

2018

**NURSE PRACTITIONERS
PROVIDING
MEDICAL ASSISTANCE IN DYING
(MAID)**



Association of
Registered Nurses
of Newfoundland
and Labrador



This document was approved by
the ARNNL Council in June 2018.

Introduction

An Act to amend the Criminal Code and to make related amendments to other Acts (MAID) received Royal Assent on June 17, 2016 enacting legislation that allows a person to request and receive MAID in Canada, where specified criteria have been met. Thus, in accordance with the *Criminal Code of Canada*, it is now legal for an Nurse Practitioner (NP) or medical practitioner in Canada to **provide** MAID, where specified criteria have been met.

Definition of MAID

According to Section 241.1 of the *Criminal Code* medical assistance in dying means

- 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.

Regulatory Responsibilities of the NP

This Regulatory Document provides direction for NPs, in relation to regulatory responsibilities in **providing** MAID:

- NPs must ensure they have the knowledge, skills and abilities to provide safe, competent, ethical and compassionate care to clients, and must adhere to all other legislation, standards, ethical codes and current policies and guidelines relevant to his/her practice.
- NPs are expected to remain current with the expectations required in this regulatory document, employer policy, and all applicable legislation regarding all aspects of MAID. Section 241.2(7) of the *Criminal Code* requires that MAID must be provided with reasonable knowledge, care and skill and in accordance with any applicable provincial laws, rules or standards. NPs who fail to comply with these legal requirements may be prosecuted under the *Criminal Code*.
- NPs should consult the Canadian Nurses Protective Society (CNPS) and/or other legal counsel within their employment setting prior to providing MAID to discuss unique or specific circumstances which may arise, or to obtain specific advice regarding the current state of the law relating to MAID, as well as to understand the relevant provisions of the *Criminal Code*.
- ARNNL has a separate Regulatory Document, *Registered Nurses and Nurse Practitioners - Aiding in Medical Assistance in Dying (2016)*, which addresses the role of the RNs and NPs who may be **aiding** a MAID clinician as a member of the healthcare team.
- The College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) has developed a *Standard of Practice: Medical Assistance in Dying* and the Newfoundland and Labrador that outlines the physician's responsibilities in providing MAID and the Pharmacy Board (NLPB) has developed *Guidelines for Participating in Medical Assistance in Dying* that outline the pharmacist's participation in MAID that NPs should also review.
- This Regulatory Document must be interpreted in the context of federal and provincial (if and when enacted) legislation relating to MAID. Nothing in this Regulatory Document reduces an NP's obligation to comply with any and all applicable laws, including any obligations to report to or seek approval from an oversight body. Moreover, to the extent that anything in this Regulatory Document may be inconsistent with legislative requirements, legislation will always take precedence. ARNNL recognizes and anticipates that this regulatory document may require amendments as additional legislative responses emerge.



Scope of Practice of the NP Providing MAID

The scope of nursing practice is defined by ARNNL "as the range of roles, functions, responsibilities, and activities which registered nurses are educated and authorized to perform". NPs are knowledgeable of and practice in accordance with ARNNL's regulatory document, *Scope of Nursing Practice: Definition, Decision-Making & Delegation (2006)*, *Registered Nurse Regulations (2013)*, section 14(1)(a), (b) and (c), the *Registered Nurses Act (2008)*, the *Standards for Nurse Practitioner Practice in Newfoundland and Labrador (2013)*, *Canadian Nurses Association Code of Ethics for Registered Nurses (2017)* and other relevant ARNNL documents.

With respect to **providing** MAID, NPs shall proactively evaluate their own scope of practice in light of their education, experience, and qualifications in relation to providing MAID (e.g., diagnosing the specific grievous and irremediable condition experienced by the clients and knowledge of the range of interventions available). As required in the *NP Standards*, NPs are accountable to be competent and knowledgeable before they provide MAID.

NPs must understand:

- the *Criminal Code of Canada* provisions on MAID;
- any federal and provincial (if and when enacted) legislation and/or direction;
- any ARNNL regulatory documents related to MAID;
- the employer's position in permitting MAID in the employment setting and any applicable policies, guidelines, procedure and/or processes; and
- any professional or employer legal advice.

