Guidelines

COLLEGE & ASSOCIATION OF REGISTERED NURSES OF ALBERTA

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Medical Assistance in Dying

Guidelines for Nurse Practitioners

December 2018

Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, December 2018.

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Purpose

On June 17, 2016, the federal government enacted legislation allowing for the provision of medical assistance in dying in certain circumstances in Canada. As a result, the amendments to the *Criminal Code of Canada* (RSC 1985, c. C-46) sets out the circumstances when medical assistance in dying will not be considered a criminal offence.

This amended *Criminal Code of Canada* outlines the following:

- A physician or a ***nurse practitioner***[1] (NP) may determine eligibility and provide medical assistance in dying in accordance with the *Criminal Code of Canada* without facing criminal prosecution.
- A person may aid a physician or NP in providing medical assistance in dying in accordance with the *Criminal Code of Canada* without facing criminal prosecution.

This guideline document is specifically for NPs. ***Graduate nurse practitioners*** (GNPs) have not completed all eligibility requirements and do not yet hold a practice permit as an NP. GNPs are only able to aid in medical assistance in dying as outlined within the registered nurse's (RN) role. The guidelines on medical assistance in dying for nurses can be found on the College and Association of Registered Nurses of Alberta (CARNA) website at nurses.ab.ca. NPs that have restrictions on their practice permit need to call CARNA to discuss their ability to participate in medical assistance in dying.

The purpose of this document is to provide:

- information to NPs on the federal legislation and regulations allowing the provision of medical assistance in dying;
- information to NPs on the federal monitoring and reporting requirements for medical assistance in dying;
- guidance on the NP role and accountabilities regarding medical assistance in dying, including guidance for NPs that are:
  - able to provide medical assistance in dying,

[1] Words or phrases in bold italics are listed in the glossary. They are displayed in bold italics upon first reference.

- not able to provide medical assistance in dying; and

- support for NPs as they work with ***clients***, families, and the inter-professional health-care team involved in the legal provision of medical assistance in dying.

Federal and Provincial Law

Following a Supreme Court of Canada ruling, 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. For more information on the background of this decision and the amendments to the *Criminal Code of Canada*, please see Appendix A.

The *Criminal Code of Canada* outlines that only two forms of medical assistance in dying are permitted:

- the administration of a substance to a person, at their request, to cause their death, and
- the prescription or provision of a substance to a person, at their request, so that they may self-administer the substance.

The *Criminal Code of Canada* does not currently allow for medical assistance in dying to occur through advanced directives, in persons under the age of 18 or in persons where mental illness is the sole underlying medical condition. Further federal independent reviews on these situations will be occurring.

Medical assistance in dying is not to be confused with ***palliative sedation*** or the ***withdrawing or withholding of life-sustaining interventions***.

Eligibility and Provision of Medical Assistance in Dying

Only physicians and NPs can assess a person's eligibility for and provide medical assistance in dying. The criteria that determines eligibility for medical assistance in dying and the safeguards that must be met are outlined in the *Criminal Code of Canada*.

Eligibility for Medical Assistance in Dying

A person may receive medical assistance in dying only if they meet **all** of the following criteria:

1. they are eligible (or, would be eligible after a minimum waiting period) for health services funded by a government in Canada;

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

Grievous and Irremediable Medical Condition

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

1. they have a serious and incurable illness, disease, or disability;
2. they are in an advanced state of irreversible decline in capability;
3. 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
4. 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.

Safeguards

The *Criminal Code of Canada* states that before a physician or NP provides a person with medical assistance in dying, they must:

1. be of the opinion that the person meets all of the eligibility criteria;
2. ensure that the person's request for medical assistance in dying was:
   - made in writing and signed and dated by the person (or if unable to sign, signed and dated by another person on his/her behalf as outlined in the *Criminal Code of Canada*), and
   - signed and dated after the person was informed by a physician or NP that they have a grievous and irremediable medical condition;
3. be satisfied that the request was signed and dated by the person before two independent witnesses who also signed and dated the request;

4. ensure that the person has been informed that they may, at any time and in any manner, withdraw their request;
5. ensure that another physician or NP has provided a written opinion confirming that the person meets all of the eligibility criteria;
6. be satisfied that they and the other physician or NP providing the written opinion are independent;
7. ensure that there are at least 10 clear days between the day on which the request was signed by or on behalf of the person and the day on which the medical assistance in dying is provided. A shorter time frame can occur if certain criteria are met (the physician or NP providing medical assistance in dying and the physician or NP who provided the independent written opinion both agree that the person's death, or the loss of their capacity to provide informed consent, is imminent);
8. immediately before providing the medical assistance in dying, give the person an opportunity to withdraw their request and ensure that the person gives expressed consent to receive medical assistance in dying; and
9. if the person has difficulty communicating, take all necessary measures to provide a reliable means by which the person can understand the information that is provided to them and communicate their decision.

