



Nurses Association
OF NEW BRUNSWICK

Practice Guideline for Registered Nurses and Nurse Practitioners: Medical Assistance in Dying



Mandate

Regulation for safe, competent, and ethical care.

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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).

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

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 current legislation.

Introduction

In June 2016, the Parliament of Canada passed legislation that allows eligible Canadians to request MAID. On October 5, 2020, Bill C-7: *An Act to amend the Criminal Code (MAID)* was introduced in Parliament, which proposed changes to Canada's legislation on MAID. On March 17, 2021, changes to Canada's MAID legislation took effect and are reflected in this document.

In accordance with current legislation, the *Criminal Code* provisions of MAID exempt NPs from criminal prosecution if they provide MAID. It also exempts RNs, and other health care team members, from prosecution if they assist a NP or physician in the provision of MAID. There are two types of MAID permitted in Canada under the *Criminal Code*. They each include a NP or physician who:

1. directly administers a substance that causes death, such as an injection of a drug (this is becoming known as clinician-administered MAID); or
2. provides or prescribes a drug that the eligible person takes themselves, in order to bring about their own death (this is becoming known as self-administered MAID) (Government of Canada, 2021).

A Parliamentary review is currently under way to study eligibility of mature minors, advance requests, mental illness, palliative care and the protection of Canadians living with disabilities as the amendments to the *Criminal Code* do not allow a request for MAID in these circumstances.

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

Eligibility and Provision of MAID

Only NPs and physicians can assess a patient’s eligibility for and provide MAID. Bill C-7 amended the eligibility criteria that includes the removal of “reasonably foreseeable natural death” criterion and excludes cases where mental illness is the sole underlying medical condition (this exclusion will remain in effect until March 17, 2023). The procedural safeguards were also amended with the creation of a two-track approach which one is for people whose natural death is reasonably foreseeable, and the other for people whose death is not reasonably foreseeable. Please consult the following Government of Canada link for eligibility criteria and procedural safeguards: [Medical assistance in dying](#).

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 considering aiding or providing MAID.

RNs and NPs are responsible for safe, competent, and ethical practice. MAID is a 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

It is essential that RNs know their scope of practice regarding MAID. The *Criminal Code* allows RNs to aid in MAID only when under the direction of a NP or physician.

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. seek guidance from employer policy to determine how information on MAID is to be provided;
2. acknowledge the patient’s request for information in a timely, competent, and compassionate way;
3. refer the 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 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; and
11. document the care provided and any request for information on MAID in the patient record according to employer policy and the NANB [Standards for Documentation](#) .

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* 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; and
5. any professional or employer legal advice.

Guideline 3: Aiding with MAID

The Criminal Code allows RNs to aid in MAID under the direction of a NP or physician, but this does not include the assessment of patient eligibility or administration of any substance that causes death. This could include interventions such as initiating IV access but does not include administering the substance causing 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. RNs must 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, or administer the substance that causes death. 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; and
5. review or discuss the assessment of eligibility and safeguards with the NP or physician.

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: Conscientious Objection

The amendments to the *Criminal Code* 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; and
2. notify their employer so that alternative care arrangements can be made.

Guideline 5: Independent Witness

The *Criminal Code* requires that a person's request for MAID be made in writing. This request must be signed and dated before one independent witness. The role of the independent witness is to confirm to the signing and dating of the request by the person requesting MAID and that they understand what they are signing. The independent witness must be at least 18 years of age and understand what it means to request MAID and can be a paid professional personal or health care worker. However, an independent witness cannot benefit from the persons' death, cannot be an owner or operator of a health-care facility where the person making the request is being treated and cannot be an unpaid caregiver. According to current legislation, RNs can act as independent witnesses. However, NANB recommends they contact the [Canadian Nurses Protective Society](#) before accepting such a role for their patients.

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 according to employer policies and NANB [Standards for Documentation](#):

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; and
3. their nursing care appropriately in accordance with the standards of practice of their regulatory body 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

Guideline 1: Communication with Patient and Family

Communication strategies such as using open-ended questions and statements are essential. A request for information on MAID 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 progression 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; and
5. inform patients of the end-of-life care options.

