

College of Registered Nurses of Alberta

Draft Standards

**Medical Assistance in
Dying Standards of
Practice for Nurse
Practitioners**

Month 2023

DRAFT STANDARDS

Approved by the College of Registered Nurses of Alberta (CRNA) Council, **Month 2023**.

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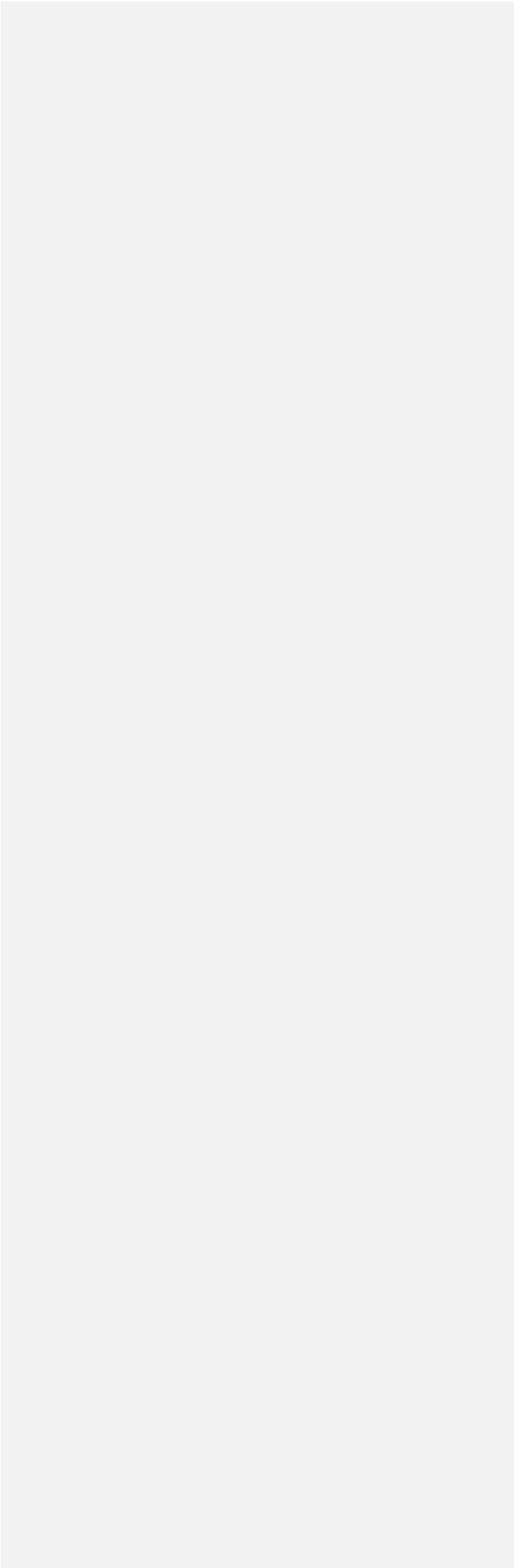
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Purpose

These *Medical Assistance in Dying Standards of Practice for Nurse Practitioners* are developed and approved as outlined in Section 133 of the *Health Professions Act* (HPA). These standards outline the responsibilities and accountabilities for nurse practitioners (NPs) regarding **MEDICAL ASSISTANCE IN DYING (MAID)**.

Legislation

In 2016, MAID legislation was enacted to give Canadians the choice of a medically assisted death (Government of Canada, 2020). Changes were made to the *Criminal Code* (Bill C-7) in 2021, expanding the eligibility for MAID to individuals whose natural death is not reasonably foreseeable (Health Canada, 2022, page 8). On March 17, 2023, eligibility for individuals with a MENTAL ILLNESS as their sole underlying medical condition is anticipated to come into force.

MAID Standards of Practice for NPs

These standards for MAID identify the minimum expectations of the College of Registered Nurses of Alberta's (CRNA) NP **REGISTRANTS**. The criteria describe how NP registrants must meet each standard and are not listed in order of importance.

Graduate nurse practitioners (GNPs) have not completed all eligibility requirements and do not yet hold a practice permit as an NP. GNPs can aid in MAID as outlined within the registered nurse's role. NPs that have restrictions on their practice permit need to call CRNA to discuss their ability to participate in MAID.

Commented [SH1]: [Bill C-39 An Act to amend An Act to amend the Criminal Code \(medical assistance in dying\)](#) was introduced in the House of Commons on February 2, 2023. This enactment amends An Act to amend the Criminal Code (medical assistance in dying) to delay, until March 17, 2024, the repeal of the exclusion from eligibility for receiving medical assistance in dying in circumstances where the sole underlying medical condition identified in the support of the request for medical assistance in dying is mental illness.

[Third reading of Bill C-39](#) was completed in the House of Commons on February 15, 2023. The bill had first reading in the Senate on February 16, 2023.

Standard 1: Professional Responsibility and Accountability

Nurse Practitioners are responsible and accountable for providing MAID services in a safe and competent manner following all relevant legal requirements which includes, but is not limited to, the *Criminal Code of Canada*.

