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**TITLE: MEDICAL ASSISTANCE IN DYING**

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**APPLICABILITY:** All sites, facilities, and programs in NH

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**RELATED POLICIES:** 1-33-1-020: [Medical Assistance in Dying: Registered Nurses Aiding a Physician or Nurse Practitioner](#)

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**DEFINITIONS:** [See below](#)

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**COMPETENCY REQUIREMENTS:** Any health care professional participating in medical assistance in dying must meet the requirements of their associated professional regulatory body

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## DOCUMENT QUICK LINKS

- [Act to amend the Criminal Code and to make related amendments to other Acts \(medical assistance in dying\)](#)
- [OurNH Medical Assistance in Dying Resources](#)
- [MC Ministry of Health Forms for Medical Assistance in Dying](#)

## KEY POINTS

- Northern Health (NH) supports all patients in any publicly funded setting to request and receive medical assistance in dying. Some patients may choose to die at home; the providers in these cases may request the support of NH in finding an assessor or provider, providing medications, providing nursing support when possible, or in any other means requested or required.
  - Patients may also choose to receive medical assistance in dying in an NH facility; every effort will be made by care teams to facilitate both the assessment and provision of medical assistance in dying in the appropriate location of choice for individual patients.
  - NH facilities include any site operated by NH: hospitals, residential care facilities, health centres.
- The Supreme Court of Canada in Carter (2015) ruled that the blanket prohibition on Physician Assisted Dying violated the constitutional right to life, liberty, and security.

- An [Act to amend the Criminal Code and to make related amendments to other Acts \(medical assistance in dying\)](#) received royal assent on June 17, 2016 which allows for exemptions from criminal liability for:
  - medical and nurse practitioners for the assessment for and administration of medical assistance in dying
  - pharmacists, for the dispensing of medications
    - Regulated pharmacy technicians are permitted to assist in the preparation of the medications, prior to dispensing
  - persons who aid medical or nurse practitioners, including registered nurses and social workers
    - Registered psychiatric nurses are not permitted to aid in medical assistance in dying, per the College of Registered Psychiatric Nurses of BC
    - Licensed practical nurses are not permitted to aid in medical assistance in dying in Northern Health
  - persons who aid a patient to self-administer medication for the purpose of medical assistance in dying
- Only regulated health care professionals, under the *Health Professions Act*, may participate in any part of the process of medical assistance in dying.
  - Any health professionals involved in medical assistance in dying should refer to their College or licensing body for the most up to date information on standards, guidelines, and limitations.

## **POLICY STATEMENT (ALL STAFF MUST COMPLY)**

NH will support a patient's request for medical assistance in dying. This will include providing information about medical assistance in dying, ensuring an effective transfer of care to an appropriate provider or facility, if necessary, and fulfilling the request, if appropriate, in a manner acceptable to the patient.

- If a patient requests medical assistance in dying in an NH facility, the medical or nurse practitioner administering the medications must have Advanced Procedural Privileges for Medical Assistance in Dying.

The patient must meet the following eligibility criteria:

- Be eligible for health services funded by a government in Canada;
- Be at least 18 years of age and capable of making decisions with respect to their health;
- Have a grievous and irremediable medical condition
  - Serious and incurable illness, disease, or disability;
  - Advanced state of irreversible decline;

- Enduring psychological or physical suffering; and
- Natural death is reasonably foreseeable
- Make the request voluntarily, without ambivalence; and
- Be able to give informed consent throughout the process, from request to completion, after having been informed of alternative means to relieve suffering including palliative care.

The patient may withdraw consent at any time.

Northern Health respects the choice of individual health care providers to conscientious objection to participating in the assessment for, preparation or direct administration of the medications for medical assistance in dying.

Northern Health, through a central NH [Medical Assistance in Dying Care Coordinator](#), assists patients and providers in coordinating the necessary resources for the provision of medical assistance in dying.