Federal Monitoring and Reporting Requirements

On Nov. 1, 2018, the Government of Canada's *Monitoring of Medical Assistance in Dying Regulations* came into effect.

Physicians and NPs are now required to file reports at each step in the medical assistance in dying process, including when they receive a written request. Pharmacists who dispense any substance for medical assistance in dying will also be required to report basic information. To streamline reporting:

- All practitioners will report through the AHS Care Coordination Service.
- Forms already in use are being updated to incorporate the federal requirements.

The AHS Care Coordination Service will collect data on behalf of the Medical Assistance in Dying Regulatory Review Committee for reporting to the Minister of Alberta Health and Health Canada. As well as making it easier for practitioners, this process will provide a safeguard against non-compliance with the regulations, enacted under the Criminal

Code. Practitioners are also required to submit specific information to the Office of the Chief Medical Examiner within 24 hours of the patient's death.

These federal regulations address what information must be provided, how and when it must be provided, to whom, and its use and disposal. The information collected will be used to publish annual reports on medical assistance in dying in Canada, including the number of requests received, the number of medically assisted deaths and the number of people found ineligible.

AHS will provide a link to these forms on their site at ahs.ca/maid. The forms will also be available to NPs on the MyCARNA website under the Resource tab.

Provincial Requirements

Alberta Health (AH), Alberta Health Services (AHS), the College of Physicians and Surgeons of Alberta (CPSA), the Alberta College of Pharmacist (ACP) and CARNA worked together to develop a regulatory framework that is aligned, legally sound, safe, and consistent with the *Criminal Code of Canada*. This regulatory framework includes additional provincial safeguards and professional standards for consistency and client safety.

Alberta Health implemented the following:

- A Ministerial Order directing the establishment of the Medical Assistance in Dying Regulatory Review Committee. Alberta Health Services will act on behalf of the Medical Assistance in Dying Regulatory Review Committee to collect and collate data under the Ministerial Order within prescribed timeframes.
- A Ministerial Order directing the establishment of a provincial care coordination Service by AHS that is available to support clients and all health-care professionals in the province when a request for medical assistance in dying is made.
- Mandatory provincial medical assistance in dying standards of practice for both physicians and NPs. These are Orders in Council under the authority of the Minister of Health and are as follows:
  - *Medical Assistance in Dying Standards of Practice for the College of Physicians and Surgeons of Alberta* (Alberta. Minister of Health, 2016).
  - *Medical Assistance in Dying Standards of Practice for Nurse Practitioners* (Alberta. Minister of Health, 2016).

Guidelines for NPs

There are important legal, ethical, and professional aspects of medical assistance in dying all NPs need to understand and apply. In addition to providing information on the federal and provincial laws for medical assistance in dying, these guidelines provide information to NPs:

- contemplating their response to questions about medical assistance in dying;
- having conversations with clients about medical assistance in dying;
- dealing with a client's written request for the provision of medical assistance in dying; and
- performing medical assistance in dying.

Nurse practitioners are responsible for safe, competent, and ethical practice. Medical assistance in dying is a legal choice for Canadians and NPs need to reflect on their own personal values and beliefs. Self-reflection and engaging in dialogue with other NPs, physicians and health-care providers are essential components of ethical nursing and will assist NPs in reflecting on their personal values and beliefs on medical assistance in dying and in their practice. NPs are also encouraged to access self-assessment and decision support resources and tools when appropriate: e.g., *Medical Assistance in Dying: Values-Based Self-Assessment Tool for Health-care* (AHS, 2016) or the *Code of Ethics* (Canadian Nurses Association, 2017).

Nurse practitioners respect their own values and moral beliefs while at the same time respect the values and moral beliefs of others. NPs do not impose their own views and values onto others nor use their position to influence, judge, or discriminate against others whose values are different from their own. For more information on team communication and respect in relation to medical assistance in dying, please see Appendix C.

The NP Role

Guideline 1: NPs provide clients with all information required to make informed choices about their care, including diagnosis, the natural history, and prognosis of the medical condition, treatment options, and the associated risks and benefits.

As part of their role, NPs:

- work to relieve pain and suffering through effective symptom and pain management, including fostering comfort and advocating for adequate relief of discomfort;
- ensure that clients in their care receive all of the information they need to make informed decisions related to their health and well-being including medical assistance in dying;
- collaborate with the health-care team as required;
- introduce palliative and end-of-life care as an option to consider, if appropriate, to support symptom management (see Appendix D);
- provide psychosocial support and refer to additional supports as needed;
- ensure the client understands all additional supports available to them and is not seeking medical assistance in dying due to lack of supports; and
- document the care provided and any request for information on medical assistance in dying according to the monitoring regulations and in the client record according to organizational policy and professional standards.

