

## **Practice Directive**

# Medical Assistance in Dying (MAID) Roles & Responsibilities for the Nurse Practitioner

**College of Registered Nurses and Midwives of  
Prince Edward Island**

June 2024



# Background

Medical assistance in dying (MAID) has been legal in Quebec since 2015 and in the rest of Canada since 2016. Since then, the law with respect to eligibility for MAID has continued to evolve.

This Practice Directive reflects the current state of Canadian law with respect to MAID (as established by the Criminal Code). The Criminal Code of Canada allows eligible clients to request that a nurse practitioner (NP) or physician provide MAID by:

- Administering a substance that causes their death; or
- Prescribing or providing a substance so that they may self-administer the substance to cause their own death.

Throughout this practice directive, the terms ‘must’ and ‘should’ are used to articulate College of Registered Nurses and Midwives of Prince Edward Island (CRNMPEI)’s expectations. ‘Must’ indicates a mandatory requirement. ‘Should’ indicates that nurse practitioners can use reasonable discretion when applying this expectation to practice.

This Practice Directive must be interpreted in the context of federal and Prince Edward Island legislation relating to MAID. Nothing in this Practice Directive reduces a nurse practitioner’s obligation to comply with any and all applicable laws.

This Practice Directive must be read in conjunction with other regulatory documents including Standards of Practice, Code of Ethics, and Practice Directives. It should also be read in conjunction with Health Canada’s Advice to the Profession: Medical Assistance in Dying (MAID).

Nurse Practitioners are encouraged to consult with the resources available through the Canadian Nurses Protective Society (CNPS), the Canadian Association of MAID Assessors and Providers (CAMAP), and relevant professional associations.

The Criminal Code of Canada (section 241.2) has created a two-track approach to procedural safeguards based on whether or not a person’s natural death is reasonably foreseeable. Track 1 is when the natural death is foreseeable, and Track 2 is when the natural death is not foreseeable.

Canadians whose only medical condition is a mental illness will not be eligible for MAID until March 17, 2027. This includes conditions that are primarily within the domain of psychiatry, such as depression and personality disorders. It does include neurocognitive and neurodevelopmental disorders, or other conditions that may affect cognitive abilities (Nova Scotia College of Nurses, 2024).

## 2.0 Purposes

This Practice Directive has been established:

1. To provide information that will assist nurse practitioners and the public in understanding the eligibility criteria, procedure safeguards, and reporting requirements that must be met regarding MAID;
2. To set the professional expectations of nurse practitioners who are involved with MAID; and
3. To outline the specific legal requirements for MAID assessors and providers.

### 3.0 Reasonable Knowledge, Care, and Skill

MAID must be provided with reasonable knowledge, care, and skill and in accordance with any applicable provincial laws, rules, or standards.

### 4.0 Scope of Practice

Nurse practitioners must practice only within a scope for which they are appropriately trained, licensed, and competent.

Nurse practitioners who choose to assess eligibility for or provide MAID, must have sufficient training, experience, and qualifications to safely and competently do so in the circumstances of each case. This should include training in capacity assessment, trauma-informed care, and cultural safety and humility.

### 5.0 Responsibilities of Nurse Practitioners Unable or Unwilling to Participate in MAID

No nurse practitioner can be compelled to prescribe or administer substances for the purpose of MAID.

Conscientious objection may be case specific. Some nurse practitioners are conscientiously opposed to all MAID. Some to only certain kinds of MAID. Some to only specific cases given the specific circumstances. The same rules apply no matter the scope of objection. Nurse practitioners cannot be compelled to participate but they must follow the steps laid out below if they are unwilling to participate.

Nurse Practitioners who are unable or unwilling to participate in MAID practice as set out in this Practice Directive:

1. Must complete an effective referral/transfer of care for any person seeking to make a request, requesting, or eligible to receive MAID;
2. Must advise the person that they are not able or willing to assist with the making of a request for an assessment for MAID or the provision of MAID;
3. Must provide all relevant and necessary health records to the nurse practitioner, physician or program providing services related to MAID;
4. Must continue to provide care and treatment not related to MAID if the person chooses; and

5. Should make an effective referral/ transfer of care to another nurse practitioner or physician if the person does not wish to remain in their care. Please also see CRNMPEI's Practice Directive: Ending the NP – Client Relationship.

