



Nurses Association
OF NEW BRUNSWICK

Guidelines for Registered Nurses and Nurse Practitioners: Medical Assistance in Dying



Mandate

We regulate registered nurses and nurse practitioners in New Brunswick to ensure the provision of safe, competent, compassionate and ethical care in the interest of the public.

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Acknowledgement

Elements of this document have been adapted from the College and Association of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta and the College of Registered Psychiatric Nurses of Alberta *Medical Assistance in Dying: Guidelines for Nurses in Alberta* (2017) and from the College and Association of Registered Nurses of Alberta *Medical Assistance in Dying: Guidelines for Nurse Practitioners* (2017).

In this paper, feminine is used without prejudice and refers to both men and women, and vice versa.

Purpose

The purpose of this document is to help registered nurses (RN) and nurse practitioners (NP) understand their professional and legal responsibilities related to medical assistance in dying (MAID) in New Brunswick. The [Standards of Practice for Registered Nurses](#), the [Standards for the Practice of Primary Health Care Nurse Practitioners](#), the [Code of Ethics for Registered Nurses](#) and employer policy underpin the guidance provided within this document. The law requires that MAID be provided with reasonable knowledge, care and skill, and in accordance with any applicable laws, rules or standards. RNs and NPs who fail to comply with legal requirements may be convicted of a criminal offence. Therefore, all RNs and NPs should familiarize themselves with requirements for MAID and ensure their practice is consistent with the legislation.

Introduction

In February of 2015, the Supreme Court of Canada rendered the *Carter* decision which removed the legal barrier to physician assisted dying in the Criminal Code. On April 14, 2016 the federal government introduced Bill C-14 *An Act to amend the Criminal Code and to make related amendments to other Acts*. This legislation was passed and took effect on June 17, 2016 and a parliamentary review will occur in five years. For more information on this decision, refer to the following link: [BILL C-14](#).

The Criminal Code provisions of MAID exempts NPs from criminal prosecution if they provide a person with MAID in accordance with the legislation and also exempts RNs, and other health care team members, from prosecution if they assist a NP or a physician in the provision of MAID carried out in accordance with the legislation. There are two types of MAID permitted under the criminal code:

1. the administering by an NP or a physician of a substance to a person, at their request, that causes their death; or
2. prescribing or providing by a NP or a physician 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.

The amendments to the *Criminal Code of Canada* do 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. The federal government has contracted an independent body to review the possibility of including these situations within the scope of the law in the future.

MAID is not to be confused with **palliative sedation** or the **withholding, withdrawing or refusal of treatment**.

Words or phrases in bold print are found in the glossary. They are shown in bold on first appearance.

Eligibility and Provision of MAID

Only NPs and physicians can assess a patient's eligibility for and provide MAID. The criteria required for the eligibility of MAID and the safeguards that must be met are outlined in the *Criminal Code of Canada*. You can refer to them at the following link: [BILL C-14](#).

Eligibility Criteria

A person may only receive MAID if they meet all of the following criteria:

- they are eligible for health services funded by a government in Canada;
- they are at least 18 years of age and **capable** of making decisions with respect to their health;
- they have a grievous and irremediable medical condition;
- they have made a voluntary request for MAID that, in particular, was not made as a result of external pressure; and
- they give **informed consent** to receive MAID after having been informed of the means that are available to relieve suffering, including palliative care.

Grievous and Irremediable Medical Condition

A person has a grievous and irremediable medical condition if:

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

The patient needs to be sound of mind during the entire process. Before providing MAID, the NP or physician must ensure that the following safeguards have been met:

- the patient meets all eligibility criteria established in legislation;
- the person's request for MAID is made in writing and signed and dated by the person¹ after the person was informed by a NP or physician that the person has a grievous and irremediable medical condition;

¹ If the person is unable to sign and date the request, another person – who is at least 18 years of age and who understands the nature of the request for MAID may do so in the person's presence on their behalf.