Nurse practitioners provide comprehensive health assessments and diagnose health conditions/illness conditions and discuss diagnoses, prognoses, treatments, and outcomes with clients. Medical assistance in dying is just one possible outcome of an ***end-of-life*** conversation. NPs are expected to provide clients with all the information required to make informed choices about their care, including diagnosis, the natural history and prognosis of the medical condition, treatment options and the associated risks and benefits, and to communicate the information in a way that is reasonably likely to be understood by the client. Effective communication is essential to help clients understand their illness or condition, and NPs ensure that the client's health decisions and care goals are fully discussed and that they align with the client's request for information on medical assistance in dying.

Communication with the Client and Family

Providing Information

Guideline 2: NPs provide objective, accurate information on the lawful provision of medical assistance in dying.

Many complex factors may be involved when a client begins a discussion on medical assistance in dying. The client's choices may involve such factors as: their religion, their medical condition, the NP-client relationship, perceptions of quality of life, supports available, and other psychosocial circumstances. If a client wants to know more about medical assistance in dying, it is important to honour their request for information in a timely, competent, and compassionate way. NPs know that the client's request for additional information or further consultation on medical assistance in dying is their constitutional right. NPs can support the client's access to accurate and objective information that will allow them to make an informed decision about their care.

An NP unable to provide accurate, objective information to clients for any reason must refer the client to another health professional that can.

The *Criminal Code of Canada* creates an exemption from criminal prosecution for health-care professionals who provide information on the lawful provision of medical assistance in dying.

Section 241(5.1) of the *Criminal Code of Canada* (R.S.C. 1985, c. C-46) states:

> For greater certainty, no social worker, psychologist, psychiatrist, therapist, medical practitioner, nurse practitioner or other health-care professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying.

The provision of objective information is not prohibited by the *Criminal Code of Canada*. However, NPs must be mindful that subsection 241(a) of the *Criminal Code of Canada* will continue to make it a criminal offence to "counsel" a person to commit suicide. For the purposes of the *Criminal Code of Canada*, "counsel" means encourage, solicit or incite. Due to the criminal significance of the word "counsel," NPs must be mindful not to encourage or incite a client to seek medical assistance in dying (Canadian Nurses Protective Society, 2016).

Communication Strategies

Guideline 3: If a client asks for information about medical assistance in dying, NPs engage in meaningful communication to clearly understand the client's health needs.

Communication strategies such as using open-ended questions and statements is essential. NPs endeavor to remain as neutral as possible and refrain from advocating for or against medical assistance in dying. A request for information on medical assistance

in dying may also be a way for the client to engage in a meaningful conversation about health issues or end-of-life care and support. Open communication is a vital part of end-of-life decision making.

Nurse practitioners who provide information about medical assistance in dying ensure that the information is objective and is correct before it is provided and should not guess or speculate. When unsure, the NP needs to consult with reliable sources such as providing the contact information for the AHS Medical Assistance in Dying Care Coordination Service (email MAID.CareTeam@ahs.ca).

Guideline 4: NPs that receive a request for information from a client for medical assistance in dying must at minimum and **without delay**, connect the client to the Alberta Health Services Medical Assistance in Dying Care Coordination Service.

The *Medical Assistance in Dying Standards of Practice for Nurse Practitioners* (Alberta Minister of Health, 2016) outline that when an NP receives a request from a client with respect to medical assistance in dying, they must:

- communicate promptly and respectfully with the client; and
- ensure that contact information for the Alberta Health Services Medical Assistance in Dying Care Coordination Service (MAID.CareTeam@ahs.ca) is provided to the client, or to another person identified by the client, without delay.

Any written request asking for the provision of medical assistance in dying can trigger reporting according to the *Monitoring of Medical Assistance in Dying Regulations* as long as it:

- is in writing, in any form (i.e. email or text);
- is an explicit request for medical assistance in dying; and
- originates with a client.

Whether or not a NP chooses to participate in a client's request for medical assistance in dying, **they have an obligation to:**

- effectively listen to the client's concerns, unmet needs, feelings, and desires about their care;
- be knowledgeable about the different options within the continuum of end-of-life care;

- at minimum, provide the contact information for the AHS Medical Assistance in Dying Care Coordination Service (MAID.CareTeam@ahs.ca);
- refer the client to another practitioner or the AHS Medical Assistance in Dying Care Coordination Service (MAID.CareTeam@ahs.ca) as necessary;
- if a written request for medical assistance in dying was received, contact the AHS Medical Assistance in Dying Care Coordination Service (MAID.CareTeam@ahs.ca) to complete the appropriate forms within specific timelines for reporting to Health Canada (See Appendix B); and
- continue to provide safe, compassionate, competent, ethical nursing care and reassure the client that their care needs will continue to be addressed.

Providing Medical Assistance in Dying

Knowledge Based Practice

Guideline 5: NPs ensure that they have the appropriate education and competence to provide medical assistance in dying.

