

Medical Assistance in Dying

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On March 17, 2021, changes were made to the medical assistance in dying law (MAID) federal regulations. The revised law mainly modifies MAID eligibility criteria and safeguards in response to the Superior Court of Québec's 2019 Truchon decision.

An Alberta Health ministerial directive outlines that Alberta Health Services (AHS) will coordinate and facilitate access to health services relating to medical assistance in dying in Alberta. The AHS Care Coordination Service is the point of contact for ALL reporting in Alberta.

If you have questions about medical assistance in dying, visit: ahs.ca/maid or contact the AHS Medical Assistance in Dying Care Coordination Service at MAID.CareTeam@ahs.ca.

For questions regarding reporting, please contact maidreporting@ahs.ca.



MEDICAL ASSISTANCE IN DYING MEDICAL PRACTICE DIRECTION

Medical assistance in dying (MAID) is legal in Canada under the Criminal Code. The Criminal Code sets out specific conditions for a person to request MAID. MAID is a health-care option available to Albertans at the end of life. It allows a capable adult suffering from a grievous and irremediable medical condition to voluntarily request MAID, a medical procedure that involves the administration of medications to intentionally and safely end the life of a person who meets strict legal criteria.

In addition to setting out the eligibility criteria for MAID, the Criminal Code mandates several safeguards which must be put in place and be followed before MAID can be provided to a person without constituting a criminal offence.

The Criminal Code permits two forms of MAID:

- (a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or
- (b) the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.”

Changes to the Criminal Code in 2021 (Bill C-7) allow MAID for eligible persons who wish to pursue a medically assisted death, whether their natural death is reasonably foreseeable or not. The revised law expands eligibility requirements and changes some of the safeguards and reporting requirements. The revised law creates a two-track approach to procedural safeguards for physicians and nurse practitioners (NPs) to follow based on whether or not a person’s natural death is reasonably foreseeable.

Provincial Requirements

In Alberta, the minister of health has directed that Alberta Health Services (AHS) coordinates and facilitates access to health services relating to MAID and reporting in Alberta.

The AHS MAID Care Coordination Service is the point of contact for all MAID inquiries and reporting in Alberta.

Any request or inquiry regarding MAID from clients must be referred to the AHS MAID Care Coordination Service (MAID.CareTeam@ahs.ca).

Purpose

This document provides guidance and advice to support registered psychiatric nurses (RPNs) in understanding their responsibilities and accountabilities within the context of MAID in Alberta.

Practice Direction for RPNs

The Criminal Code allows RPNs to aid in MAID only when under the direction of a physician or an NP. It is essential for RPNs to understand that they will have a limited role in MAID. Only a physician or an NP can assess eligibility for MAID and only the physician or the NP can administer the substance that causes the death.

Aiding with MAID

RPNs can assist a physician or an NP in the lawful provision of MAID and may perform interventions they are competent in, such as client education, providing support or comfort care to clients and family, facilitating communication with the AHS MAID Care Coordination Service, acting as an independent witness, or inserting an intravenous line for the administration of MAID.

RPNs may be present when the substance that causes death is administered. However, RPNs cannot administer the substance.

In situations where a physician or an NP has prescribed an oral substance to the client to self-administer to cause death, the client must be the one to physically take the substance. With the client's explicit request, the RPN can pass the oral substance to the client but cannot assist with taking the medication. With the physician's or the NP's explicit request, the RPN can pass the prepared syringe to the physician or the NP.

RPNs must refrain from activities that may be viewed as the actual administration of the substance, such as placing the oral substance in the client's mouth; inserting (pushing) the substance into the client's intravenous line or feeding tube; or preparing or altering the substance to ease ingestion such as mixing the substance with food or liquid. The RPN is NOT responsible to prepare, dispense, retrieve, administer, or return any of the lethal substances prescribed and administered by the physician and/or the NP for MAID.

Prior to aiding a physician or an NP in the provision of MAID, RPNs ensure they are aware of the eligibility parameters, safeguards, and requirements for MAID and have a reasonable objective basis to support that the physician or the NP providing MAID has met all requirements as set out in legislation.