Nurse Practitioners with an existing therapeutic relationship with a person requesting MAID (independent of the MAID request) must not discharge the person from their care on the grounds that a MAID request has been made or that the person is also receiving services from a MAID team or centralized process.

## 6.0 Duties to Persons Potentially Eligible for MAID

Nurse Practitioners must take reasonable steps to ensure persons are informed of the full range of treatment options available to relieve suffering.

Nurse Practitioners must not assume all persons potentially eligible for MAID are aware that MAID is legal and available in Canada.

Nurse Practitioners must respond to all reasonable questions from persons regarding MAID or make an effective referral/ transfer of care to another physician, nurse practitioner, or program known to be willing to discuss eligibility for MAID.

When advising persons on their potential eligibility for MAID, nurse practitioners must take reasonable steps to ensure the person does not perceive coercion, inducement, or pressure to pursue or not pursue MAID. Advising persons of potential eligibility for MAID is distinct from counselling persons to consider MAID.

## 7.0 Involvement of Nurse Practitioner Students

Nurse practitioner students can participate in providing nursing care in their current capacity as a registered nurse, but they cannot perform eligibility assessments for MAID nor provide MAID. Only physicians and nurse practitioners have this authority. Nurse practitioner students can, however, learn about the MAID process through observation and discussion with their mentors.

## 8.0 Duties of Assessors and Providers

At least two practitioners must be involved in the assessment of eligibility of a person requesting MAID. Assessors and providers must:

1. Be independent practitioners. An independent practitioner is a physician or nurse practitioner who:
  - Is not a mentor to the other practitioner or responsible for supervising their work.
  - Does not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death, other than standard compensation for their services relating to the request.

- Does not know or believe that they are connected to the other practitioner or to the person making the request in any other way that would affect their objectivity.
2. Act consistently with CRNMPEI's Standards for Nursing Practice: Nurse Practitioners and The Code of Ethics regarding treating family members or anyone with whom they have a close personal or emotional involvement.
  3. Complete all of the required documentation and reporting.

Assessors and providers must not disclose that a person has requested a MAID assessment or provision without the consent to do so from the person.

#### Duties of Providers:

1. Nurse Practitioners must not provide MAID on the direction of anyone other than the person requesting MAID.
2. Before providing MAID, providers must assess eligibility (see section 9.0) and ensure that all procedure safeguards are met (see section 10.0).
3. The provider who prescribes or obtains a substance for the purpose of MAID must, before the pharmacist dispenses the substance, inform the pharmacist that the substance is intended for that purpose.
4. Providers must ensure safe prescribing, use, storage, and return of substances related to the provision of MAID.

#### Duties of Assessors

1. Nurse Practitioners must not conduct an assessment for MAID on the direction of anyone other than the person requesting MAID.
2. Assessors must provide a written opinion attesting to whether the person requesting MAID meets the eligibility criteria for MAID.
3. Where natural death is not reasonably foreseeable, assessors must discuss with the person requesting MAID the reasonable and available means to relieve the person's suffering and determine whether the person has given serious consideration to those means.
4. Where natural death is not reasonably foreseeable and a reduction in the 90 day period is being considered by the provider, assessors must provide an opinion as to whether the loss of the person's capacity to provide consent to receive MAID is imminent.

## 9.0 Eligibility for MAID

### A. Eligibility Criteria

Nurse Practitioners must only provide MAID to a person requesting MAID where all the following eligibility criteria, as established by the Criminal Code, are met:

1. The person is eligible for health services funded by a government in Canada;
2. The person is at least 18 years of age and capable of making decisions with respect to their health;

3. The person has made a voluntary request for MAID that, in particular, was not made as a result of external pressure;
4. The person has given informed consent to receive MAID after having been informed of the means that are available to relieve their suffering, including palliative care;
5. The person has a grievous and irremediable medical condition. These criteria are met only where the provider and assessor are of the opinion that:
  - The person has a serious and incurable illness, disease or disability;
  - The person is in an advanced state of irreversible decline in capability; and
  - The illness, disease, or disability or that state of decline causes the person enduring physical or psychological suffering that is intolerable to the person and cannot be relieved under conditions that the person considers acceptable.

Nurse Practitioners must only apply the criteria for MAID eligibility set out in this Practice Directive.

