

Medical Assistance in Dying: Guidelines for Nurses

Webinar
July 19, 2016

Introduction

- This session is specific to the role of RNs and LPNs in aiding in the provision of Medical Assistance in Dying. A separate document regarding the role of NPs is available on CRNNS' website.
 - The standards of practice for nurses require individual nurses to practice in accordance with relevant legislation.
 - Given the role nurses play in end of life care, a practice guideline and this webinar were developed to help nurses understand their professional accountabilities with respect to aiding in the provision of MAiD.
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History of MAiD

- February 6 2016 Supreme Court of Canada struck down the law prohibiting physician assisted death.
 - On June 17, 2016 the federal government enacted legislation regulating the provision of medical assistance in dying, when specific criteria are met.
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What is MAiD

MAiD refers to the process where, at the client's request, an NP or physician:

- Prescribes and administers a medication to the client that causes their death; or
 - Prescribes or provides a medication to the client so that the client may self-administer the medication and in so doing cause their own death.
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Nurses Who Choose To Be Involved In MAiD

- Nurses always have and will continue to have a major role in providing care to clients and their families at end of life.
 - The legal changes which allow clients to choose MAiD when certain criteria are met does not change the key role that nurses play in end of life care.
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Nurses Who Choose To Be Involved In MAiD

- Nurses must ensure they have the knowledge, skills and abilities to provide safe, competent, ethical and compassionate care to clients.
 - The *Criminal Code*, requires that MAiD be provided in accordance with applicable provincial laws, rules or standards (such as this practice guideline).
 - Nurses who knowingly fail to comply with these legal requirements may be convicted of a criminal offence.
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Nurses Who Choose To Be Involved In MAiD

We are going to discuss the nurses role with respect to:

- Counselling
 - Client Eligibility
 - Statutory Safeguards
 - Medication Administration
 - Privacy and Confidentiality
 - Witnessing A Request for MAiD
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Counselling

If a client asks about assisted dying:

- Nurses can provide objective information about MAiD and answer client questions.
 - Nurses can explore reasons for the client's request for MAiD in the context of a conversation about all other end of life care options, including palliative care.
 - Refer inquires about MAiD to the appropriate provider or person.
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Counselling

If a client asks about assisted dying:

- Nurses continue to provide care that supports the clients ability to make informed decisions about their care and end of life needs
- Promptly inform the client's primary care provider and other appropriate members of the health care team of the client's requests.

Counselling suicide, in the sense of encouraging, soliciting or inciting suicide, remains a criminal offence.

Client Eligibility

Nurses are not authorized to determine the client's eligibility, that is the responsibility of the providing NP/physician.

Eligibility Criteria:

- They are eligible – or, but for any applicable minimum period of residence or waiting period, would be eligible – for health services funded by a government in Canada;
- They are at least 18 years of age and capable of making decisions with respect to their health;
- They have a grievous and irremediable medical condition;
- They have made a voluntary request for MAiD that, in particular, was not made as a result of external pressure; and
- They give informed consent to receive medical assistance in dying.

Client Eligibility

- If you know or reasonably believe that the client does not meet the eligibility criteria, you must immediately raise your concerns with the health care team, your manager or others as necessary.
- The College (CRNNS, CLPNNS) or the Canadian Nurses Protective Society* (CNPS) may be able to provide further guidance.

*CNPS is for RNs and NPs



Statutory Safeguards

- The *Criminal Code* sets out a number of safeguards that must be met before an eligible client can receive MAiD.
- Nurses should be aware of these safeguards as or safeguards outlined in employer policy.

Statutory Safeguards

The safeguards in section 241.2(3) of the *Criminal Code* include, but are not limited to, the following:

- The client's request must be made in writing and signed and dated by the client and must be signed and dated by two independent witnesses.
 - A second NP or physician has provided a written opinion confirming that the client meets all of the eligibility criteria.
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Statutory Safeguards

- There are at least 10 clear days between the day on which the request was signed by the client and the day on which MAiD is provided or – if both NPs and/or physicians assessing the eligibility criteria are of the opinion that the client's death, or the loss of capacity to provide informed consent, is imminent – any shorter period that the first NP/physician considers appropriate in the circumstances.
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Statutory Safeguards

- Immediately before the provision of MAiD, the NP or physician must give the client an opportunity to withdraw their request and ensure that the client gives express consent to receive MAiD.

Statutory Safeguards

- If you know or reasonably believe that the client does not meet the eligibility criteria, you must immediately raise your concerns with the health care team, your manager or others as necessary.
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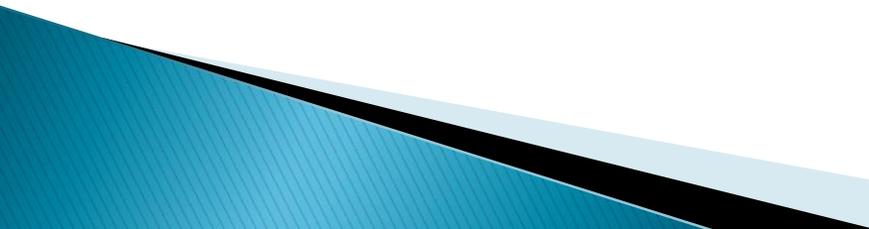
Medication Administration

- Nurses are not authorized to administer the medication that causes the client's death under any circumstances, even if requested by the providing NP/physician and/or the client.
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Medication Administration

- Nurses may assist in the administration of the medication under the direction of the NP/physician, where the safeguards outlined above have been met.
- Nurses may:
 - Insert an intravenous line that will later be used to administer the medication;
 - Be present during the administration of the medication to provide holistic nursing interventions to meet the needs of the client and their family during the dying process.