- This will include maintaining a confidential registry of available practitioners, providing medication administration kits, providing nursing support when required, working with operations to provide a facility bed when required, and providing emotional supports for patients, families, and all health care professionals involved in the provision of service.

Northern Health will maintain monitoring and oversight of all medical assistance in dying services within the health authority through the NH Medical Assistance in Dying Care Coordinator; copies of the appropriate documentation will be collected and reviewed by the Care Coordinator for quality and system improvement.

## **CLINICAL PRACTICE STANDARD (ALWAYS USE PROFESSIONAL JUDGMENT AND DOCUMENT ANY DEVIATION FROM THE STANDARD)**

### **PROCEDURE**

An illustrative flow chart (see [Appendix](#)) outlines the general procedure for completing a patient request for medical assistance in dying.

Further information on each step is provided thereafter.

1. A patient makes a request for medical assistance in dying in writing, by completing the [Medical Assistance in Dying – Patient Request Record](#):
  - a. Note – the patient completes the final section of the Patient Request Record immediately prior to administration of the medication for medical assistance in dying.
  - b. The request may be made to the patient's primary care provider, or to the NH Care Coordinator.

- c. If the request is made to a conscientious objecting provider, that provider may transfer care of the patient to a participating provider directly, or contact the NH Care Coordinator for assistance in identifying a participating provider.
    - d. The NH Care Coordinator maintains a registry of participating assessors and prescribers.
    - e. A copy of the Patient Request Record is faxed to the NH Care Coordinator at 250-565-2640
  2. The patient (or proxy, if the patient is physically unable to sign) must be capable of consenting to health care, and indicate their consent by signing the Record of Patient Request. The signature must be confirmed by two witnesses. The proxy cannot be one of the witnesses.
    - a. The witnesses cannot be anyone who is a beneficiary of the patient and cannot be employees of NH.
      - i. In an extenuating circumstance, where there are no suitable witnesses available, an NH employee may act as a witness; however, it may not be someone from the patient's care team.
  3. Following the written request, there is a minimum waiting period of 10 clear days before the service can be provided.
    - a. The 10 day waiting period does not include the day the request form is signed, or the day the medications are provided.<sup>1</sup>
    - b. The 10 day waiting period may be shortened, with the agreement of both the assessor and provider, in only two circumstances:
      - i. If the patient is expected to have a natural death before the 10 day period elapses; or
      - ii. If the patient is expected to lose capacity to consent before the 10 day period elapses
  4. During the waiting period, the patient is assessed by the Assessor and the Prescriber.
    - a. The Assessor and Prescriber are qualified physicians or nurse practitioners.
    - b. The Assessor and Prescriber must be independent of each other.
    - c. One of the assessments may be completed by telemedicine.
      - i. A witness must be in attendance with the patient to ensure that there is no coercion during the assessment.
      - ii. The witness will be a licensed health care professional.
      - iii. The name and signature of the witness will be recorded on the assessment record.

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<sup>1</sup> Interpretation Act s. 27 Clear Days