## **B. Assessing Eligibility**

### Capacity

1. To find a person eligible for MAID, the provider and assessor must be of the opinion that the person requesting MAID has capacity to make decisions with respect to MAID at the time of the MAID assessment.
2. When assessing for capacity to make decisions with respect to MAID, the provider and assessor must determine whether the person has the capacity to understand and appreciate:
  - a. The history and prognosis of their medical condition(s);
  - b. Their treatment options and their risks and benefits; and
  - c. That the intended outcome of the provision of MAID is death
3. As capacity is fluid and may change over time, nurse practitioners must be alert to potential changes in a person's capacity. Where appropriate, assessors and providers should undertake serial assessments of a person's decision-making capacity.
4. Where appropriate, assessors and providers should consult with clinicians with expertise in the assessment of decision-making capacity.
5. All capacity assessments must be conducted in accordance with clinical standards and legal criteria.
6. Assessors and providers must document the reasoning and evidence upon which their assessment of capacity was based.

### Grievous and irremediable medical condition

1. To find a person eligible for MAID, the provider and assessor must be of the opinion that the person has 'a grievous and irremediable medical condition.'
2. A person has a 'grievous and irremediable medical condition' if:
  - a. They have a serious and incurable illness, disease, or disability;
  - b. They are in an advanced state of irreversible decline in capability; and,
  - c. 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.

#### Serious and incurable illness, disease, or disability

1. To find a person has a grievous and irremediable medical condition, the provider and assessor must be of the opinion that the person has a serious and incurable illness, disease, or disability.
2. 'Incurable' means there are no reasonable treatments remaining where reasonable is determined by the clinician and person together exploring the recognized, available, and potentially effective treatments in light of the person's overall state of health, beliefs, values, and goals of care.

#### An advanced state of irreversible decline in capability

1. To find a person has a grievous and irremediable medical condition, the provider and assessor must be of the opinion that the person is in an advanced state of irreversible decline in capability.
2. Capability refers to a person's functioning (physical, social, occupational, or other important areas), not the symptoms of their condition. Function refers to the ability to undertake those activities that are meaningful to the person.
3. 'Advanced state of decline' means the reduction in function is severe.
4. 'Irreversible' means there are no reasonable interventions remaining where reasonable is determined by the clinician and person together exploring the recognized, available, and potentially effective interventions in light of the person's overall state of health, beliefs, values, and goals of care.

Enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.

1. To find that a person has a grievous and irremediable medical condition, the provider and assessor must be of the opinion that the person's illness, disease, or disability or state of decline causes the person enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.
2. For the purposes of forming the opinion that the suffering criterion for MAID is met, assessors and providers:
  - a. Must explore all dimensions of the person's suffering (physical, psychological, social, existential) and the means available to relieve them;
  - b. Must explore the consistency of the person's assessment of their suffering with the person's overall clinical presentation, expressed wishes over time, and life narrative;
  - c. Must be of the opinion that it is the person's illness, disease, or disability and/or state of decline in capability that is the cause of the person's suffering;
  - d. Must be of the opinion that the suffering is enduring; and
  - e. Must respect the subjectivity of suffering.

#### **C. Voluntariness**

To find a person eligible for MAID, assessors and providers must be satisfied that the person's decision to request MAID has been made freely, without undue influence (contemporaneous or past) from family members, health care providers, or others.

#### **D. Informed Consent**

Providers must obtain informed consent directly from the person requesting MAID, not the substitute decision-maker of an incapable person.

When seeking informed consent, providers must:

1. Discuss all reasonable, accepted, and available treatment options with the person requesting MAID, including the associated benefits, risks, and side effects, which include informing the person of the means that are available to relieve their suffering, including palliative care;
2. Inform the person whose natural death is not reasonably foreseeable of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services, and palliative care and offer consultations with relevant professionals who provide those services or that care;
3. Inform the person that they may, at any time and in any manner, withdraw their request for MAID, and that they will be given an opportunity to withdraw their request immediately before MAID is provided (except where there is a valid final consent waiver – see Section 13.0);
4. Inform the person requesting MAID of any possible complications associated with provider-administered and self-administered MAID, including the possibility that death may not occur; and
5. Inform the person who is indicating a preference for self-administered MAID that if the person's death is prolonged or not achieved, it will not be possible for the provider to intervene and administer a substance causing their death unless the person is capable and can provide consent immediately prior to administering, or the person has entered into a written arrangement providing advance consent for nurse practitioner-administered MAID (see section 14.0)

## **10.0 Procedure Safeguards**

### **Natural Death is Reasonably Foreseeable**

Before providing MAID to a person whose *natural death is 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, the provider must:

1. Be of the opinion that the person meets all of the eligibility criteria for MAID;
2. Ensure that the person's request for MAID was:
  - a. Made in writing and signed and dated by the person (or by another person as permitted by law); and
  - b. Signed and dated after the person was informed by a physician or nurse practitioner that the person has a grievous and irremediable medical condition.