Medication Administration

- Where the client seeking to self-administer the medication, the nurse may pass the oral medication to the client, as long as the client explicitly asks for assistance.
 - Nurses must refrain from activities that may be viewed as the actual administration of the medication, such as placing oral medication in the client's mouth or pushing medication into the client's intravenous line.
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Privacy and Confidentiality

- Assisted dying remains a sensitive topic which involves many different perspectives.
 - Nurses must maintain the privacy and confidentiality of clients and families who are involved in MAiD.
 - This includes respecting the client's wishes about communicating with family members.
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Documentation

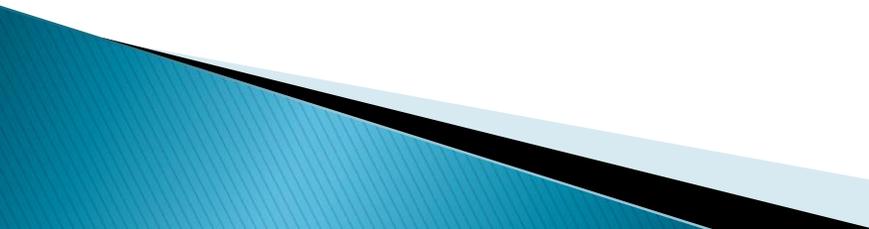
- Nurses must follow agency policy and applicable documentation guidelines.
- Your documentation must be clear and comprehensive and, in addition, should include the following:
 - the identity of the persons present;
 - the name of the provider that administers the medication, where applicable.

Witnessing A Request

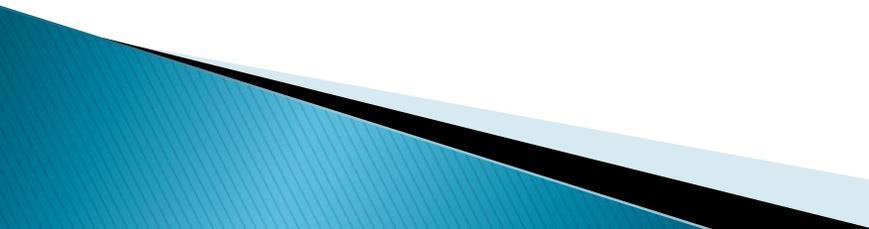
- A client wishing to receive assistance in dying must submit a request to the providing NP or physician.
 - The request must be written, signed and dated by the client after they have been informed of or diagnosed with the grievous and irremediable medical condition.
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Witnessing A Request

Nurses may witness a client's signature on a written request for MAiD as long as they are:

- aware the document is a formal request for assisted dying;
 - not or reasonably believe they are not a beneficiary under the client's will or will receive a financial or other material benefit from the client's death;
 - not the owner or operator of the health care facility where the client is being treated or any facility in which the client resides;
 - not directly involved with providing health care services or personal care services to the client making the request; and
 - not directly provide personal care to the client.
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Nurses Who Choose Not To Be Involved with MAiD

- Nurses may decline to participate in any aspect of client care connected to MAiD if it is in conflict with their moral beliefs and values.
 - Nurses choosing not to participate on these grounds, must promptly inform their employer or the client if they are self-employed.
 - Nurses must continue to provide safe, competent, ethical and compassionate care until alternative care arrangements can be made to meet the client's needs.
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Nurses Who Choose Not To Be Involved with MAiD

- As with all other aspects of nursing care, you are expected to provide nursing services in a professional, nonjudgmental, and non-discriminatory way.
 - You must be mindful of the difference between exploring clinical options for client care and expressing your personal opinions especially when you are having discussions about MAiD with the client or their family.
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Nurses Who Choose Not To Be Involved with MAiD

- Further guidance on raising on conscientious objection can be found in your respective Code of Ethics
 - Further guidance on nurse's duty to provide care can be found on the respective College websites under practice supports/resources.
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Conclusion

- Nurses provide important care to clients through all stages of their life span including end of life.
 - Regardless of future developments related to MAiD, nurses providing care to clients at end of life are required to follow governing legislation, standards of practice, and codes of ethics.
 - The Carter Decision not change nurses accountabilities as they relate to clients who are seeking advice or requiring palliative care.
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Conclusion

- Nurses continue to have an integral role in providing end of life care to clients, including:
 - creating and implementing nursing plans of care;
 - providing treatment option information to clients;
 - advocating for clients;
 - conducting assessment, administering medications and treatments; and
 - providing comfort care to those engaged in the dying process.
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Questions