- d. Both Assessors and Prescribers are encouraged to contact the Canadian Medical Protective Association (CMPA) at 1-800-267-6522 (or Canadian Nurses Protective Society (CNPS) for Nurse Practitioners at 1-844-469-2677
    - i. For any first-time provision of service.
    - ii. For any patient requests for service where there is uncertainty about meeting the eligibility criteria.
    - iii. When considering abbreviating the 10 day waiting period
  - e. The Assessor documents the assessment on the [Medical Assistance in Dying – Assessment Record \(Assessor\)](#)
  - f. The Prescriber documents the assessment on the [Medical Assistance in Dying – Assessment Record \(Prescriber\)](#)
  - g. Both the Assessor and Prescriber are encouraged to document narratively (in the chart for facility; in their office record for home) in addition to the required forms.
  - h. Prescribers may be asked to travel to provide medical assistance in dying; other health care professionals needed to fulfil a request may also be asked to travel. Northern Health will provide appropriate payment for travel time reimbursement and for any travel costs necessary for the provision of medical assistance in dying.
5. If either of the providers (Assessor or Prescriber) has uncertainty about the patient's capability to make an informed health care decision, a specialist (examples include a psychiatrist, psychologist, geriatrician, or family physician with special competence in assessment) may be consulted. The consultant will complete the [Medical Assistance in Dying – Consultant's Assessment of Patient's Informed Consent Decision Capability](#) form.
- a. This referral may be to determine competence, including whether there is a new or existing psychiatric condition that could be treated or renders the patient ineligible.
6. Once eligibility is confirmed, the Prescriber engages with the patient to complete planning for the administration. Factors to consider include:
- a. Where the patient would prefer to receive the service: home, NH facility, or private facility
  - b. Which medication regimen the patient would prefer (oral or intravenous (IV))
  - c. Whether support by a Registered Nurse is desired for the initiation of an IV line.
    - i. If nursing support is required, contact the NH Care Coordinator. who works with local administration to arrange a nurse with the appropriate competences.
  - d. Who the patient would like to have in attendance
  - e. After-death care, and funeral home arrangements

7. For medical assistance in dying in an NH facility, additional steps must be taken:
  - a. Contact the NH Care Coordinator to arrange an appropriate location and time.
    - i. The NH Care Coordinator will work with local facility administration to make suitable arrangements.
  - b. The prescriber must have NH Advanced Procedural Privileges to provide medical assistance in dying within an NH facility.
    - i. A provider can complete medical assistance in dying courses, education modules, and/or preceptorships and apply for the Advanced Procedural Privileges through Medical Affairs at [NHAppointment@northernhealth.ca](mailto:NHAppointment@northernhealth.ca)
    - ii. The privileges are specific to the facility requested. A prescriber may request privileges at multiple facilities.
    - iii. Note: The assessor does not require the advanced privileges.
8. The prescriber completes the BC Medical Assistance in Dying Prescription, choosing either the oral or intravenous regimen.
  - a. The prescription can be obtained from the BC College of Physicians and Surgeons or the NH Care Coordinator.
  - b. The BC Pharmacy Protocol provides more detailed supportive information to the prescriber and the pharmacist on the different drug regimens, the prescription, and the dispensing process. It is available from the BC College of Physicians and Surgeons and the NH Care Coordinator.
9. The prescriber faxes the prescription to the pharmacy that will dispense the medications.
  - a. Any pharmacy may fill a medical assistance in dying prescription; however, many pharmacies will not stock the medications required. If using a community pharmacy, prescribers are advised to connect with the pharmacist early to allow sufficient time for the pharmacy to obtain the required supplies.
  - b. The prescriber completes the [Application for Pharmacare Medication Coverage](#) (Special Authority) form and faxes it to the Ministry of Health Special Authority at 1-800-609-4884.
    - i. Special Authority approval takes up to 48 hours and is valid for 60 days once approved.
    - ii. For administration to an inpatient in an NH facility, the Special Authority form is not required.
  - c. The IV medication kits are stocked in at least one hospital in each Health Service Delivery Area Mills Memorial Hospital (Terrace), Fort St. John Hospital, and University Hospital of Northern BC (UHNBC) in Prince George. The oral medication kits are only stocked in UHNBC.
    - i. These kits can be dispensed for facility or community administration.

