

Guidelines



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Medical Assistance in Dying

Guidelines for Nurse Practitioners

March 2017

Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, March 2017.

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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 role. The guidelines on medical assistance in dying for nurses can be found on the 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 new federal legislation allowing the provision of medical assistance in dying;
- guidance on the NP role and accountabilities with regards to medical assistance in dying, including guidance for NPs that are:
 - ◆ able to provide medical assistance in dying;
 - ◆ not 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.

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

Introduction

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.
- 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 required for the eligibility of 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.
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.
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.
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.

Provincial Requirements

Alberta Health, 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.
- 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. These guidelines provide guidance and information to NPs when contemplating their response to questions about medical assistance in dying, when having conversations with clients about medical assistance in dying or when contemplating the provision of medical assistance in dying.

NPs are responsible for safe, competent and ethical practice. Medical assistance in dying is a new legal choice for some 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 to develop a plan of how to approach medical assistance in dying in practice. NPs are also encouraged to access self-assessment and decision support resources and tools when appropriate. For example, *Medical Assistance in Dying: Values-Based Self-Assessment Tool for Health-care* (AHS, 2016) or *Ethical Decision Making for Registered Nurses* (CARNA, 2010).

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. For more information and team communication and respect in relation to medical assistance in dying, please see Appendix B.

The NP Role

The Criminal Code of Canada allows NPs to participate in the lawful provision of medical assistance in dying. It is essential for NPs to understand that only a physician or NP may assess a client for eligibility for medical assistance in dying and only a physician or NP

can provide medical assistance in dying. Two forms of medical assistance in dying are permitted:

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

Communication with the Client and Family

Providing Information

Many complex factors may be involved when a client begins a discussion on medical assistance in dying. The client's choices may involve factors such 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 acknowledge 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 and NPs can support the clients access to accurate and objective information so that they may make an informed decision about their care. If NPs are unable to provide accurate, objective information to clients for any reason, they need to refer the client to someone 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).

Guideline 1: NPs provide objective, accurate information on the lawful provision of medical assistance in dying.

NPs 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 medical assistance in dying.

Guideline 2: 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.

Communication Strategies

Communication strategies such as using open-ended questions and statements is essential. A request for information on assisted death 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.

NPs 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. Where unsure, the NP needs to consult with reliable sources of information and consider an early referral to authoritative sources of information such as the AHS Medical Assistance in Dying Care Coordination Service (MAID.CareTeam@ahs.ca). NPs also endeavor to remain as neutral as possible and refrain from advocating for or against medical assistance in dying.

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

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

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,
- refer the client to the AHS Medical Assistance in Dying Care Coordination Service (MAID.CareTeam@ahs.ca) as necessary, and
- continue to provide safe, compassionate, competent, ethical nursing care and reassure the client that their care needs will continue to be addressed.

Guideline 4: NPs that receive an inquiry or a request from a client for medical assistance in dying communicate promptly and respectfully with the client and must 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.

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 wellbeing 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 C),

- provide psychosocial support and refer to additional supports as needed,
- follow the organizational policies that detail who to alternately contact for this specific query,
- 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 in the client record according to organizational policy and professional standards.

Guideline 5: NPs acknowledge and inform clients of the care that NPs can provide in end-of-life care.

Knowledge Based Practice

NPs are responsible for understanding and complying with medical assistance in dying legislation and 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 principles of the Criminal Code of Canada provisions,
- any provincial legislation 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.

NPs 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. For example, the AHS medical assistance in dying orientation for physicians and NPs.

Guideline 6: NPs ensure that they have the appropriate education and competence to provide medical assistance in dying.

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 in accordance with any applicable provincial laws, rules or standards. This suggests that failure to comply with any provincial law, rule, or standards of practice could nullify the Criminal Code of Canada exemption (CNPS, 2016).

Providing Medical Assistance in Dying

The Criminal Code of Canada outlines that the NP scope of practice could be sufficiently broad to allow NPs to provide all aspects of medical assistance in dying (from the determination that the client suffers from a grievous and irremediable condition, to obtaining the client's informed consent, to the prescription or administration of the lethal substance that causes death). Accordingly, 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 (CNPS, 2016). The NP must ensure that they are providing medical assistance in dying in accordance with all the requirements contained in the Criminal Code of Canada and the provincial Medical Assistance in Dying Standards of Practice for NPs.

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

Guideline 7: NPs ensure that they are aware of and follow all federal and provincial legislation (including the new wording of the Criminal Code of Canada), provincial standards of practice, CARNA guidelines and employer protocols/policies/procedures on medical assistance in dying.

Informed consent

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

Guideline 8: NPs ensure that they obtain informed consent as outlined in Provincial Medical Assistance in Dying Standards of Practice for Nurse Practitioners.

Client Eligibility

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) and must provide this contact information to the client or another person identified by the client if not already done.

Competent NPs can provide comprehensive health assessment and can diagnose health conditions/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.
- 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.

Guideline 9: 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.

Capable

Medical assistance in dying cannot be provided to clients who are not capable to make 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 a client suffers from a condition that may impair their ability to make decisions or they are incapable, 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 successfully completed the required education for capacity assessments for medical assistance in dying as outlined by AHS and are 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 psychological referral is strongly advised.

Guideline 10: NPs qualified and competent can perform a capacity assessment for medical assistance in dying.

Written Request for Medical Assistance in Dying

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.

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 review the request form 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.

Guideline 11: 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.

NPs 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.

Guideline 12: 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.

Second Independent Opinion

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.

Guideline 13: 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.