- the request was signed and dated by the person before two independent witnesses who then also signed and date the request;
 - Any person who is at least 18 years of age and who understands the nature of the request for MAID 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 the person's death;
 - are an owner or operator of any healthcare facility at which the person making the request is being treated or any facility in which that person resides;
 - are directly involved in providing healthcare services to the person making the request; or
 - directly provide personal care to the person making the request.
- the person has been informed that they may, at any time and in any manner, withdraw their request;
- an independent NP or physician has provided a written opinion confirming that the person meets all of the eligibility criteria;
 - Clinicians are considered independent if they:
 - are not a mentor to the other practitioner or responsible for supervising their work;
 - 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
 - do not 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.
- 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. A shorter time frame can occur if certain criteria are met (the NP or physician providing medical assistance in dying and the NP or physician who provided the independent written opinion both agree that the person's death, or the loss of their capacity to provide informed consent, is imminent). **IMPORTANT: some employer policies specify that the two written assessments confirming that the patient meets all of the MAID eligibility criteria can be provided by two physicians or a physician and a NP. Refer to your employer policies;**
- immediately before administering medication to cause a patient's death (i.e., voluntary euthanasia) or providing a prescription for a medication for a patient to self-administer (i.e., assisted suicide), the NP or physician must ask the patient to provide explicit consent and ensure the patient has an opportunity to withdraw consent.
 - If the person has difficulty communicating, the NP or physician should 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.

Guidelines for Practice

There are important legal, ethical and professional aspects of MAID that RNs and NPs need to understand and apply. These guidelines provide guidance and information to RNs and NPs when contemplating their response to questions about MAID, when having conversations with patients about MAID or when contemplating aiding or providing MAID.

RNs and NPs are responsible for safe, competent and ethical practice. MAID is a new legal choice for Canadians, and RNs and NPs need to reflect on their own personal values and beliefs. Self-reflection and engaging in dialogue with other health care providers are essential components of ethical nursing and will assist RNs and NPs in developing a plan on how to approach MAID in practice.

Guidelines for RNs

The Criminal Code of Canada allows RNs to aid in MAID only when under the direction of a NP or physician. It is essential that RNs know their scope of practice regarding MAID. Only a NP or physician can assess eligibility for MAID and only the NP or physician can administer the substance that causes the death.

Guideline 1: Communication with the Patient and Family

Many complex factors may be involved when a patient begins a discussion on MAID. RNs should:

1. get informed with employer policy to know if they are authorized to provide information about MAID to the patient;
2. acknowledge the patient's request for information in a timely, competent and compassionate way;
3. refer patient to someone that can provide accurate information on MAID if they are unable to;
4. ensure that any information they are providing, is objective and is correct;
5. remain as neutral as possible;
6. effectively listen to the patient's concerns, unmet needs, feelings, and desires about their care with empathy, respect and compassion;
7. continue to provide safe, compassionate, competent, ethical nursing care and reassure the patient that their care needs will continue to be addressed;
8. work to relieve pain and suffering through effective symptom and pain management, including fostering comfort and advocating for adequate relief of discomfort;
9. provide psychosocial support and refer to additional supports as needed;
10. ensure the patient understands all additional supports available to them and is not seeking MAID due to lack of supports;
11. document the care provided and any request for information on MAID in the patient record according to organizational policy and professional standards.

Guideline 2: Knowledge Based Practice

RNs are responsible for understanding and complying with MAID legislation and understanding how it applies to their nursing practice, setting and role. They must also consult and follow employer policies and ensure that they have the competence to do the required interventions (e.g. providing education or starting an intravenous line). If RNs elect to aid a NP or physician in the provision of MAID, they need to review and understand:

1. the principles of the Criminal Code of Canada provisions;
2. any provincial legislation and/or direction;
3. any guiding documents from their regulatory body;
4. the employer's policy regarding MAID in the employment setting and any applicable policies, guidelines, procedures and/or processes in place;
5. any professional or employer legal advice.

Guideline 3: Aiding with MAID

The Criminal Code of Canada allows RNs to aid in MAID under the direction of a NP or physician. Only the NP or physician can assess eligibility for MAID and only the NP or physician can administer the substance that causes the death. This means that RNs could aid by initiating IV access, but they cannot administer the substance that causes death pursuant to an order or prescription.