NPs are required to complete available education and/or continuing professional education courses relating to MAID. NPs are required to obtain the requisite knowledge, skills, abilities and judgement through completion of credible education by a reputable source (e.g., RHA/medical course). It is essential all NPs who are planning to provide MAID are knowledgeable of the *Criminal Code* provisions.

Self-Care for the NP Providing MAID

NPs should be cognizant of their own emotional, physical, and mental well-being. While clients and their families are obviously directly impacted by an individual's choice to seek MAID, NPs may also find themselves affected by this process. NPs are encouraged to seek advice and guidance from programs that are available to them, including employer wellness programs, or other sources.

Conscientious Objection

ARNNL recognizes an NP's freedom of conscience. NPs practice in accordance with the Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses (2017)* which serves as the foundation for nurses' ethical practice. When faced with a situation where an NP experiences a conflict with one's conscience they reflect on their ethical responsibilities:

If nursing care is requested that is in conflict with the nurse's moral beliefs and values but in keeping with professional practice, the nurse provides safe, compassionate, competent and ethical care until alternate care arrangements are in place to meet the person's needs or desires. But nothing in the Criminal Code compels an individual to provide or assist in providing medical assistance in dying. If nurses can anticipate a conflict with their conscience they have an obligation to notify their employers or persons receiving care (if the nurse is self-employed), in advance so that alternate care arrangements can be made. (CNA Code of Ethics, 2017, p.17).

- NPs cannot be compelled to prescribe or administer medication for the purpose of ending a client's life.
- NPs unwilling to provide MAID for personal, moral, religious, or ethical reasons are expected to offer accurate information to clients. NPs shall not provide false, misleading, intentionally confusing, coercive, or materially incomplete information to clients.
- NPs who decline to provide MAID should use their best efforts to offer the client timely access to another medical professional (or appropriate information resource, clinic or facility, care provider, health authority, or organization) who is:
 - (a) available to assist the client;
 - (b) accessible to the client; and
 - (c) willing to provide MAID to a client who meets the eligibility criteria.
- A NP who declines to provide MAID to a client should not terminate the therapeutic relationship on that basis alone.
- The objecting NP shall:
 - (a) provide access to all relevant medical records (with client's consent) to any Clinician who is providing services to the client related to MAID; **and**
 - (b) continue to provide services unrelated to MAID, unless the client requests otherwise, or until another suitable physician/NP has assumed responsibility for the client's ongoing care.
- Personal moral judgments about the beliefs, lifestyle, identity or characteristics of the client shall not be conveyed to the client/family. Further guidance on raising a conscientious objection can be found in the *CNA Code of Ethics for Registered Nurses (2017)*, Section G7, and Appendix B: Ethical Considerations in Addressing Expectations that are in Conflict with One's Conscience.

Responsibilities of All NPs

Any NP who is approached by a client for information on MAID has an obligation to discuss the subject with the client the first time it is raised by the client, regardless of whether he or she objects to personally providing this service.

During the first visit **where the client requests or seeks information** regarding MAID, all NPs have an obligation to:

- a) engage in a fulsome discussion as to the reasons behind the client's request, and answer any questions the client may pose;
- b) ensure that the client has information about (and, if appropriate, a referral to) any other service that may be of benefit to the client, including a referral to palliative care, pain specialist, or psychiatry; or services such as physiotherapy, occupational therapy, counselling, etc.;
- c) advise the client whether the NP provides MAID; and
- d) provide the client with access to further information as appropriate.

Counsel

MAID provisions in the *Criminal Code* permits all health-care professionals to provide information about the lawful provision of MAID to a client. However, subsection 241(1)(a) of the *Criminal Code* stipulates that it is a criminal offense to "counsel" a person to die by suicide. It is important for NPs to understand that there is a difference in the context in which the term "counsel" is being used in MAID and the therapeutic relationship. It is important for NPs to be mindful of the two definitions of counselling:

- Under the *Criminal Code*, "counsel" includes "procure, solicit and incite". NPs shall only provide information on MAID upon the client's explicit request. NPs **shall not** initiate a discussion on MAID with clients as this may be interpreted as counselling under the *Criminal Code*.
- In a therapeutic relationship "counsel" is used by NPs as a means of communication, information



- sharing, active listening, client education and the provision of psychological support.
- NPs must still have conversations with clients/families to address underlying needs related to MAID. NPs provide timely information to clients upon their request for information regarding MAID.