Criteria

An NP must

- 1.1 adhere to federal and provincial legislation when receiving, considering, or fulfilling a written request for MAID, in particular, the *Criminal Code of Canada*;
- 1.2 promptly provide the **CLIENT** with contact information for the Alberta Health Services (AHS) MAID care coordination service when an inquiry is received;

An NP who provides MAID services must

- 1.3 consider the **SAFEGAURDS** outlined in the *Criminal Code of Canada* when determining a patients' eligibility for MAID;
- 1.4 ensure the patient has **CAPACITY**;
- 1.5 obtain **INFORMED CONSENT** from the client who has requested MAID services. This includes ensuring the client
 - 1.5.1 is aware of their right to withdraw consent at any time,
 - 1.5.2 is free of undue influence, duress, or coercion in making the consent decision,
 - 1.5.3 is informed of
 - i. the diagnosis reached,
 - ii. 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,
 - iii. the reasonable alternative treatments available for their condition, the exact nature and anticipated benefits of the reasonable alternative treatments and their associated common risks and significant risks,
 - iv. the exact nature of the MAID procedure and its associated common risks and significant risks, and

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- v. the natural history of their condition and the consequences both of receiving and of not receiving MAID, and
- 1.5.4 demonstrates a reasonable understanding of the information provided and the reasonably foreseeable consequences both of receiving and of not receiving MAID;
- 1.6 discuss with the client and agree on a plan that considers
 - 1.6.1 the client's wishes regarding when, where, and how the MAID will be provided, including the presence of the NP and any additional client support,
 - 1.6.2 an alternate plan to address potential complications, and
 - 1.6.3 the client's choice to rescind the request at any time, including immediately before the provision of MAID;
- 1.7 only prescribe medications recommended by the AHS MAID care coordination service for use in MAID;
- 1.8 collaborate with the pharmacist dispensing the medication(s);
- 1.9 after the client's death, notify the Office of the Chief Medical Examiner who is responsible to complete the certificate of death (if MAID is self administered, the NP must ensure someone in attendance of the client's death contacts EMS);
- 1.10 complete the required AHS MAID reporting forms, to meet federal reporting requirements; and
- 1.11 provide copies of the forms referred to in 1.10 to the AHS MAID care coordination service without delay.

Standard 2: Ethical Practice

Nurse Practitioners ensure their practice aligns with the values and responsibility statements within the *Code of Ethics for Registered Nurses* (Canadian Nurses Association, 2017) and the client's health-care needs.

Criteria

An NP must

- 2.1 promptly provide the client with contact information for the AHS MAID care coordination service if a request for MAID services is received but is declined by the NP due to a personal, moral, or religious conflict (conscientious objection);

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- 2.2 interact with the client from a place of cultural humility and support a culturally safe environment;
- 2.3 use a trauma-informed approach to care; and
- 2.4 assess the client for **STRUCTURAL VULNERABILITY** and consider how it may affect the client's' decision-making capacity.

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Glossary

CAPACITY – The legal status of being able to provide informed consent or refusal of healthcare interventions (Health Canada, 2022, page 3).

CLIENT(S) – The term client(s) can refer to patients, residents, families, groups, communities, and population.

INFORMED CONSENT – A person must provide informed consent prior to receiving a healthcare intervention, including MAID. To provide informed consent a person must be capable, they must have been given an adequate explanation about the nature of the proposed intervention and its anticipated outcome as well as the significant risks involved and alternatives available, and the consent must be voluntary (Health Canada, 2022, Page 5).

MEDICAL ASSISTANCE IN DYING (MAID) – For the purpose of these standards, medical assistance in dying means (a) the administering by a medical practitioner or NP of a substance to a person, at their request, that causes their death; or (b) the prescribing or providing by a medical practitioner or NP 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 (*Criminal Code*, 1985).

MEDICAL PRACTITIONER – A person who is entitled to practise medicine under the laws of a province (*Criminal Code*, 1985).

MENTAL DISORDER – The DSM-5 states that a mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or development processes underlying mental functioning (Health Canada, 2022, page 6).

MENTAL ILLNESS – Refers to a subset of **MENTAL DISORDERS** but lacks a standard clinical definition. This is the term used in Bill C-7 and associated materials (e.g., legislative background and Charter Statement) (Health Canada, 2022, Page 6).

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners, and RN or NP courtesy registrants on the CRNA register.

SAFEGUARD(S) – Refers to protective legislative measures enacted through the *Criminal Code* Safeguards for the provision of MAID to a person whose natural death is reasonably foreseeable, and the provision of MAID to a person whose natural death is not reasonably foreseeable, are outlined in sections 3 and 3.1 of the *Criminal Code* (Health Canada, 2022 Page 7).

STRUCTURAL VULNERABILITY – An individual's or a population group's condition of being at risk for negative health outcomes through their interface with socioeconomic, political, and cultural/normative hierarchies. Patients are structurally

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vulnerable when their location in their society's multiple overlapping and mutually reinforcing power hierarchies (e.g., socioeconomic, racial, cultural) and institutional and policy-level statuses (e.g., immigration status, labor force participation) constrain their ability to access health care and pursue healthy lifestyles (Bourgois, 2017).

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References

Bill C-7, *An Act to amend the Criminal Code (medical assistance in dying)*, 2nd Sess, 43rd Parl., 2020-2021 (assented to March 17, 2021), S.C. 2021, [Government Bill \(House of Commons\) C-7 \(43-2\) – Royal Assent – An Act to amend the Criminal Code \(medical assistance in dying\) – Parliament of Canada](#)

Bourgois, P., Holmes, S.E., Sue, K., and Quesada, J. (2017). [Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care](#). *Academic Medicine*, 92(3), 299-307. doi: 10.1097/ACM.0000000000001294

Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. Accessed January 27, 2003.

Criminal Code, R.S.C., 1985, c. C-46. *Criminal Code* (justice.gc.ca). Accessed January 27, 2023.

Government of Canada. (March 2020). [What we heard report: A public consultation on medical assistance in dying \(MAID\)](#). Accessed January 29, 2023.

Health Canada. (2022). [Final report of the expert panel on MAID and mental illness](#). Accessed January 28, 2023.

[Registered Nurses Profession Regulation](#), Alta. Reg. 232/2005.