Nurse practitioners are responsible for understanding and complying with medical assistance in dying legislation, regulations and standards, and for understanding how it might apply to their practice, setting, and role. If an NP elects to provide medical assistance in dying, they need to review and understand:

- the *Criminal Code of Canada* provisions;
- any federal or provincial legislation, regulations, and/or direction;
- any guiding documents from their regulatory body;
- the employer's position in permitting medical assistance in dying in the employment setting and any applicable policies, guidelines, procedures, and/or processes in place; and
- any professional or employer legal advice.

Nurse practitioners continually acquire and apply knowledge and skills to provide competent, ***evidence-informed*** nursing care and service. NPs participating in medical assistance in dying must have the appropriate education and competence to provide a diagnosis and prognosis of the client's condition, assess the client's decision-making capacity, and have the knowledge, skill and ability to provide medical assistance in dying

in a safe and ethical manner. NPs ensure that they use resources and complete any required education in relation to medical assistance in dying, e.g., the AHS medical assistance in dying orientation for physicians and NPs.

It is important to remember that the *Criminal Code of Canada* stipulates that medical assistance in dying must be provided in accordance with reasonable knowledge, care and skill, and any applicable provincial laws, rules or standards.

Competence

Guideline 6: NPs ensure that they are aware of and follow all federal and provincial legislation and regulations, federal monitoring and reporting requirements (see Appendix B), provincial standards of practice, CARNA guidelines, and employer protocols/policies/procedures on medical assistance in dying.

The *Criminal Code of Canada* outlines that only physicians and NPs can assess eligibility for and provide medical assistance in dying. It exempts NPs from criminal prosecution if they provide medical assistance in dying in accordance with the requirements stipulated in the *Criminal Code of Canada*. The NP must ensure that they are providing medical assistance in dying in accordance with all the requirements set out in the *Criminal Code of Canada* and the provincial Medical Assistance in Dying Standards of Practice for NPs.

Nurse practitioners considering involvement in medical assistance in dying can contact CARNA at practice@nurses.ab.ca for practice advice and the Canadian Nurses Protective Society (CNPS) at 1.800.267.3390 for legal advice.

Informed Consent

Guideline 7: NPs ensure that they obtain informed consent as outlined in *Provincial Medical Assistance in Dying Standards of Practice for Nurse Practitioners*.

The *Medical Assistance in Dying Standards of Practice for Nurse Practitioners* (Alberta Minister of Health, 2016) outlines the expectations for an NP who obtains informed consent from a client who has requested medical assistance in dying. The NP must ensure that the client:

1. is aware of their right to withdraw consent at any time;
2. is free of undue influence, duress or coercion in making the consent decision;
3. is informed of:

- the diagnosis reached,
- the advised interventions and treatments for their condition, the exact nature and anticipated benefits of the advised interventions and treatments and their associated common risks and significant risks,
- the reasonable alternative treatments available for their condition, the exact nature and anticipated benefits of the reasonable alternative treatments and their associated common and significant risks,
- the exact nature of the medical assistance in dying procedure and its associated common risks and significant risks, and
- the natural history of their condition and the consequences both of receiving and of not receiving medical assistance in dying; and

4. demonstrates a reasonable understanding of the information provided and the reasonably foreseeable consequences both of receiving and of not receiving medical assistance in dying.

Client Eligibility

Guideline 8: NPs who assess eligibility for and provide medical assistance in dying ensure that:
- they have assessed the client personally;
- the client meets all eligibility parameters and has a grievous and irremediable medical condition; and
- all safeguards and requirements as outlined in legislation are in place.

When a client expresses an interest in medical assistance in dying, the NP should connect with the AHS Medical Assistance in Dying Care Coordination Service (MAID.CareTeam@ahs.ca).

Competent NPs can provide comprehensive health assessment and can diagnose health/illness conditions in relation to a request for medical assistance in dying.

Under the *Criminal Code of Canada*, a client may receive medical assistance in dying only if they meet **all** of the following criteria:

- The client is eligible (or, would be eligible after a minimum waiting period) for health services funded by a government in Canada;
- The client is at least 18 years of age and capable of making decisions with respect to their health;

- The client has a grievous and irremediable medical condition;
- The client has made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
- The client gives informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care.

Capable

Guideline 9: NPs that are qualified and competent can perform a capacity assessment for medical assistance in dying.

Medical assistance in dying cannot be provided to clients who are not capable of making an informed decision. Consent for medical assistance in dying cannot be provided by a substitute decision-maker or through a personal directive.

In the event that a client is incapable or suffers from a condition that may impair their ability to make decisions, a capacity assessment must be completed by a qualified health-care practitioner formally trained in capacity assessments for medical assistance in dying. If an NP has the required education for capacity assessments as outlined by AHS and is competent, the NP can complete this capacity assessment. Alternately, the NP can refer the client to a qualified health-care practitioner for a medical assistance in dying capacity assessment. If the client has an underlying mental health condition affecting capacity, a psychiatric or psychologic referral is strongly advised.