Eligibility Criteria

NPs who provide MAID must be of the opinion that a person meets all of the eligibility criteria for MAID.

Section 241.2(1) of the *Criminal Code* provides that a person may receive medical assistance in dying only if they meet all of the following criteria:

- a) 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;
- b) they are at least 18 years of age and capable of making decisions with respect to their health;
- c) they have a grievous and irremediable medical condition;
- d) they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
- e) 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 Conditions

NPs who provide MAID must be of the opinion that a person has a grievous and irremediable medical condition. NPs are responsible to determine whether the client's diagnosis and prognosis is a matter on which the NP is competent to provide an opinion, or whether consultation is warranted based upon their requisite knowledge, skills, abilities and judgement.

As per Section 241.2 (2), a person has a grievous and irremediable medical condition only if they meet all of the following criteria:

- a) they have a serious and incurable illness, disease or disability;
- b) they are in an advanced state of irreversible decline in capability;
- 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; and
- d) 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

NPs shall ensure that safeguards are in place before providing MAID. When reviewing safeguards, NPs shall also review the roles of First and Second Clinician in the applicable sections of this Regulatory Document.

Section 241.2(3) of the *Criminal Code* provides that before a medical practitioner or nurse practitioner provides a person with medical assistance in dying, the medical practitioner or nurse practitioner must:

- a) be of the opinion that the person meets all of the criteria set out in subsection (1);
- b) ensure that the person's request for medical assistance in dying was
 - i) made in writing and signed and dated by the person or by another person under

- subsection (4), and
- ii) signed and dated after the person was informed by a medical practitioner or nurse practitioner that the person has a grievous and irremediable medical condition;
 - c) be satisfied that the request was signed and dated by the person - or by another person under subsection (4) - before two independent witnesses who then also signed and dated the request;
 - d) ensure that the person has been informed that they may, at any time and in any manner, withdraw their request;
 - e) ensure that another medical practitioner or nurse practitioner has provided a written opinion confirming that the person meets all of the criteria set out in subsection (1);
 - f) be satisfied that they and the other medical practitioner or nurse practitioner referred to in paragraph (e) are independent;
 - g) 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 or - if they and the other medical practitioner or nurse practitioner referred to in paragraph (e) are both of the opinion that the person's death, or the loss of their capacity to provide informed consent, is imminent - any shorter period that the first medical practitioner or nurse practitioner considers appropriate in the circumstances;
 - h) immediately before providing the medical assistance in dying, give the person an opportunity to withdraw their request and ensure that the person gives express consent to receive medical assistance in dying; and
 - i) 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.

Clients Who Cannot Sign and Date Their Request for MAID

In circumstances where the client is unable to sign and date the request for MAID, the NP shall be satisfied that the request is signed and dated by another person who is in compliance with Section 241.2 (4) of the *Criminal Code* which provides that "another person - who is at least 18 years of age, who understands the nature of the request for medical assistance in dying and who 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 - may do so in the person's presence, on the person's behalf and under the person's express direction".

Independent Witness

Under Section 241.2(5) of the *Criminal Code*, any person who is at least 18 years of age and understands the nature of the request for medical assistance in dying may act as an independent witness, except if they

- a) 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;
- b) 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;
- c) are directly involved in providing health care services to the person making the request; or
- d) directly provide personal care to the person making the request.



Role of First and Second Clinicians

The *Criminal Code* requires that at least two MAID clinicians are involved in the assessment of eligibility of a client requesting MAID. The following section of this Regulatory Document refers to both the First and Second Clinician roles that NPs may assume when providing MAID.

A NP **shall not** act as the First or Second Clinician:

- a) for the NP's own family member. A family member includes the spouse, parent, child, grandparent, grandchild, aunt/uncle, niece/nephew or stepfamily of the NP, and also includes any person who is unrelated by blood but who resides in the same household and is in a relationship akin to that of family with the NP.
- b) for any client with whom circumstances place the NP in a real or perceived conflict of interest (for example, where the NP is a beneficiary of the patient's estate), including any relationship that may affect the NP's objectivity within the meaning of the *Criminal Code*, section 241.2(6).
- c) where the NP is in a mentorship or business relationship with the other Clinician which places him or her in a position of direct or indirect authority or supervisory responsibility for the Clinician.
- d) where relevant restrictions or limitations on the NPs license prevent him or her from providing medical assistance in dying for any reason.