If the NP or physician prescribes an oral substance to the patient to self-administer to cause death, the patient must be the one to physically take the substance. With the patient's explicit request, the RN can pass the oral substance to the patient or with the NP's or physician's explicit request, can pass the prepared syringe to the physician or NP (IMPORTANT: The RN does not prepare the medication). However, RNs refrain from activities that may be viewed as the actual administration of the substance, such as placing the oral substance in the patient's mouth or inserting (pushing) the substance into the patient's intravenous line or feeding tube or preparing or altering the substance to ease ingestion such as mixing the substance with food or liquid. The RN is NOT responsible to prepare, dispense, retrieve, administer or return any of the lethal substances prescribed and administered by the NP and/or physician for MAID. RNs:

1. do not administer the substance that causes death in MAID;
2. aid a NP or physician in the lawful provision of MAID by performing activities such as patient education, provide support or comfort care to patients and family, or insert an intravenous line (always refer to employer policies before aiding a NP or physician);
3. ensure that they are aware of the eligibility criteria, safeguards and requirements to support that they are acting appropriately with respect to a patient who is requesting MAID;
4. review the patient's chart and signed written request for MAID;
5. review or discuss the assessment of eligibility and second opinion with the NP or physician.

RNs need to document according to employer policies and NANB standards. If the RN has questions about the eligibility criteria, safeguards or requirements for MAID, they need to directly ask their questions to the NP or physician providing MAID. If any questions remain unanswered, the RN needs to notify their supervisor or the care coordination team immediately to discuss and document next steps.

Guideline 4: No Obligation to Aid with MAID

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

1. assure the patient that they will not be abandoned and continue to provide care that is not related to activities associated with MAID;
2. notify their employer so that alternative care arrangements can be made.

Guideline 5: Independent Witness

The Criminal Code of Canada requires that a person's request for MAID must be made in writing, signed and dated, and witnessed by two independent witnesses, who also sign and date the request. In order to be an independent witness, a witness cannot know or believe to be a beneficiary under the will of the person making the request, cannot be an owner or operator of a health-care facility where the person making the request is being treated, cannot be directly involved in providing health-care services to the person making the request and cannot be directly involved in the provision of personal care to the person making the request. RNs:

1. involved in providing health-care services or personal care to the patient making the request for MAID, cannot act as an independent witness.

Guideline 6: Documentation

RNs accurately document MAID conversations and the nursing care they provide in a timely, factual, complete and confidential manner. A RN who is aiding a NP or physician in the provision of MAID should document (refer to employer policies before providing information and documenting on MAID):

1. any request for information on MAID directed to the RN and the information provided;
2. any nursing actions in relation to the aid they provided to the NP or physician prior, during or after the MAID procedure;
3. their nursing care appropriately in accordance with the standards of practice of their regulatory college and the policies/processes of their employer.

There are other considerations that RNs must reflect on for their nursing practice in regard to MAID. See Appendix A for further information.

Guidelines for NPs

The Criminal Code of Canada allows NPs to participate in the lawful provision of MAID. It is essential for NPs to understand that only a NP or physician may assess a patient for eligibility for MAID and only a NP or physician can provide MAID. Two forms of MAID are permitted:

- The administration of a substance to a person, at their request, to cause their death;
- The prescription or provision 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.

Guideline 1: Communication with Patient and Family

Communication strategies such as using open-ended questions and statements are essential. A request for information on assisted death may also be a way for the patient to initiate a conversation about health issues or end-of-life care and support. Open communication is a vital part of end-of-life decision making. Many complex factors may be involved when a patient begins a discussion on MAID. NPs should:

1. provide objective, accurate information on the lawful provision of MAID;
2. provide patients with all information required to make informed choices about their care, including diagnosis, the natural history and prognosis of the medical condition, treatment options and the associated risks and benefits;
3. engage in meaningful communication to clearly understand the patient's health needs if a patient asks about MAID;
4. communicate promptly and respectfully with the patient that requested MAID;
5. inform patients of the care that NPs can provide at the end-of-life.