3. Be satisfied that the request was signed and dated by the person, or by another person as permitted by law, before an independent witness who then 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 nurse practitioner has provided a written opinion confirming that the person meets all of the eligibility criteria for MAID;
6. Be satisfied that they and the assessor are independent of each other;
7. If the person has difficulty communicating, take all necessary measures to provide a reliable means by which the person may understand the information that is provided to them and communicate their decision; and
8. Unless the conditions for a waiver of final consent or advance consent – self-administration have been met (see sections 13.0 and 14.0), immediately before providing MAID, give the person an opportunity to withdraw their request and ensure that the person gives express consent to receive MAID.

### **Natural Death is NOT Reasonably Foreseeable**

Before providing MAID to a person whose *natural death is not reasonably foreseeable*, taking into account all of their medical circumstances, the provider must:

1. Be of the opinion that the person meets all of the eligibility criteria for MAID;
2. Ensure that the person's request for MAID was:
  - a. Made in writing and signed and dated by the person or by another person as permitted by law; and
  - b. Signed and dated after the person was informed by a physician or nurse practitioner that the person has a grievous and irremediable medical condition;
3. Be satisfied that the request was signed and dated by the person – or by another person as permitted by law – before an independent witness who then also signed and dated the request;
4. Ensure that the person has been informed that the person may, at any time and in any manner, withdraw their request;
5. Ensure that another physician or nurse practitioner has provided a written opinion confirming that the person meets all of the eligibility criteria for MAID;
6. If neither they nor the assessor has expertise in the condition that is causing the person's suffering, ensure that they or the assessor consults with a physician or nurse practitioner who has that expertise and shares the results of that consultation with the other practitioner;
7. Be satisfied that they and the assessor are independent of each other;
8. Ensure that the person has been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services, and palliative care and has been offered consultations with relevant professionals who provide those services or that care;
9. Ensure that they and the assessor have discussed with the person the reasonable and available means to relieve the person's suffering and they and the assessor agree with the person that the person has given serious consideration to those means;

10. Ensure that there are at least 90 clear days between the day on which the first eligibility assessment for the current request begins and the day on which MAID is provided to them or – if the assessments have been completed and they and the assessor are both of the opinion that the loss of the person’s capacity to provide consent to receive MAID is imminent – any shorter period that the provider considers appropriate in the circumstances;
11. If the person has difficulty communicating, take all necessary measures to provide a reliable means by which the person may understand the information that is provided to them and communicate their decision; and
12. Unless the conditions for an advance consent – self-administration have been met (see section 14.0), immediately before providing MAID, give the person an opportunity to withdraw their request and ensure that the person gives express consent to receive MAID.

### **Implementing Procedural Safeguards**

Before a nurse practitioner provides MAID, they must be of the opinion that the person meets all of the eligibility criteria set out in the Criminal Code and the assessor must have provided a written opinion confirming the person meets the eligibility criteria.

Assessors and providers must only provide opinions on MAID eligibility that are within their scope of practice. See CRNMPEI’s Standards of Practice: Nurse Practitioner.

When providing opinions on MAID eligibility, nurse practitioners should respect existing ethical norms as found in the Canadian Nurses Association’s Code of Ethics and CRNMPEI’s practice standards and practice directives.