- ii. These kits can be dispensed for other communities within the health authority, subject to the College of Pharmacists of BC standard.
  - d. There is no charge to the patient for the medications, regardless of where the prescription is dispensed
- 10. The prescriber picks up of the medication kit from the pharmacy, completing the dispensing section of the prescription with the pharmacist at the time of pick up.
- 11. The prescriber takes the medication kit to the patient, in facility or to the home.
  - a. Immediately prior to administration, the prescriber confirms that the patient is consenting to medical assistance in dying, and is still capable of consent.
    - i. The patient (or proxy) signs the final section of the Patient Request form.
    - ii. The prescriber completes the appropriate section of the prescription.
  - b. For the medication administration:
    - i. For the oral regimen, the prescriber must be in attendance when the patient self-administers the medication.
    - ii. For the IV regimen, the prescriber must administer the medications.
    - iii. A nurse aiding the prescriber may not participate in any aspect of the medication administration
  - c. The prescriber must remain with the patient until death is confirmed.
  - d. It is recommended that there are two health care professionals in attendance, to support the administration and to support the patient and family in attendance.
    - i. This can include the assessor, prescriber, family practitioner, and/or a registered nurse.
  - e. If a registered nurse, having completed the required education, is present, the role of the nurse is limited to:
    - i. Assistance with facilitating the location of care during the service provision
    - ii. General nursing care for the patient prior to and during the service provision
    - iii. Insertion of a peripheral IV device, or assistance with access to an existing central venous access device
    - iv. Care of the body following death
    - v. Care of the family during and after the event, including facilitating access to bereavement services, as available
  - f. The prescriber completes the last section of the Record of Assessment (Prescriber) form and the Medication Administration Record. This cannot be delegated to another health care professional.







- Medical Assistance in Dying Prescription and Medication Administration Record – available on request from NH Care Coordinator or the BC College of Physicians and Surgeons
- [Information for Patients](#)

## REFERENCES

*Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* (2016). Retrieved from [Error! Hyperlink reference not valid.](#)

BC Ministry of Health (n.d.) Medical Assistance in dying – Information for health-care providers. Retrieved January 16, 2017 from <http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/information-for-providers>

[BC Ministry of Health Medical Assistance in Dying – Information for patients and families](#)

BC Ministry of Health Medical Assistance in Dying – Patient and Practitioner Forms Retrieved January 17, 2016 from <http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/forms>

Canadian Nurses Protective Society. (2016) Medical Assistance in Dying: What Every Nurse Should Know. (2016). Retrieved January 16, 2017 from <http://cnps.ca/index.php?page=348%20-%20rn>

College of Physicians and Surgeons of British Columbia Professional Standards and Guidelines on Medical Assistance in Dying. (2016). Retrieved from <https://cpsbc.ca/files/pdf/PSG-Medical-Assistance-in-Dying.pdf>

College of Pharmacists of British Columbia Medical Assistance in Dying. (2016). Retrieved January 16, 2017 from [http://library.bcpharmacists.org/6\\_Resources/6-1\\_Provincial\\_Legislation/5195-HPA\\_Bylaws\\_MAID.pdf](http://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5195-HPA_Bylaws_MAID.pdf)

College of Registered Nurses of British Columbia (June 10, 2016) Scope of Practice Standard for Registered Nurses for Medical Assistance in Dying. Retrieved January 16, 2017 from <https://www.crnbc.ca/Standards/Lists/StandardResources/802MAiD.pdf>

Vancouver Coastal Health Authority. (June 2016) Vancouver Coastal Health Authority Policy CA\_5900 Medical Assistance in Dying (Responding to Requests) Retrieved from <http://medicalstaff.vch.ca/wp-content/uploads/sites/13/2016/04/MedAsstinDying-posted.pdf>

## DEFINITIONS

**Assessor** – a physician or nurse practitioner who completes an assessment of the patient to ensure that all eligibility criteria for medical assistance in dying are met; the assessor does not require any special training, education, or non-core privileges to fulfil the role of assessor

**Prescriber** – a physician or nurse practitioner who completes an assessment of the patient to ensure that all eligibility criteria for medical assistance in dying are met, and who completes the medical assistance in dying pre-printed order and administers the medications to the patient; the prescriber must have appropriate training, and non-core privileges for facility administration, in order to provide medical assistance in dying.

**Health care professional** – a regulated health service provider, as defined in the *Health Professions Act*.

## KEYWORDS

medical assistance in dying, MAID, physician assisted death, PAD, euthanasia, death, dying, assisted suicide, physician hastened death, PHD

## Appendix