If the RPN has questions about the eligibility criteria, safeguards, or requirements for MAID, they must ask their questions directly to the physician or the NP providing MAID. If any questions remain unanswered, the RPN must notify their supervisor or the AHS MAID Care Coordination Service immediately and discuss next steps.

Key Responsibilities

RPNs may be involved with MAID in various ways and provide safe, competent, and ethical nursing care before, during, and after to support the client and family. The Code of Ethics and Standards of Registered Psychiatric Nursing Practice provide a foundation for RPNs to understand their responsibilities and accountabilities regarding MAID. RPNs who are involved with MAID are responsible and accountable to follow current legislation, standards, and policies relevant to their practice setting.

RPNs involved in MAID:

- understand the Criminal Code to ensure that they are participating in the legal provision of MAID;
- understand and follow the provincial and employer requirements and policies regarding MAID, and seek legal advice to understand the relevant provisions within the Criminal Code;
- respect client autonomy and their choices in treatment and the client's need to make informed choices about matters of life and death;
- provide nursing care in a non-judgmental manner. Nurses 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;
- effectively listen to the client's concerns, unmet needs, feelings, and desires about their care with empathy, respect, and compassion;
- provide safe, compassionate, competent, ethical nursing care and reassure the client that their care needs will continue to be addressed;
- collaborate with the healthcare team as required;
- refer clients who are seeking information regarding MAID to the AHS MAID Care Coordination Services (MAID.CareTeam@ahs.ca);
- ensure that clients in their care receive all the information required to make informed decisions related to their health and well-being including MAID;
- provide psychosocial support and refer to additional supports as needed;
- ensure that they have the competence to perform the required interventions specific to their responsibilities in the involvement of MAID (e.g., providing education or starting an intravenous line);
- ensure they are aware of the eligibility parameters, safeguards, and requirements for MAID and have a reasonable objective basis to support that they are acting appropriately with respect to a client who is requesting MAID; and
- clearly document the care provided, any client request for information on MAID, and any communication with other members of the healthcare team in the client record according to employer requirements and CRPNA standards.

An RPN who is aiding in the provision of MAID should document:

- any request for information on MAID directed to the RPN and the information provided; and
- any nursing actions in relation to the aid they provided to the physician or NP prior, during, or after the MAID procedure including the objective information that was used to verify that the legal requirements for MAID have been satisfied.

No Obligation to Aid with MAID

The amendments to the Criminal Code do not impose any obligation for RPNs to aid a physician or an NP in MAID. RPNs who are asked to aid in any aspect of MAID and choose not to participate at any time due to a conflict with their personal moral beliefs and values, lack of skill, or other reasons, must immediately:

- assure the client that they will not be abandoned and continue to provide safe, competent, ethical care that is not related to activities associated with MAID;



- notify their employer so that alternative care arrangements can be made; and
- refer the client to their primary care provider or the AHS MAID Care Coordination Service.

RPNs are required to follow the Code of Ethics. If nursing care is requested that is in conflict with the RPN's personal moral beliefs and values but in keeping with professional practice, the RPN provides safe, competent, and ethical care until alternative care arrangements are in place to meet the client's needs or desires. No personal moral judgments about the beliefs, lifestyle, identity, or characteristics of the client should be expressed by the RPN.

If the RPN can anticipate a conflict with their conscience, they have an obligation to notify their employers or, if the RPN is self-employed, notify persons receiving care in advance so that alternative arrangements can be made. Until an alternate person is found, or care is transferred, the RPN continues to provide safe, competent, and ethical nursing care and interventions that are not associated with MAID to meet the client's needs or desires.

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) C7 (43-2) - Royal Assent - An Act to amend the Criminal Code (medical assistance in dying) - Parliament of Canada

The College of Registered Psychiatric Nurses of Alberta (November 2022) Code of Ethics and Standards of Registered Psychiatric Nursing Practice.

Criminal Code, R.S.C. 1985, c. C-46. Criminal Code (justice.gc.ca)