Forming an opinion about MAID eligibility may require the provider or assessor to undertake certain actions:

1. Obtaining health records
  - a. Assessors and providers must attempt to obtain all health records and personal data that is necessary for the completion of a MAID assessment.
  - b. Where a capable person refuses consent to obtaining health record and personal data necessary for the completion of a MAID assessment, the assessors and providers must explain that, without such information, the assessment cannot be completed and therefore the person cannot be found to be eligible.
2. Gathering collateral information (including from treating team, family members, and significant contacts)
  - a. Assessors and providers must attempt to obtain all collateral information necessary for the completion of a MAID assessment. This may include information known to the current or previous treating team and/or family members and/or significant contacts.
  - b. The provider and assessor must have received consent from the capable person prior to gathering collateral information.
  - c. Where a capable person refuses consent to obtaining collateral information necessary for the completion of a MAID assessment, the assessors and providers

must explain that without such information, the assessment cannot be completed and therefore the person cannot be found to be eligible.

3. Involvement of other healthcare professionals
  - a. Assessors and providers should involve medical specialists, subspecialists, and other healthcare professionals for consultations and additional expertise where necessary and with the consent of the person requesting MAID.
  - b. Where a capable person refuses consent to the involvement of other health care practitioners that is necessary for the completion of a MAID assessment, then the assessors and providers must explain that without such involvement, the assessment cannot be completed and therefore the person cannot be found to be eligible.

Means available to relieve suffering (only for those clients whose *natural death is not reasonably foreseeable* )

1. Before a nurse practitioner provides MAID, they must ensure that the person has been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services, and palliative care and has been offered consultations with relevant professionals who provide those services or that care.
2. 'Community services' must be interpreted as including housing and income supports.
3. 'Means available' must be interpreted as available means that are reasonable and recognized.
4. Informing and offering of consultations may be achieved by the nurse practitioner or by others with relevant knowledge (eg: social workers, the person's family physician or most responsible provider) about the means of relieving suffering (eg: community services). The provider must confirm that the requester has been informed of the means available and consultations with the relevant professionals have been offered.

Serious consideration of the reasonable and available means to relieve the person's suffering (only for those clients whose *natural death is not reasonably foreseeable* )

1. Before a nurse practitioner provides MAID, they must ensure that they and the assessor have discussed with the person the reasonable and available means to relieve the person's suffering and they and the assessor agree with the person that the person has given serious consideration to those means.
2. Serious consideration must be understood to mean: a) exercising capacity, not merely having it; b) exhibiting careful thought; and c) not being impulsive.

Practitioner with expertise – consulting where neither assessor has expertise in the condition causing suffering (only for those clients whose *natural death is not reasonably foreseeable* )

1. If neither the provider nor the assessor has expertise in the condition that is causing the person's suffering, the provider must ensure that they or the assessor consult with a physician or nurse practitioner who has that expertise and share the results of that consultation with the other practitioner.

2. A 'practitioner with expertise' is not required to have a specialist designation. Rather, expertise can be obtained through physician or nurse education, training, and substantial experience in treating the condition causing the person's suffering.
3. Nurse practitioners must ensure that they have the expertise necessary to provide the consultation. In doing so, they must work within their scope of practice. Please see CRNMPEI's Standards of Practice Nurse Practitioners.
4. The 'practitioner with expertise' under this provision of the Criminal Code is providing a consultation to the assessor and provider, not a MAID eligibility assessment.
5. A review of the requester's prior health records (including past specialist consultation reports) can be an important part of a complete MAID eligibility assessment. However, such a review does not constitute 'consultation' as that requires direct contemporaneous communication with the practitioner with expertise.

## 11.0 Additional Considerations Relating to Eligibility Assessments and Procedural Safeguards

### **Suicidality**

Assessors and providers must take steps to ensure that the person's request for MAID is consistent with the person's values and beliefs, and is unambiguous, and enduring. They must ensure it is rationally considered during a period of stability, and not during a period of crisis. This may require serial assessments.

A request for MAID by a person with a mental disorder in the absence of any criteria for involuntary admission as enumerated in Prince Edward Island mental health legislation, is not grounds for involuntary psychiatric assessment or admission.

Assessors and providers must consider making a referral for suicide prevention supports and services for persons who are found to be ineligible for MAID if, in the opinion of the assessor, the finding increases the individual's risk of suicide.

### **Challenging Interpersonal Dynamics**

Assessors and providers must be alert to challenging interpersonal dynamics such as threatening behaviours of MAID requesters or their family members. If these challenging dynamics compromise the ability to carry out the assessment in accordance with professional norms, assessors and providers should seek information and/or advice from mentors and colleagues, and/or discontinue involvement in the assessment process.

## 12.0 Virtual Care

Nurse Practitioners may assess a person's request for MAID and obtain consultations in relation to MAID virtually.

