

## **Practice Directive**

# Medical Assistance in Dying

## Roles & Responsibilities for the Registered Nurse

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

**June 2024**



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## *Introduction*

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.

These guidelines provide direction to RNs about their role in participating in MAID. CRNMPEI registrants must also adhere to employer policies and procedures before participating in MAID. It must be interpreted in the context of federal and Prince Edward Island legislation relating to MAID. Nothing in this Practice Directive reduces a Registered Nurse's (RN's) obligation to comply with any and all applicable laws.

This document must be read in conjunction with other regulatory standards including Standards of Practice, Code of Ethics, and related Practice Directives.

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).

Since the standards of practice for nurses require individual nurses to practice in accordance with relevant legislation and given the role that nurses play in end of life care, this practice directive was developed to help nurses understand their professional accountabilities with respect to aiding in the provision of MAID. A separate document is available that addresses the role of nurse practitioners (NPs) who choose to be providers of MAID as part of their practice.

## *The role of the Registered Nurse*

Nurses always have and will continue to have a major role in providing care to clients and their families at end of life. MAID does not change the key role that nurses play in end-of-life care.

As with any other nursing care, registered nurses must ensure they have the knowledge, skills, and abilities to provide safe, competent, ethical, and compassionate care to clients. Additionally, section 241.2(7) of the *Criminal Code*, requires that MAID be provided with reasonable knowledge, care, and skill and in accordance with applicable provincial laws, rules, or standards. Registered Nurses who knowingly fail to comply with these legal requirements may be convicted of a criminal offence.

### **Client Discussions**

If a client asks about MAID, the RN should explore reasons for the client's request but in the context of a conversation about all other end of life care options, including palliative care. The RN should provide information about MAID and answer client questions, making every effort to ensure that the conversation is client-centered and reflects the client's values. Counselling suicide, in the sense of encouraging, soliciting or inciting suicide, remains a criminal offence.

The RN may also refer the inquiries to the NP, physician, or other employer personnel who may be in a better position to respond to the client's questions about available services, including psychosocial support. The RN must continue to provide care that supports the client's right to make informed decisions about their care and their end-of-life needs, which may include conversations about MAID.

The client's primary care provider and other appropriate members of the health care team may need to be informed of the client's request. The conversation and request should be thoroughly documented in the client's record.

### **Client Eligibility**

Registered Nurses are not permitted to determine the client's eligibility. That is the responsibility of the NP or physician.

Nurse Practitioners and physicians must only provide MAID to a person requesting MAID where all the following eligibility criteria are met:

1. The person is 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;
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.

The client does not need to have a fatal or terminal condition to be eligible for medical assistance in dying.

### **Statutory Safeguards**

The *Criminal Code* sets out a number of safeguards that must be met before an eligible client can receive MAID. As an RN assisting in MAID, they should be aware of these safeguards as well as any additional safeguards outlined in employer or agency policy.

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 proxy 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 proxy 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 a second independent physician or nurse practitioner has provided a written opinion confirming that the person meets all of the eligibility criteria for MAID;
6. The client should have an opportunity to withdraw their request at any point. They also must give consent to receive MAID immediately before administration unless they signed a Final Consent Waiver.

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 proxy 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 proxy 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 a second independent 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. 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;
  8. 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;
  9. 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;
  10. Unless the conditions for an advance consent – self-administration have been met, immediately before providing MAID, give the person an opportunity to withdraw their request and ensure that the person gives express consent to receive MAID.

### **Administration of Medication for Assisted Dying**

Registered 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. However, the RN may engage in the following activities at the direction of the NP or physician:

- Insert an intravenous line that will later be used to administer the medication by the NP/Physician;
- 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;

- Passing the oral medication to the client (in the case of a client seeking to self-administer the medication), so long as the client explicitly asks for the RN's assistance. The RN should 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.

As per the CRNMPEI Practice Directive: Medication Administration, medications should be administered only by the health care professional who has prepared them, except in the case of emergency situations. Therefore, the RN should not prepare MAID medications, such as drawing medication into a syringe, for the NP or physician who will be providing MAID.