Period of 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. A “clear day” excludes the days on which the request was signed and submitted and the day on which medical assistance in dying will happen.

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.

Guideline 14: NPs who provide a client with medical assistance in dying must ensure that there has been a clear 10 day period for reflection.

Requirements for Plan, Collaboration and Notification

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).
- 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.

Guideline 15: 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*.

Restriction on Drug/Substance that May be Used

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.

Guideline 16: NPs ensure that they only prescribe the provincially recommended substance for medical assistance in dying and are directly involved in securing the dispense substances from the pharmacist.

NP Attendance during the Provision of the Substance

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 is 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.

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

Guideline 18: If IV administration of the lethal substance is required, the NP cannot assign or delegate this to another health-care provider.

Second Withdraw of Request

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.

Guideline 19: 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.

Documentation

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 keep records in the form and manner required by the Minister of Health confirming that the requirements of these standards, and any other standards or legislation applicable to medical assistance in dying, were met.

The NP 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 written second 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.

Guideline 20: 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.

NPs must be aware that there are criminal offences with serious penalties for forgery or destruction of documents related to medical assistance in dying.

Review Committee and Death Certificate

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.

Guideline 21: NPs notify the Office of the Chief Medical Examiner to provide a copy of the medical assistance in dying records to the Medical Assistance in Dying Regulatory Review Committee.

No Obligation to Aid with Medical Assistance in Dying

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.

NPs 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
- b. refer the client to the AHS Medical Assistance in Dying Care Coordination Service via email at MAID.CareTeam@ahs.ca, and
- c. assure 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.

NPs are required to follow the Code of Ethics of their profession. If care is requested that is in conflict with the NPs personal moral beliefs and values but in keeping with professional practice, the NP provides 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. No personal moral judgments about the beliefs, lifestyle, identity or characteristics of the client should be expressed by the NP.

Guideline 22: NPs are not required to participate in medical assistance in dying. NPs that choose not to participate in medical assistance in dying due to personal 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.

Glossary

Advance care planning – A process that can assist all Albertans in making healthcare 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 decision about one's own care and treatment (CNA, 2008).

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). For example, artificial ventilation, nutrition or cardiac pacing devices.

References

- Alberta Health Services. (2014). *Palliative and end-of-life care Alberta provincial framework*. Edmonton, AB: Author.
- Alberta Health Services. (2016). *Role of the medical examiner related to medical assistance in dying*. Edmonton, AB: Author.
- Alberta Health Services. (2016). *Values-based self-assessment tool for health-care providers*. Edmonton, AB: Author.
- Alberta Minister of Health. (2016). *Medical assistance in dying standards for nurse practitioners*. Edmonton, AB: Author.
- Alberta Minister of Health. (2016). *Medical assistance in dying standards for the College of Physicians and Surgeons of Alberta*. Edmonton, AB: Author.
- Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*, 1st Sess, 42th Parl., 2016 (assented to June 17, 2016), S.C. 2016, c. 3.
- Canadian Hospice Palliative Care Association. (2013). *A model to guide hospice palliative care*. Ottawa, ON: Author.
- Canadian Medical Association. (2014). *CMA policy: Euthanasia and assisted death*. Ottawa, ON: Author.
- Canadian Nurses Association. (2008). *Code of ethics*. Ottawa, ON: Author.
- Canadian Nurses Association. (2010). *Evidence-informed decision-making and nursing practice*. Ottawa, ON: Author.
- Canadian Nurses Association. (2017). *National nursing framework on medical assistance in dying in Canada*. Ottawa, ON: Author.
- Canadian Nurses Protective Society (2016). *Medical assistance in dying: What every nurse should know*. Ottawa, ON: Author.
- Carter v. Canada (Attorney General), [2015] 1 SCR 331, 2015 SCC 5.
- Canadian Charter of Rights and Freedoms*, Part I of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982 (UK)*, 1982, c.11, s. 7.

College and Association of Registered Nurses of Alberta. (2011). *Hospice palliative care: A position statement*. Edmonton, AB: Author.

College and Association of Registered Nurses of Alberta. (2010). *Ethical decision-making for registered nurses*. Edmonton, AB: Author.

College and Association of Registered Nurses of Alberta, College of Licensed Practical Nurses & College of Registered Psychiatric Nurses of Alberta. (2017). *Medical assistance in dying for nurses in Alberta*. Edmonton, AB: Author.

College of Physicians and Surgeons of Alberta. (2016). *Standard of practice: Medical assistance in dying*. Edmonton, AB: Author.

College of Physicians & Surgeons of Alberta. (2016). *Advise to the profession: Medical assistance in dying*. Edmonton, AB: Author.

Criminal Code, R.S.C. 1985, c. C-46.

Health Professions Act, R.S.A. 2000, c. H-7, s135.4(5).

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 Feb. 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.

Alberta Regulatory Framework

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

Alberta Health has directed the following:

- A Ministerial Order directing the establishment of the Medical Assistance in Dying Regulatory Review Committee.
- 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.
- The development of mandatory physician and nurse practitioner standards of practice to provide medical assistance in dying (in conjunction with the regulatory colleges) through an Order in Council. Under the Health Professions Act, the Lieutenant Governor in Council (Cabinet) may, by order, make standards of practice or amendments to standards of practice with respect to a college of a profession regulated by the Act. (Health Professions Act, R.S.A. 2000, c. H-7, s. 135.4(5)).

Appendix B

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, 2008). 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 provides guidance for ethical responsibilities, behaviors and nursing practice (CNA, 2008).

NP 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.

NPs 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 regulations, professional regulatory college standards and
- 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 C

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>.