Written Request for Medical Assistance in Dying

Guideline 10: NPs ensure that the medical assistance in dying request form is complete and confirm with the client that the independent witnesses meet all legislated criteria.

The *Criminal Code of Canada* requires the client to make a written request for medical assistance in dying. The request must be signed and dated by the client after they have been informed that they have a grievous and irremediable medical condition. If the client is unable to sign and date the request, another individual may do so in the client's presence and under the client's express direction. The person who signs on the client's behalf must:

- be at least 18 years of age;
- understand the nature of the request for medical assistance in dying;

- not know or believe that they are a beneficiary under the client's will;
- not know or believe that they are a recipient, in any other way, of a financial or other material benefit resulting from the client's death.

Independent Witness

Guideline 11: NPs involved in providing health-care services or personal care to the person making the request for medical assistance in dying, cannot act as an independent witness.

The *Criminal Code of Canada* requires that the NP must be satisfied that the client's written request for medical assistance in dying was also signed and dated before two independent witnesses. The NP needs to ensure the form is complete and confirm with the client that the witnesses meet all legislated criteria. The independent witnesses must be at least 18 years of age and understand the nature of medical assistance in dying. The witnesses must not:

- know or believe that they are a beneficiary under the will of the client making the request, or a recipient, in any other way, of a financial or other material benefit resulting from the client's death;
- be an owner or operator of any health-care facility at which the client making the request is being treated or any facility in which the client resides;
- be directly involved in providing health-care services to the client making the request; or
- be directly involved in providing personal care to the client making the request.

Nurse practitioners involved in providing health-care services or personal care to the client making the request cannot act as an independent witness. If an NP not involved in providing health-care services or personal care to the client is asked to be an independent witness, the NP role is to confirm the identity of the client requesting medical assistance in dying, attest to the client's apparent understanding of the request being made and to the extent possible, affirm the client is acting voluntarily, free of duress or coercion.

Second Independent Opinion

Guideline 12: NPs who provide a client with medical assistance in dying must ensure that there has been a second written independent opinion from another physician or NP confirming that the client meets all of the eligibility criteria.

The *Criminal Code of Canada* requires that an NP who provides a client with medical assistance in dying must ensure that there has been a second written independent opinion from another physician or NP confirming that the client meets all of the eligibility criteria. The physician or NP who provides the second opinion must be independent from the physician or NP who provides medical assistance in dying. Specifically, the two providers must not:

- be a mentor to the other member or individual, or responsible for supervising the other's work;
- know or believe that they are a beneficiary under the will of the client making the request, or a recipient, in any other way, of a financial or other material benefit resulting from the client's death, other than standard compensation for their services relating to the request;
- know or believe that they are connected to the other practitioner, or to the client making the request, in any other way that would affect their objectivity.

If the second physician or NP concludes that the client does not meet the criteria for medical assistance in dying, the NP must communicate this to the client and cannot proceed with providing medical assistance in dying. The NP can consult the AHS Medical Assistance in Dying Care Coordination Service (MAID.CareTeam@ahs.ca) to discuss options.

Period of Reflection

Guideline 13: NPs who provide a client with medical assistance in dying must ensure that there has been a clear 10 day period for reflection.

The *Criminal Code of Canada* requires at least 10 clear days between the time the client signs the request for medical assistance in dying and when the medical assistance in dying is provided. In calculating 10 clear days, the day on which the request was signed and the day on which MAID is provided are not included. Clear days include weekends.

The law allows for this waiting period to be shorter if it is the NP's opinion that the client's death, or the loss of their capacity to provide informed consent, is imminent. This must also be confirmed by the NP or physician providing the independent second opinion.

Requirements for Plan, Collaboration, and Notification

Guideline 14: NPs ensure that they understand and follow the requirements for a plan, collaboration, and notification as outlined in *Provincial Medical Assistance in Dying Standards of Practice for Nurse Practitioners*.

The *Medical Assistance in Dying Standards of Practice for Nurse Practitioners* (Alberta Minister of Health, 2016) states that an NP who provides medical assistance in dying must:

- discuss and agree on a plan with the client that considers:
  - the client's wishes regarding when, where, and how the medical assistance in dying will be provided, including the presence of the NP and any additional support,
  - an alternate plan to address potential complications, and
  - the client's choice to rescind the request at any time, including immediately before the provision of medical assistance in dying;
- collaborate with the pharmacist dispensing the drug(s); and
- after the client's death, notify the Office of the Chief Medical Examiner.

The client must be informed of all aspects of the plan to give informed consent. The NP must ensure that the client has been informed that they may, at any time and in any manner, withdraw their request.

Restriction on Drug/Substance that May be Used

Guideline 15: NPs ensure that they only prescribe the provincially recommended substance for medical assistance in dying and are directly involved in securing the dispensed substances from the pharmacist.