When assessing a person for MAID eligibility virtually, nurse practitioners must:

1. Confirm the person agrees with the assessment proceeding virtually;
2. Determine that a valid conclusion can be drawn about the person's eligibility for MAID; and
3. Ensure that the assessment aligns with the provisions of other relevant CRNMPEI Standards and the Practice Directive: Delivery of Care through Technology.

## 13.0 Waiver of Final Consent

When a *natural death is foreseeable*, the client may waive final consent. This means that they may waive the requirement that they give express consent immediately prior to receiving the medication used for MAID.

The Waiver of Final Consent must be documented in writing with agreement that a nurse practitioner or a physician would administer a medication to cause their death on or before the specified date for MAID if the client loses capacity. If the client who has provided a Waiver of Final Consent still has the capacity on the day of the scheduled procedure, they must be provided an opportunity to withdraw their consent.

The Waiver of Final Consent is invalidated if the client demonstrates by word, sound or gestures, refusal or resistance to the administration of MAID at the time of the procedure. For greater clarity, involuntary words, sounds, or gestures made in respect to contact do not constitute a demonstration of refusal or resistance.

(The College of Physicians and Surgeons of Prince Edward Island, 2024)

## 14.0 Advance Consent – Self Administration

Eligible persons who choose to pursue MAID through self-administration are allowed to make arrangements with their practitioner to waive the need for final consent, to allow for an NP or physician to follow through with providing MAID to the person should self-administration produce complications and cause the individual to lose decision-making capacity. This type of waiver of final consent is available for all eligible persons, regardless of their prognosis.

The NP may administer a substance to cause the death of that person if:

- a) Before the person loses the capacity to consent to receiving MAID, they and the NP enter into a written agreement providing that the NP would:
  - Be present at the time the person self-administered the first substance, and

- Administer a second substance to cause the person's death if, after self-administering the first substance, the person lost the capacity to consent to receiving MAID and did not die within a specified period.

b) The person self-administers the first substance, does not die within the period specified in the arrangement and loses the capacity to consent to receiving MAID; and

c) The second substance is administered to the person in accordance with the terms of the arrangement.

(Nova Scotia College of Nurses, 2024)

## 15.0 Prescribing and Providing

The provider who prescribes or obtains medication for the purpose of provide MAID must, before any pharmacist dispenses the medication, confirm in writing to the pharmacist that:

- The medication is for a specified client,
- The medication is intended for MAID for that specified client, and
- The specified client meets the eligibility criteria.

The pharmacist will only release the prescribed medication to the prescriber, or a person designated by the prescriber.

A MAID provider must give a pharmacist reasonable notice that a prescription for MAID medication will be requested. The MAID provider must also plan for proper disposal or return of unused MAID medications, as well as any relevant employer and/or agency policy regarding the prescription, use, storage and return of MAID medications.

Additionally, NPs must comply with CRNMPEI's Nurse Practitioner Standards for Practice, the Medication Administration Practice Directive, and the Controlled Drugs and Substances Act, if applicable.

## 16.0 Documentation and Reporting

Nurse Practitioners must document in the client record that all steps have been met. In addition, they must comply with the documentation standards and policies of their employer, if applicable.

Nurse practitioners must comply with guidelines established by the federal Minister of Health respecting information to be included on death certificates in cases where MAID has been provided, as well as related requirements or instructions from the Prince Edward Island Department of Vital Statistics.

For PEI, reporting on medical assistance in dying is submitted online to Health Canada, through the Canadian MAID Data Collection Portal. If the portal cannot be accessed, a report can be submitted

by fax or mail. To do this a pdf version of the reporting form must first be requested from Health Canada.

The federal government has developed a document 'Guidance for reporting on Medical Assistance in Dying' which details the reporting requirements and is meant to support physicians, nurse practitioners, and pharmacists in fulfilling their responsibilities under the Regulations.

Unless exempted by regulations made by the federal Minister of Health, MAID providers who receive a written request for MAID must comply with all documentation and reporting requirements set out in any federal regulations.

## References

Health Canada. (2023). *Model practice standard for medical assistance in dying (MAID)*. Accessed on March 25, 2024 from <https://www.canada.ca/en/health-canada/services/publications/health-system-services/model-practice-standard-medical-assistance-dying.html>

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