NPs who take on the role of First or Second Clinician shall be independent from the other MAID clinician. Section 241.2(6) of the *Criminal Code* states that the medical practitioner or nurse practitioner providing medical assistance in dying and the medical practitioner or nurse practitioner who provides the opinion referred to in paragraph (3)(e) are independent if they

- a) are not a mentor to the other practitioner or responsible for supervising their work;
- b) do 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; or
- c) do 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.

Section 241.2 (6)(a) of the *Criminal Code* requires that the MAID clinicians are not in a mentor relationship with each other but does not define the term "mentor". According to CNPS, the medical practitioners or NPs providing their opinion regarding eligibility for MAID must be independent from one another. Independence is defined within the *Criminal Code*. Therefore, NPs should carefully review the above definition prior to agreeing to evaluate a person for MAID eligibility.

In NL, it is recognized that NPs work within collaborative teams within RHAs. NPs who have questions about whether or not they are in a mentor or supervisory relationship with the other MAID clinician should contact the CNPS, and/or the employer lawyer for further guidance.

Duties of First Clinician

The First Clinician is primarily responsible for overseeing MAID and coordinating the client's care throughout the MAID process. The NP may obtain that role by a referral from another medical professional, or by direct consultation from a client.

The First Clinician obtains the client's initial inquiry for MAID

- During the first visit when the client requests or mentions MAID, the First Clinician shall engage in a fulsome discussion as to the reasons behind the client's request and be responsive to any questions that the client may pose.

- The First Clinician shall ensure that the client has information about (and, if appropriate, a referral to) any other service that may be of benefit to the client, including a referral to palliative care, pain specialist, or psychiatry; or other services such as physiotherapy, occupational therapy, counseling, etc.
- The First Clinician shall provide the client with access to further information as appropriate.

Evaluate the client

- The First Clinician shall assess the client in person to assess whether the client meets the eligibility criteria based on:
 - a) his or her own medical assessment of the client, possibly in combination with the opinions of one or more other medical professionals (other than that of the Second Clinician);
 - b) on his or her assessment of the client's voluntariness and consent to participate in the process. It is appropriate for the Clinician to have a private discussion with the client (i.e. in the absence of the client's family), to avoid any concerns about coercion or pressure from other individuals; and
 - c) on his or her own assessment of the client's understanding of the process and its consequences, after addressing any questions or concerns the client, or client's family, may have.
- The assessment of the client's competence to consent, and the voluntariness and genuineness of the client's wish to be assisted in dying, is an ongoing obligation. If at any time during the process the First Clinician becomes aware of information or circumstances to suggest the client no longer meets the eligibility criteria, the First Clinician shall address this with the client.
- The First Clinician is not prevented from discussing with the client any possible management options of which the client may not be aware, which may assist to relieve or abate the suffering experienced by the client on an immediate basis, and to facilitate access to those options if appropriate.
- If the original First Clinician is unable to complete the role, they shall make an effective referral to another MAID clinician to take on the role of the First Clinician. In this circumstance, the new First Clinician shall perform their own independent assessment of client eligibility.

Provide a referral for a second assessment of the Client

- Upon being satisfied that the client meets the eligibility criteria, NPs shall expeditiously arrange for a Second Clinician to assess the client to assess the client's compliance with the eligibility criteria and provide a written opinion.
- The NP shall also review all documentation provided by the Second Clinician. Specifically, the First Clinician shall ensure that the Second Clinician has provided a written opinion that the eligibility criteria have been met. The First and Second Clinicians may find it necessary to discuss the matter with one another.
- It is possible that the specific circumstances applicable to a patient may warrant a separate consultation and assessment by a qualified specialist, for example, in respect to the "irremediable" nature of the medical condition, or a client's prognosis. The First or Second Clinician may choose to seek additional consultation to supplement their own assessments of the client.