The *Medical Assistance in Dying Standards of Practice for Nurse Practitioners* (Alberta Minister of Health, 2016) states that the NP may prescribe a substance for use in medical assistance in dying only if the substance has been recommended for the use by the Alberta Health Services Medical Assistance in Dying Care Coordination Service.

These recommended drug protocols for medical assistance in dying are posted in the members-only section of MyCARNA with an NP log-on. Prior to providing medical assistance in dying, the NP must inform the pharmacist that the prescribed drug is intended for that purpose. The NP should be directly involved in securing the dispensed substance from the pharmacist.

Provision of the Substance

Guideline 16: If IV administration of the lethal substance is required, only the NP can administer the substance that causes death.

Guideline 17: NPs should be present for the provision of either form (NP administered or self-administered) of medical assistance in dying.

The *Criminal Code of Canada* outlines that two forms of medical assistance in dying are permitted. If the client requests the IV administration of a substance to cause their death, only the NP can administer the substance that causes the death. This means that NPs can allow other health-care practitioners to aid by arranging IV access or assist with support but other health-care practitioners cannot administer the substance that causes death pursuant to an order or prescription.

If the client chooses a prescription so that they may self-administer the substance that causes death, the NP should be present to deliver the substance from the pharmacy and to remain with the client. Current best practice outlines that the NP should be present when the client is self-administering the lethal substance to ensure that the lethal substance in not ingested by anyone other than the client and to address any needs of the client, including service provision in the event of medical complications or failure of the lethal substance.

Second Withdraw of Request

Guideline 18: The NP must ensure the client has an opportunity to withdraw their request and ensures that the client gives expressed consent to receive medical assistance in dying.

The *Criminal Code of Canada* states that immediately before providing medical assistance in dying, the NP must give the client an opportunity to withdraw their request and ensure that the client gives express consent to receive medical assistance in dying.

Documentation

Guideline 19: NPs document their care appropriately in accordance with the reporting requirements set out by federal and provincial government, standards of practice, and the policies of their employer.

The federal *Monitoring of Medical Assistance in Dying Regulations* (Government of Canada, 2018) and the *Medical Assistance in Dying Standards of Practice for Nurse Practitioners* (Alberta Minister of Health, 2016) outline the reporting and documentation requirements for medical assistance in dying. The NP who provides medical assistance in dying must keep records in the form and manner required by the Minister of Health (see Appendix B) confirming that the requirements of these standards, and any other standards or legislation applicable to medical assistance in dying, were met. **The AHS Care Coordination Service is the point of contact for all reporting in Alberta**. NPs are strongly encouraged to contact the Care Coordination Services with any questions about reporting requirements.

The NP completes all required federal and provincial forms and ensures that all documentation is legible and includes:

a. client diagnosis and prognosis;

b. the signed written request for medical assistance in dying;

c. the information provided to the client to ensure informed consent, including other treatment options discussed;

d. the signed written consent for medical assistance in dying;

e. assessment and confirmation of the client's eligibility for medical assistance in dying;

f. a second written independent opinion confirming the client's eligibility for medical assistance in dying;

g. the plan for providing medical assistance in dying considering:

- **i.** the client's wishes regarding when, where, and how medical assistance in dying will be provided, the presence of the NP, and any additional supports,
- **ii.** risks and probable consequences of taking the prescribed life-ending substance,
- **iii.** an alternate plan to address potential complications,

iv. a statement by the NP confirming the client was offered the choice to withdraw the request for medical assistance in dying at any time and immediately before the provision of medical assistance in dying, and

v. a summary of the process undertaken in providing medical assistance in dying.

Nurse practitioners must be aware that there are criminal offences with serious penalties for forgery, destruction of documents, or failure to comply with legislation and regulations related to medical assistance in dying.

Review Committee and Death Certificate

Guideline 20: NPs notify the Office of the Chief Medical Examiner regarding the provision of medical assistance in dying.

The *Medical Assistance in Dying Standards of Practice for Nurse Practitioners* (Alberta Minister of Health, 2016) states that an NP who provides medical assistance in dying must, without delay, provide a member of the Medical Assistance in Dying Regulatory Review Committee designated by the Committee with copies of the records. This is done by transmitting all required medical assistance in dying paperwork to the Office of the Chief Medical Examiner.

After the client's death, the NP must notify the Office of the Chief Medical Examiner. For medical assistance in dying cases, the Medical Examiner completes the death certificate. For more information or guidance, refer to *Role of the Medical Examiner Related to Medical Assistance in Dying* (AHS, 2016) or contact the Medical Examiner's office.

No Obligation to Aid with Medical Assistance in Dying

Guideline 21: NPs are not required to participate in medical assistance in dying. NPs that choose not to participate in medical assistance in dying due to moral beliefs and values need to provide reasonable access to the AHS Medical Assistance in Dying Care Coordination Service (MAID.CareTeam@ahs.ca) without delay.