Guideline 2: Knowledge Based Practice

NPs are responsible for understanding and complying with MAID legislation and understanding how it might apply to their practice, setting and role. If a NP elects to provide MAID, they need to review and understand:

1. the principles of the Criminal Code of Canada provisions;
2. any provincial legislation and/or direction;
3. any guiding documents from their regulatory body;
4. the employer's position in permitting MAID in the employment setting and any applicable policies, guidelines, procedures and/or processes in place;
5. any professional or employer legal advice.

NPs continually acquire and apply knowledge and skills to provide competent, evidence-informed nursing care and service. NPs participating in MAID must have the appropriate education and competence to provide a diagnosis and prognosis of the patient's condition, assess the patient's decision-making capacity and have the knowledge, skill and ability to provide MAID in a safe and ethical manner. NPs ensure that they use resources and complete any required education in relation to MAID.

Guideline 3: Providing MAID

The Criminal Code of Canada outlines that the NP's scope of practice is sufficiently broad to allow NPs to provide all aspects of MAID (from the determination that the patient suffers from a grievous and irremediable condition, to obtaining the patient's informed consent, to the prescription or administration of the lethal substance that causes death). Accordingly, it exempts NPs from criminal prosecution if they provide MAID in accordance with the requirements stipulated in the Criminal Code of Canada (CNPS, 2016). NPs should:

Informed Consent.

1. ensure that they are aware of and follow all federal and provincial legislation, the standards for the practice of Primary Health Care Nurse Practitioners, NANB's practice guidelines on MAID and employer policies on MAID;
2. obtain informed consent for the purpose of MAID from a patient who has requested the assistance;
3. inform the patient that they can withdraw consent at any time;

Patient Eligibility.

4. assess the patient personally;
5. ensure that the patient meets all eligibility criteria and has a grievous and irremediable medical condition; and
6. ensure all safeguards and requirements as outlined in legislation are in place;

Capability.

7. perform a capacity assessment for the purpose of MAID, if qualified and competent to do so;
8. refer the patient to a qualified health-care practitioner for a MAID capacity assessment, if not qualified to do so;

Written Request for MAID.

9. obtain a written request for MAID signed and dated by the patient or if he is unable to do so, by another individual in the patient's presence and under the patient's express direction;
10. be satisfied that the patient's written request for MAID was also signed and dated before two independent witnesses meeting all legislated criteria;
11. not act as an independent witness if she is involved in providing health-care services or personal care to the person making the request for MAID;

Second Independent Opinion.

12. ensure that there has been a second written independent opinion from another NP or physician (refer to employer policy before writing a second independent opinion) confirming that the patient meets all of the eligibility criteria;

Period of Reflection.

13. ensure that there has been a clear 10-day period for reflection between the time the patient signs the request for MAID and when MAID is provided;

Requirements for Plan, Collaboration and Notification.

14. discuss and agree on a plan with the patient that considers the patient's wishes regarding when, where and how MAID will be provided;
15. consider an alternate plan to address potential complications and the patient's choice to rescind the request at any time, including immediately before the provision of MAID;
16. collaborate with the pharmacist dispensing the drug(s);

NP Attendance during the Provision of the Substance.

17. be present for the provision of either form (NP administered or self-administered) of MAID;

Second Withdrawal of Request.

18. ensure the patient has an opportunity to withdraw their request and ensures that the patient gives expressed consent to receive MAID;

Documentation.

19. document their care appropriately in accordance with the reporting requirements set out by federal and provincial government, standards of practice and employer policies.

Guideline 4: No Obligation to Aid with MAID

The amendments to the Criminal Code of Canada do not impose any obligation for NPs to participate in MAID. NPs who choose not to participate at any time due to personal moral beliefs and values, lack of skill or other reasons, must immediately:

1. notify their employer, if applicable so that alternative care arrangements can be made, and/or
2. assure the patient that they will not be abandoned and continue to provide care that is not related to activities associated with MAID.

Guideline 5: Reporting Requirements for MAID

New federal reporting requirements for NPs, physicians and pharmacists regarding medical assistance in dying are in effect since November 1, 2018. Please refer to the following link for more information: [Guidance for reporting on medical assistance in dying-Summary](#) (GC)

Self Care and Staff Support

RNs and NPs should be aware of their own emotional, physical, and mental well-being. While patients and their families are obviously directly impacted by an individual's choice to seek MAID, RNs and NPs may also find themselves affected by this process. RNs and NPs are encouraged to seek advice and guidance from programs that are available to them, including employer wellness programs, or other sources (ARNNL, 2018).

