That is because under these circumstances, we consider the physician or nurse practitioner to be acting as an agent for the patient. The pharmacist must also:

- Inform pharmacy management of their objections at the earliest opportunity.
- Not impede or block access to information, care or services for MAID.
- Provide the physician or nurse practitioner with an effective referral.
- Take steps to ensure continuity of care for the patient, which includes:
 - expediting the provision of all relevant drug records to the physician, nurse practitioner and/or other pharmacist ; and
 - continuing to provide pharmacy services unrelated to MAID unless the patient requests otherwise or until an effective transfer of care has been completed.

For further information contact SCPP at info@saskpharm.ca.

ACKNOWLEDGEMENTS

This practice guideline has been developed with the assistance and guidance of the SCPP solicitor and many individuals and organizations. The College acknowledges and thanks as well the following organizations.

Pharmacy Regulatory Authorities:

- Nova Scotia College of Pharmacists
- Alberta College of Pharmacists
- College of Pharmacists of British Columbia
- New Brunswick College of Pharmacists
- Ontario College of Pharmacists

These regulatory authorities shared information and documentation regarding medical assistance in dying to assist with the development of this document and to support inter-provincial consistency.

Approved by Council September 22, 2016

Questions?
info@saskpharm.ca

Created: Sept. 2016