The amendments to the *Criminal Code of Canada* do not impose any obligation for NPs to participate in medical assistance in dying. The *Medical Assistance in Dying Standards of Practice for Nurse Practitioners* (Alberta Minister of Health, 2016) states that a NP who receives an oral or written request from a client for medical assistance in dying and

who declines for reasons of conscience or religion to provide or to aid in providing medical assistance in dying must ensure that reasonable access to the Alberta Health Services Medical Assistance in Dying Care Coordination Service is provided to the client without delay.

Nurse practitioners who choose not to participate at any time due to personal moral beliefs and values, lack of skill or other reasons, must immediately:

a. notify their employer, if applicable so that alternative care arrangements can be made, and/or direct the client to the AHS Medical Assistance in Dying Care Coordination Service via email at MAID.CareTeam@ahs.ca;

b. complete the appropriate reporting forms if required; and

c. reassure the client that they will not be abandoned and continue to provide care that is not related to activities associated with medical assistance in dying.

Nurse practitioners are required to follow the Code of Ethics of their profession. If care is requested that conflicts with the NP's personal moral beliefs and values, but in keeping with professional practice the NP must continue to provide safe, compassionate, competent and ethical care until alternative care arrangements are in place to meet the client's needs or choices.

Reassure the client that they will not be abandoned in the care they need. The NP must not express any personal moral judgments about the beliefs, lifestyle, identity or characteristics of the client.

Glossary

Advance care planning – A process that can assist all Albertans in making health-care decisions at any time which could be now and in the future (AHS, 2014).

Capable – Being able to understand and appreciate the consequence of various options and make informed decisions about one's own care and treatment (CNA, 2017).

Client – The patient, resident, or individual who is the recipient of nursing services.

End-of-life care – The care provided to clients and their families when they are approaching a period of time closer to death, which may be exemplified by an intensification of inter-disciplinary services and assessments such as anticipatory grief support, and pain and symptom management (AHS, 2014).

Evidence-informed – The ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other available resources (CNA, 2010).

Graduate nurse practitioner – A registered nurse who has completed a Canadian NP program and has met all requirements for registration except for passing the NP registration exam appropriate to the stream of practice of their education.

Nurse practitioner – A registered nurse who, under the laws of a province, is entitled to practise as a nurse practitioner—or under an equivalent designation—and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances, and treat patients (Criminal Code, R.S.. 1985, c. c-46, s. 241.1).

Palliative care – Aims to improve the quality of life for patients and families facing the problems associated with a life-limiting illness through the prevention and relief of suffering by means of early identification, comprehensive interdisciplinary assessments, and appropriate interventions (AHS, 2014).

Palliative sedation – The use of sedative substances for clients who are terminally ill with the intent of alleviating suffering and the management of symptoms. The intent is not to hasten death although this may be a foreseeable but unintended consequence of the use of such substances (Canadian Medical Association, 2014).

Withdrawing or withholding life-sustaining interventions – Interventions that are keeping the client alive but are no longer wanted or indicated (CMA, 2014), e.g., artificial ventilation, nutrition, cardiac pacing devices.

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Appendix A

Background of the Legal Framework

The past five years have seen unprecedented development in Canada's approach to choice in end-of-life decisions. Evidence of change is present in the wider context of public opinion as well as in legal and social policy development (Canadian Nurses Association, 2016). The following significant events have contributed to and formed the current Canadian legal framework for medical assistance in dying.

Carter v. Canada

On February 6, 2015, the Supreme Court of Canada (SCC) made its decision in Carter v. Canada. The SCC unanimously ruled that Criminal Code sections 241(b) and 14 violated section 7 of the Charter of Rights and Freedoms in so far as they prevented the two applicants, Kay Carter and Gloria Taylor and persons in like circumstances from lawfully obtaining assistance from a doctor in ending their life. The SCC set out the conditions which would make a person eligible for what they referred to as physician-assisted death. Initially, the Court suspended the operation of its judgment for one year to allow the federal government, the only level of government empowered to amend the Criminal Code, time to decide upon legislative amendments as a result of this judgment. After the Court granted the federal government a four-month extension, the operationalization of the Carter decision became law on June 6, 2016.

Bill C-14

The House of Commons and Senate established a special joint committee which convened a consultation process in January 2016. The committee heard overwhelming support for a collaborative and client centered approach. The special joint committee recommended that the term medical assistance in dying be used and the Criminal Code be amended to allow medical assistance in dying by physicians and NPs, and to protect health professionals who assist them. On April 14, 2016 Bill C-14: An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) was tabled in Parliament. On June 17, 2016, Bill C-14 received royal assent, making it possible for eligible people to receive medical assistance in dying in Canada. The amended *Criminal Code of Canada* establishes safeguards for clients alongside the minimum conditions required for avoiding criminal liability. The Code also offers legal protection to health professionals who provide medical assistance in dying, or assist in the process, in accordance with the law.