Receive the client's written request for MAID

- The client must make, or confirm, his or her request in writing, signed and dated by the client in the presence of two independent witnesses. The request must be dated after the client has been diagnosed with the grievous and irremediable condition relevant to the request.
- In the case of a client who has accessibility challenges (physical or mental disability, illiteracy, language barriers, or otherwise), the First Clinician may make reasonable accommodations to ensure effective communication with the client.
- The written request from the client shall be maintained in the medical record. If it is necessary, it is the duty of the First Clinician to seek clarification or further information from the client as to his or her specific wishes, and record these appropriately.
- The NP shall follow any employer policy regarding responding in writing to the client's request. This communication may provide an opportunity to inform clients of next steps in the process. NP may also



wish to seek advice from CNPS with respect to the content of this communication.

Communicate with the client and with the client's family

- The First Clinician is the primary point of contact for the client, keeping him or her informed throughout the medical assistance in dying process and being responsive to any questions which may arise. The client's family may be a part of this process.
- The First Clinician is encouraged to communicate with the client's family during the process, to the extent that is acceptable to the client. As with other interventions, the First Clinician (or another medical professional) may provide access to supportive care for family members which are appropriate in the circumstances, including counselling, social work, and other resources.
- The First Clinician shall ensure the client has been informed that they may, at any time and in any manner, withdrawn their request, and confirm that the client's wishes have not changed at appropriate times. This includes keeping the client informed throughout the process about all relevant information. In fulfilling this role, the First Clinician shall engage in a discussion of the client's diagnosis, prognosis and treatment options, including the availability of palliative care for terminally-ill clients.

Observe an appropriate waiting period

As per Section 241.2(3)(g), the First Clinician shall:

- 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 or – if they and the other medical practitioner or nurse practitioner referred to in paragraph (e) are both of the opinion that the person's death, or the loss of their capacity to provide informed consent, is imminent – any shorter period that the first medical practitioner or nurse practitioner considers appropriate in the circumstances.
- If, at any time, the client rescinds the request for MAID, the First Clinician shall clearly document the client's choice to rescind. If the client subsequently makes another request for MAID, the First Clinician shall restart the process, including meeting the record-keeping and independent assessment criteria, in the same way as if the process had not previously commenced.

Providing medical assistance in dying (prescribing and administration)

The MAID medication must be prescribed and/or administered by the First Clinician. Before prescribing or administering the medication, the First Clinician shall:

- Be satisfied that the client continues to meet the eligibility criteria when the medication is prescribed or administered.
- Ensure there is the legislative requirement of at least 10 clear days' wait time between the date on which the client makes the request for MAID, and the day on which the client receives the service. The waiting period may be shortened to a different timeframe only where both the First and Second Clinician are of the opinion that the client's natural death, or loss of the client's capacity to provide informed consent to death, is imminent.
- Give the client an opportunity to withdraw their request and ensure that the client gives express consent to receive MAID immediately before providing MAID. If the client rescinds the request for MAID and subsequently makes another request for it, the First Clinician shall restart the process and execute all the duties of the First Clinician as if the process had not been previously commenced.
- Comply with the obligations regarding medication as outlined in the section entitled "MAID Medication".
- Comply with the obligations regarding documentation as outlined in the section entitled "Documentation".

In Addition:

- In order to allow timely intervention in the event of a complication, where the First Clinician administers



a lethal dose of medication to a client, the First Clinician shall remain with the client until the client's death has been confirmed.

- If the client chooses to self-administer medication to cause his or her own death, the First Clinician shall clearly communicate any necessary instructions to the client, including any possible risks or complications, and take reasonable measures to ensure that the client understands.
- The First Clinician is not required to remain with the client until death is confirmed. This stipulation applies **only** where the client has been provided with a prescription for a lethal dose of medication, and the client self-administers such dose (with or without the assistance of family members or other individuals), outside of a clinical, care home, or hospital setting.

Duties of Second Clinician

The Second Clinician shall:

- Upon receipt of a request from the First Clinician, expeditiously assess the client in person to determine whether the client meets the MAID eligibility criteria. In order to be satisfied that the client meets the eligibility criteria, the Second Clinician shall rely either on their assessment of the client alone or on their own assessment of the client in combination with the opinions of one or more other regulated health professionals (not including the First Clinician for the client).
- The Second Clinician shall send the required written documentation to the First Clinician confirming whether the client meets the eligibility criteria.
- On his or her own assessment of the client's understanding of the nature and consequences of the process, and the client's voluntariness and consent to participate, it may be appropriate for the clinician to have a private discussion with the client (i.e., in the absence of the client's family), if there are any concerns about coercion or pressure from other individuals.