MAID Resources

Here are some resources that could be very helpful in your practice regarding MAID:

[Online Learning Modules-Medical Assistance in Dying: What Nurses Need to Know](#) (CNA)

[National Nursing Framework on Medical Assistance in Dying in Canada](#) (CNA)

[Palliative and End-of-Life Care](#) (CNA)

[Medical Assistance in Dying](#) (GC)

[At a Glance: Practitioners' Reporting Responsibilities for Medical Assistance in Dying Infographic](#) (GC)

[Guidance for Reporting on Medical Assistance in Dying - Summary](#) (GC)

[Framework on Palliative Care in Canada](#) (GC)

[Medical Assistance in Dying: What Every Nurse Should Know](#) (CNPS)

[Medical Assistance in Dying \(MAID\): What Nurses Need to Know](#) (Advancing In)

[FAQ-Medical Assistance in Dying](#) (NANB)

Glossary

Capable: being able to understand and appreciate the consequences of various options and make informed decisions about one's own life, care and treatment (CNA, 2017a).

Informed consent: the patient must have been given an adequate explanation about the nature of the proposed investigation or treatment and its anticipated outcome as well as the significant risks involved and alternatives available. The information must be such as will allow the patient to reach an informed decision. In situations where the patient is not mentally capable, the discussion must take place with the substitute decision maker (Evans, 2016).

Palliative sedation: the use of sedative substances for patients who are terminally ill with the intent of alleviating suffering and the management of symptoms. The intent is not to hasten death although this may be a foreseeable but unintended consequence of the use of such substances (CMA, 2014).

Medical assistance in dying: (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 (Government of Canada, 2016).

Withholding, withdrawing and refusal of treatment: honoring the refusal of treatments that a patient does not desire, that are disproportionately burdensome to the patient, or that will not benefit the patient, is ethically and legally permissible. Within this context, withholding or withdrawing life-sustaining therapies or risking the hastening of death through treatments aimed at alleviated suffering and/or controlling symptoms are ethically acceptable and do not constitute euthanasia. There is no ethical or legal distinction between withholding or withdrawing treatments, though the latter may create more emotional distress for the RN, NP and others involved (Oregon Nurses Association, 1997 as cited in CNA, 2017b).

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Appendix

Reflections for Nursing Practice: When Aiding a NP or Physician in MAID

Despite the authorization to provide nursing care in MAID, RNs must always restrict themselves to activities which they are competent to perform and that are appropriate to their area of practice and the procedures being performed. Below are some other considerations for nursing practice in regards to MAID.

Route of administration

- If the substance is to be delivered via intravenous route, what is the volume of substance(s)? Is a secondary IV required? What is the appropriate gauge of IV catheter?
- If oral administration of the substance, are there any requirements to establish an IV as a secondary route of administration?
- If a patient self-administers the substance, will the patient be able to take the oral substance independently?

Supports available

- What supporting information is needed for the patients and family?
- What supporting information is needed for the care team that may encounter questions about or be involved in MAID?
- Does the patient, family and staff have what they consider to be adequate social, psychological and spiritual supports in place? If there is presence of conflict, are there supports in place?
- Are the family or others going to be present during the MAID process? What support will be needed?
- Are the family and/or patient informed about the process, what they may see and experience before, during and after?
- Are arrangements in place following the death of the patient?

Environment

- Consider the resources available for the different environments where MAID can take place (i.e. home, nursing home, hospital).
- Consider the necessary positioning of the patient for substance administration and comfort.

Competency

- Assess competencies for end-of-life care:
 - assessment and management of pain, physical symptoms, and psychosocial and spiritual needs;
 - ability to attend to the end-of-life needs of the patient and family.
- Awareness of own responses to suffering and death and seek support as needed.
- Seek out relevant education for competence and lifelong learning in end-of-life care.

Adapted from the College and Association of Registered Nurses of Alberta, College of Licensed Practical Nurses of Alberta and the College of Registered Psychiatric Nurses of Alberta (2017).



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