### *Final Consent Waiver*

When a *natural death is foreseeable*, the client may waive final consent. A nurse practitioner or physician may administer MAID to a person without obtaining final consent if:

1. Before the person loses the capacity to consent to receiving MAID
  - a. They meet all of the eligibility criteria to receive MAID and all safeguards were met.
  - b. They entered into a written agreement with the nurse practitioner or physician that the NP/ physician would administer MAID on a specified day.
  - c. They were informed by the NP or physician of the risk of losing the capacity to consent to receiving MAID prior to the day specified in the arrangement.
  - d. In the written agreement, they consented to the administration by the NP or physician of a substance to cause their death on or before the day specified in the arrangement if they lost their capacity to consent to receiving MAID prior to that day.
2. The person has lost the capacity to consent to receiving MAID.
3. The person does not demonstrate by words, sounds, or gestures, refusal to have the substance administered or resistance to its administration.
4. The substance is administered to the person in accordance with terms of the arrangement.

For greater clarity, involuntary words, sounds, or gestures made in respect to contact do not constitute a demonstration of refusal or resistance.

(Nova Scotia College of Nursing, 2024)

## *Privacy and Confidentiality*

As with all other aspects of nursing practice, you must maintain the privacy and confidentiality of clients and families who are involved in MAID, including respecting the client's wishes about communicating with family members.

## *Documentation*

When documenting discussions regarding MAID or the care you provided with assisting with MAID, the RN must follow employer policy and applicable documentation guidelines. Documentation must be clear and comprehensive and, in addition, should include the following:

- who initiated the conversation,
- questions asked and information provided,
- the identity of the persons present,
- the name of the provider that administers the medication, where applicable.

## *Witnessing a Written Request for MAiD*

A client who wishes to receive MAID 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.

Any person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying may act as an independent witness, except if they:

- 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;
- are an owner or operator of any health care facility at which the person making the request is being treated or any facility in which that person resides;
- are directly involved in providing health care services to the person making the request; or
- directly provide personal care to the person making the request.

However, persons, such as physicians, NPs, RNs, LPNs and other persons who provide health care services or personal care for their primary occupation and who are paid to provide care to the person requesting MAID are permitted to act as an independent witness, except for:

- the NP or physician who will provide MAID to that person; and
- the NP or physician who provided an opinion that a person meets the eligibility criteria for receiving MAID.

## *Conscientious Objection*

No registered nurse can be compelled to participate in MAID.

Conscientious objection may be case specific. Some RNs 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.

If MAID conflicts with the RN's moral beliefs and values, they may decline to participate in any aspect of client care connected with it. If they choose not to participate on these grounds, the RN must promptly inform either the employer of their objection or the client if they are a self-employed nurse. The RN must continue to provide safe, competent, ethical, and compassionate care until alternative care arrangements can be made to meet the client's needs or wishes.

As with all other aspects of nursing care, the RN is expected to provide nursing services in a professional, non-judgmental, and non-discriminatory way. The nurse must be mindful of the difference between exploring clinical options for client care and expressing their personal opinions. This is particularly applicable when they are having discussions about MAiD with the client or their family.

Further guidance on raising a conscientious objection can be found in the [Canadian Nurses Association's \(2017\) Code of Ethics](#), section G. 7 and Appendix B: Ethical Considerations in Addressing Expectation that are in Conflict with One's Conscience.

## *Conclusion*

Registered Nurses provide important care to clients through all stages of their life span including end of life. Providing care to clients at end of life should continue to follow governing legislation, standards of practice and codes of ethics.

If you are asked to participate in a client's medical assistance in dying process and you have questions, we recommend that you contact your employer, CNPS or CRNMPEI for further guidance.

## REFERENCES

- Canadian Nurses Association. (2017). [\*National Nursing Framework on Medical Assistance in Dying in Canada.\*](#)
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- Nova Scotia College of Nursing. (2024). *Practice guideline: Medical assistance in dying*. Accessed on March 25, 2024 from <https://www.nscn.ca/professional-practice/practice-support/practice-support-tools/medical-assistance-dying-maid/medical-assistance-dying-practice-guideline-nurses>