Appendix B

Federal Monitoring and Reporting Requirements

Nurse practitioners have a federal reporting obligation if they have received a written request for medical assistance in dying in writing and one of the situations below occur. **AHS Care Coordination Service is the point of contact for ALL reporting in Alberta**. NPs are strongly encouraged to contact the AHS Care Coordination Services (MAID.CareTeam@ahs.ca).

A written request may take the form of a formal written request, an email, or a text. It must be more than an inquiry or a request for information about medical assistance in dying. Reporting requirements for NPs are required in the following situations:

Reporting Situation	Deadline to Report
The NP provided medical assistance in dying by administering a substance to the patient	30 days
The NP provided medical assistance in dying by prescribing or providing a substance for self-administration by the patient	120 days
The NP referred a patient to another practitioner or care coordination service as a result of the request for medical assistance in dying	30 days
The NP found the patient to be ineligible for medical assistance in dying	30 days
The NP became aware that the patient withdrew the request for medical assistance in dying	30 days
The NP became aware of the death of the patient from a cause other than medical assistance in dying	30 days
***time limit - Reporting requirements cease after 90 days where medical assistance in dying is not provided**	

Appendix C

Team Communication and Respect

The societal context in which nurses and NPs work is constantly changing and can be a significant influence on nursing practice (CNA, 2017). Conversations on medical assistance in dying raises many ethical considerations and generates great differences of opinion. Clients may make choices that challenge or conflict with the ethical or moral values of health professionals who care for them. NPs are responsible for the ethics of their practice and must conduct themselves ethically in what they do and how they interact with clients and their care team. NPs treat each other, colleagues, and other members of the health-care team with respect and confidentiality. The *Code of Ethics* (CNA, 2017) provides guidance for ethical responsibilities, behaviors and nursing practice.

Nurse practitioners that choose to participate, as well as those that choose not to participate in medical assistance in dying will have deeply held values regarding end-of-life issues. It is important to recognize the rights of persons with conflicting views. NPs respect their own values and moral beliefs while at the same time respect the values and moral beliefs of others. NPs do not impose their own views and values onto others nor use their position to influence, judge or discriminate against others whose values are different from their own.

Nurse practitioners recognize the importance of privacy and confidentiality and safeguard personal, client, family, and team information obtained in the context of medical assistance in dying. It is important for NPs to:

- be knowledgeable about federal and provincial legislation and regulations, professional regulatory college standards and guidelines;
- participate in conversations on medical assistance in dying with your team to promote understanding of the processes utilized to provide this service if applicable and how privacy and confidentiality will be maintained within the team;
- contact CARNA at practice@nurses.ab.ca with any questions.

Appendix D

Palliative and End-of-Life Care

Palliative and end-of-life care (PEOLC) is both a philosophy and an approach to care that enables all individuals with a life-limiting and/or life-threatening illness to receive integrated and coordinated care across the continuum (AHS, 2014). This care incorporates client and family values, preferences and goals of care, and spans the disease process from early diagnosis to end of life, including bereavement. Throughout the continuum of PEOLC, health-care teams utilize an interdisciplinary approach to meet the individualized needs of clients, their families, and/or caregivers. The interdisciplinary team addresses physical, emotional, spiritual, practical, and social concerns that arise with advanced illness for individuals at all ages and developmental stages of life.

Palliative care starts at the time of diagnosis of a life-limiting illness. If ***advance care planning*** has not been done, this is a good time to engage individuals and their families in advance care planning.

When people have access to palliative care services, they report fewer symptoms, better quality of life, and greater satisfaction with their care. The health-care system reports more appropriate referrals, better use of hospice care, fewer emergency room visits and hospitalizations, and less use of ineffective intensive interventions in the last days of life (CHPCA, 2013).

Access to PEOLC is the right of all Canadians and is an essential aspect of health care. PEOLC nursing practice happens in many practice settings and recognizes the importance of a person's choices, dignity, and respectful treatment. Access to comprehensive services that address pain relief and other symptom management practices needs to be reflected in the care plan and is inherent to providing quality care and dignity in life and death. Nurses and NPs need to be aware of, advocate for, and offer such options.

Medical assistance in dying should not be the default choice for clients as a result of a lack of accessible PEOLC. There must be greater efforts among all health professions and government to work towards ensuring that there is more comprehensive and accessible PEOLC. Nurses need to assume a leadership role in facilitating the coordination and implementation of effective PEOLC services. Nurse's contribution to palliative care is vital as they have the knowledge, education and skill to provide effective PEOLC nursing to people and their families. For more information on the

nursing role in palliative care, please see CARNA's *Position Statement on Hospice Palliative Care* (CARNA, 2011). For information about PEOLC in Alberta for clients and families and health-care providers, please check out the provincial PEOLC website at https://myhealth.alberta.ca/palliative-care.