

FAQ: Medical Assistance in Dying (MAID)

What is the legal context for MAID?

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. A review is scheduled to occur in 2021. For more information on this decision, refer to the following link: [BILL C-14](#).

How does Bill C-14 define MAID?

Bill C-14 defines MAID as:

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

What does Bill C-14 say about RNs and NPs in reference to MAID?

Bill C-14 exempts NPs from criminal prosecution if they provide a person with MAID in accordance with the legislation and also exempts registered nurses (RN), and other health care team members, from prosecution if they assist an NP or a physician in the provision of MAID carried out in accordance with the legislation.

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.

Who is eligible for MAID?

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.

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.

What safeguards must be followed for the provision of MAID?

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 an NP or physician that the person has a grievous and irremediable medical condition;
- 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 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.
- 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 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.
- ensure that there are at least 10 clear days between the day on which the request was signed by or on the behalf of the person and the day on which the MAID 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 an NP. Refer to your employer policies;*

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.

- 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.

What is NANB's guidance to RNs and NPs with regards to MAID?

RNs and NPs have an integral role in providing care to clients at the end of their lives and at any time when they contemplate end-of-life decisions. RNs and NPs have a professional obligation to provide safe, competent, ethical and compassionate nursing care in accordance with relevant legislation, standards, regulatory requirements and employer policies.

RN Role

The *Criminal Code of Canada* allows RNs to aid in MAID only when under the direction of an NP or physician. It is essential that RNs know their scope of practice regarding MAID. Before sharing information to clients regarding MAID, RNs must refer to employer policy to know if they are authorized to do so. If clients ask questions about MAID and RNs are authorized to share information, they should compassionately acknowledge and answer questions and/or provide access to other sources of information to support the client's ability to make informed decisions about their care and their end-of-life needs. As with all other aspects of client care, the RN should promptly inform the client's primary care provider and other appropriate members of the health care team of the client's requests and document the conversation in the client record.

In the event that a client proceeds with MAID then RNs can assist an NP or a physician by performing activities such as educating clients, inserting an intravenous for the administration of medications, and providing care and comfort to clients and family through the dying process (**IMPORTANT:** always consult employer policies before aiding with MAID). However, they cannot administer the medication that causes death pursuant to an order or prescription. This can only be done by the NP or physician providing MAID.

The legislation does allow for a person to aid the client to self-administer a medication to cause death. 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 NP or physician (**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.

NP Role

The *Criminal Code of Canada* allows NPs to participate in the lawful provision of MAID. It is essential for NPs to understand that only an NP or physician may assess a patient for eligibility for MAID and only an NP or physician can provide MAID. NPs who provide MAID must inform clients about the risk, eligibility criteria, safeguards and processes involved in MAID. NPs who do not personally provide MAID must refer clients who request this to another NP or physician.

NPs must comply with documentation standards and with record keeping and reporting requirements set by their employer and/or government. 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).

Is it mandatory to provide and/or participate in MAID?

RNs and NPs are accountable for providing safe, competent and ethical nursing care and will be expected to provide care for patients seeking MAID in accordance with the [Standards of Practice for Registered Nurses](#), the [Standards for the Practice of Primary Health Care Nurse Practitioners](#), the [Standards for the Therapeutic Nurse-Client Relationship](#), [Guidelines for Registered Nurses and Nurse Practitioners: Medical Assistance in Dying](#), applicable legislation, and employer policies.

The amendments to the Criminal Code of Canada do not impose any obligation for RNs to aid in MAID and for NPs to provide MAID. If the RNs and NPs choose not to participate at any time due to personal moral beliefs and values, lack of skill or other reasons, they 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.

NANB suggests that RNs aiding in MAID and NPs providing MAID to clients consult the [Guidelines for Registered Nurses and Nurse Practitioners: Medical Assistance in Dying](#) and employer policies. RNs and NPs can also contact the [NANB](#) for clarification and seek advice from the [Canadian Nurses Protective Society](#).

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)