If the original Second Clinician is unable to complete the role, they shall make an effective referral to another MAID clinician to take on the role of the Second Clinician. In this circumstance, the new Second Clinician shall do their own independent assessment of client eligibility. In this circumstance, if the First Clinician has already determined the client meets the eligibility criteria, the First Clinician is not required to reassess the client and provide new confirmation of eligibility.

MAID Medication

NPs are required to be knowledgeable of NLPB's guidelines related to MAID. In addition, NPs are required to be knowledgeable of any approved drug protocols, guidelines and/or policies of the employer within which they are employed and authorized, prior to providing MAID. NPs should be aware that there is some risk that a client may experience complications during, or resulting from, the administration of a lethal dose of medication.

As per Section 241.2(8) of the *Criminal Code*, the medical practitioner or nurse practitioner who, in providing medical assistance in dying, prescribes or obtains a substance for that purpose must, before any pharmacist dispenses the substance, inform the pharmacist that the substance is intended for that purpose.

The First Clinician shall give a pharmacist reasonable notice that a prescription for MAID medication will be requested. The First Clinician shall also plan for proper disposal or return of unused MAID medications. For further information, NPs are also required to familiarize themselves with any NLPB guidelines as well as any relevant employer policy regarding the prescription, use, storage and return of MAID medications.

Additionally, NPs shall comply with the most current versions of the *Standards of Practice for Nurse Practitioners in Newfoundland and Labrador, the Medication Standards (ARNNL)*, other relevant ARNNL documents, and applicable legislation.



Documentation

Keeping an adequate and careful record of a client request for MAID is of fundamental importance. The client record should include details regarding the nature of the discussion/interactions with the client/family regarding MAID.

NPs shall document in the client record that all steps in this Regulatory Document have been met. In addition, they shall comply with the most current version of ARNNL's Documentation Standards and shall be compliant with any relevant employer policy.

NPs shall 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 any related provincial requirements.

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

Areas for Future Research Related to MAID

There are other issues that are not addressed in the *Criminal Code's* provisions on MAID. These issues which had been identified by the Special Joint Committee on Physician-Assisted Dying have unique risks and considerations that will require further examination. These issues include:

- mature minors, which include young persons who:
 - have not reached adulthood (for this legislation, adulthood means 18 years of age)
 - are mature enough to consent to medical care
- people who suffer from mental illness only
- advance requests for this service to be carried out when a person is no longer able to:
 - make health care decisions
 - express their wishes

The federal government is required by law to conduct further studies to examine the legal, medical and ethical questions around these situations. The results of these studies will help to inform future reviews of the legislation.

Thus, the *Criminal Code* currently does not allow for MAID requests to be made through advanced directives, by persons under the age of 18 or by persons where mental illness is the sole underlying medical condition.

Summary

This Regulatory Document: *Nurse Practitioners Providing Medical Assistance in Dying (MAID) (2018)* is aligned with *An Act to Amend the Criminal Code and to make related Amendments to other Acts (MAID)*.

As required in this regulatory document, NPs are accountable to:

- be knowledgeable about the *Criminal Code* provisions on MAID;
- practice within the expectations and parameters required in ARNNL's regulatory document *Nurse Practitioners Providing Medical Assistance in Dying (MAID) (2018)*;

- practice in accordance with all federal and provincial (if and when enacted) legislation;
- ensure they are authorized and supported by their employer to provide MAID;
- determine within their applicable employment/practice setting the breadth and depth of knowledge & education that is required to become competent to provide MAID;
- possess the requisite knowledge, skills, abilities and judgment to competently manage the NP role in providing MAID;
- complete available reputable education or continuing professional education courses related to MAID;
- be knowledgeable of the current version of the Newfoundland and Labrador Pharmacy Board's *Guidelines for Participating in Medical Assistance in Dying*;
- be knowledgeable of the current version of the College of Physicians and Surgeons of Newfoundland and Labrador's *Standard of Practice: Medical Assistance in Dying*; and
- be knowledgeable of any employer approved drug protocols, policies and/or guidelines to provide MAID.