Guideline 2: Knowledge Based Practice

NPs are responsible for understanding and complying with MAID legislation and understanding how it applies 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* 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; and
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 applicable educational requirements in relation to MAID.

Guideline 3: Providing MAID

The *Criminal Code* 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* (CNPS, 2016). NPs should:

Patient Eligibility.

1. assess the patient to ensure all eligibility criteria are met;
2. ensure all safeguards and requirements as outlined in current legislation are in place;

Capability.

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

Informed Consent.

5. 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 guidelines](#) and [FAQ on MAID](#) and related employer policies;
6. obtain informed consent for the purpose of MAID from a patient who has requested the assistance;
7. inform the patient that they can withdraw consent at any time;

Written Request for MAID.

8. obtain a written request signed by one independent witness as per procedural safeguards;

Independent Witness.

The *Criminal Code* requires that a person's request for MAID be made in writing. This request must be signed and dated before one independent witness. The role of the independent witness is to confirm to the signing and dating of the request by the person requesting MAID and that they understand what they are signing. The independent witness must be at least 18 years of age and understand what it means to request MAID and can be a paid professional personal or health care worker. However, an independent witness cannot benefit from the persons' death, cannot be an owner or operator of a health-care facility where the person making the request is being treated and cannot be an unpaid caregiver. According to current legislation, NPs can act as independent witnesses except for the NP or physician who will provide MAID to the person and the NP or physician who provided a MAID eligibility opinion in respect of the person. NANB recommends to NPs who are considering being an independent witness for a patient to consult with the [Canadian Nurses Protective Society](#) before accepting such a role.

Second Written Independent Opinion.

9. 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;

Requirements for Plan, Collaboration and Notification.

10. discuss and agree on a plan with the patient that considers the patient's wishes regarding when, where and how MAID will be provided;
11. 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; and
12. collaborate with the pharmacist dispensing the drug(s).

Final consent

Immediately before MAID is provided, the patient must be given the opportunity to withdraw consent, and the patient must affirm consent to receive MAID. An exception to this requirement is possible in the case of people whose deaths are reasonably foreseeable. Please refer to the following Government of Canada link for important information on final consent: [Medical Assistance in Dying](#).

Documentation.

NPs document their care appropriately in accordance with the reporting requirements set out by federal and provincial government, NANB [Standards for Documentation](#) and employer policies.

Guideline 4: Conscientious Objection

The amendments to the *Criminal Code* 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 guidance on reporting requirements for MAID came into effect on January 1st, 2023. The regulatory amendments continue to support the collection of consistent, comprehensive information on MAID across the country by setting out reporting requirements for: health care professionals who conduct preliminary assessments of eligibility; physicians and nurse practitioners who conduct assessments of eligibility and deliver MAID; and for pharmacists and pharmacy technicians (in collaboration with a pharmacist) who dispense the necessary substances for the provision of MAID (Government of Canada, 2022). Additional information regarding the new reporting requirements can be found in the [Guidance Document: Reporting Requirements Under the Regulations Amending the Regulations for the Monitoring of Medical Assistance in Dying](#).

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 (CRNNL, 2022).

MAID Resources

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

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

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

[Canada's new MAID law](#) (GC)

[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)

[Canadian Association of MAiD Assessors and Providers](#) (CAMAP)

[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).

Conscientious Objection: a situation in which a nurse informs their employer about a conflict of conscience and the need to refrain from providing care because a practice or procedure conflicts with the nurse's moral beliefs (CNA, 2017a).

Continuous palliative sedation therapy: refers to complete sedation, with the intent of rendering the patient unable to experience the environment, sensation or thoughts, until the patient dies naturally from the underlying illness (CMA, 2017).

Informed consent: the process of giving permission or making choices about care. It is based on both a legal doctrine and an ethical principle of respect for an individual's right to sufficient information to make decisions about care, treatment, and involvement in research. In the *Code* the term *informed decision-making* is primarily used to emphasize the choice involved (CNA, 2017a).

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 A-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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