Consultation

ARNNL is available to assist NPs in relation to their regulatory requirements related to MAID. ARNNL can provide information on the Standards of Practice, the Code of Ethics, and scope of practice to assist NPs with issues related to their practice. Additional resources related to MAID are also available on ARNNL's website. For those employed outside of a Regional Health Authority or those in self-employment, it is advisable to connect with ARNNL prior to providing MAID if they have questions with respect to policy development and/or requirements for providing MAID.

To access *An Act to Amend the Criminal Code and to make related amendments to other Acts* (medical assistance in dying) the following link is provided:

http://laws-lois.justice.gc.ca/PDF/2016_3.pdf



Resources/References

- An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying). (2016, c.3). Retrieved from the Parliament of Canada website: <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>
- Association of Registered Nurses of Newfoundland and Labrador. (2006). *Scope of Nursing Practice - Definition, Decision-Making and Delegation*. St. John's: Author.
- Association of Registered Nurses of Newfoundland and Labrador. (2013). *Standards of Practice for Registered Nurses*. St. John's: Author.
- Association of Registered Nurses of Newfoundland and Labrador. (2013). *Standards for Nurse Practitioner Practice in Newfoundland and Labrador*. St. John's: Author.
- Canadian Nurses Association. (2008). *Code of Ethics for Registered Nurses*. Ottawa: Author.
- Canadian Nurses Association. (2015). *Brief for the Government of Canada's External Panel on Options for a Legislative Response to Carter v. Canada (2015)*. Ottawa: Author.
- Canadian Nurses Protective Society. (2016, June 17). *Medical Assistance in Dying: What Every Nurse Should Know*. Retrieved from <http://www.cnps.ca/index.php?page=348>
- Canadian Nurses Protective Society. (2016, February 17). *Physician-Assisted Death: What Does this Mean for Nurses?* Retrieved from <http://www.cnps.ca/index.php?page=327>
- Canadian Nurses Protective Society. (2016, March 1). *The Special Joint Committee's Report to the House of Commons and the Senate on Medical Assistance in Death Includes Recommendations That Will Protect Nurses*. Retrieved from <http://www.cnps.ca/index.php?page=334>
- College & Association of Registered Nurses of Alberta (2016, n.d.). *Medical Assistance in Dying*. Retrieved from <http://www.nurses.ab.ca/content/carna/home/professional-resources/practice-resources/Physician-assisted-death.html>
- College of Nurses of Ontario. (2016). *Guidance on Nurses' Roles in Medical Assistance in Dying*. Ontario: Author.
- College of Physicians and Surgeons of Newfoundland & Labrador. (2016). *Standard of Practice – Medical Assistance in Dying (MAID)*. St. John's: Author.
- College of Registered Nurses of British Columbia. (2016). *Medical Assistance in Dying (MAID) – Scope of Practice Standards for Registered Nurses*. Vancouver: Author
- College of Registered Nurses of Manitoba. (2016, June 29). *Medical Assistance in Dying*. Retrieved from <https://www.crnmb.ca/support/medical-assistance-in-dying>
- College of Registered Nurses of Nova Scotia. (2016). *Medical Assistance in Dying – A Practice Guideline for Nurse Practitioners*. Halifax: Author.



Newfoundland and Labrador Pharmacy Board. (2016). *Guidelines for Pharmacy Practice Medical Assistance in Dying*. St. John's: Author.

Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying. (2015, November) *Final Report*. Retrieved from http://www.health.gov.on.ca/en/news/bulletin/2015/docs/eagreport_20151214_en.pdf

Report of the Special Joint Committee on Physician-Assisted Dying (2016, February). *Medical Assistance in Dying: A Patient-Centred Approach*. Retrieved from Parliament of Canada <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=e&Mode=1&Parl=42&Ses=1&DocId=8120006>





55 Military Road
St. John's
NL | Canada
A1C 2C5
Tel (709) 753-6040
1 (800) 563-3200 (NL only)
Fax (709) 753-4940
info@arnnl.ca
arnnl.ca