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THE COLLEGE OF REGISTERED PSYCHIATRIC NURSES of MANITOBA

Medical Assistance in Dying:

Guidelines for Manitoba Nurses

Last updated: July 2021

Contact Information

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The Provincial Medical Assistance in Dying Clinical Team out of Shared Health Manitoba, in collaboration with Manitoba Health, has been supporting staff and clients with medical assistance in dying in Manitoba.They can be contacted at 204-926-1380 or maid@sharedhealthmb.ca.

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Updates to this document in June 2021 were made possible thanks to feedback from the Canadian Nurses Protective Society and The Provincial Medical Assistance and Dying Clinical Team with special thanks to Colleen Barbour RNBN.

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Purpose

The purpose of this document is to help nurses understand their professional and legal responsibilities related to medical assistance in dying in Manitoba. Professional nursing practice standards and code of ethics for each of the three nursing professions in Manitoba underpin the guidance provided within this document. All nurses are required to practise within their own level of competence, in accordance with their education, training and professional scope of practice. **For the purposes of this document, the term "nurse" refers to all three regulated nursing professionals in the province of Manitoba: licensed practical nurse (LPN), registered nurse (RN) and registered psychiatric nurse (RPN).**

The *Criminal Code of Canada* was amended in 2016 to allow nurses to aid a physician or nurse practitioner who is providing medical assistance in dying. Nurse practitioners can refer to the practice direction and contact the College of Registered Nurses of Manitoba for further guidance pertaining to their role in medical assistance in dying in Manitoba.

It is vital that nurses recognize they can have a role in the provision of a medically assisted death. This may include providing information and support or participating in eligibility assessments as part of a team, such as aiding a physician or nurse practitioner including establishing intravenous access. The nursing role is limited because the *Criminal Code* permits **only a physician or nurse practitioner to determine client eligibility, ensure the safeguards are met and administer the substance(s) to perform a medically assisted death.**

Legal Framework and Definition of Medical Assistance in Dying

The *Criminal Code* provisions on medical assistance in dying (formerly referred to as Bill C-14) create an exemption from criminal prosecution for health-care providers participating in medical assistance in dying. There are two types of medical assistance in dying that are permitted under the *Criminal Code*:

> (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.

Changes to the *Criminal Code* in 2021 allow medical assistance in dying for eligible persons who wish to pursue a medically assisted death, whether their natural death is reasonably foreseeable or not. The revised law creates a two-track approach to procedural safeguards for medical practitioners to follow based on whether or not a person's natural death is reasonably foreseeable. Details about eligibility for medical assistance in dying and safeguards can be found in the next section.

Eligibility

As of March 17, 2021, a person may receive medical assistance in dying only if they meet the following eligibility criteria:

- 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;
- 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 medical assistance in dying that, in particular, was not made as a result of external pressure; and
- 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.

Defining a Grievous and Irremediable Condition

A person has a grievous and irremediable medical condition only if they meet all of the following criteria:

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

*Persons whose only medical condition is a mental illness, and who otherwise meet all eligibility criteria, are not eligible for medical assistance in dying as the Criminal Code S. 241 states "a mental illness is not considered to be an illness, disease or disability". This exclusion includes conditions that are primarily within the domain of psychiatry, such as depression and personality disorders. This exclusion does not include neurocognitive and neurodevelopmental disorders, or other conditions that may affect cognitive abilities (Government of Canada 2021).

Statutory Safeguards

As of March 17, 2021, procedural safeguards differ depending on whether or not a person's natural death is reasonably foreseeable. These safeguards emphasize the importance of the client's decision and help ensure the patient has the relevant information to make an informed decision and are not in a state of vulnerability. In addition, these requirements are evidence that the authorized providers are acting within the scope of the law and are consistent with reasonable professional knowledge and skill.

Safeguards when Natural Death is Reasonably Foreseeable

Subject to a final consent waiver, before a medical practitioner or nurse practitioner provides medical assistance in dying to a person whose natural death is 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, the medical practitioner or nurse practitioner must:

- be of the opinion that the person meets all of the eligibility criteria;
- ensure that the person's request for medical assistance in dying was
    - made in writing and signed and dated by the person or by another person under subsection (4)*, and
    - 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;
- be satisfied that the request was signed and dated by the person — or by another person under subsection (4)* — before an independent witness who then also signed and dated the request;
- ensure that the person has been informed that they may, at any time and in any manner, withdraw their request;
- ensure that another medical practitioner or nurse practitioner has provided a written opinion confirming that the person meets all of the eligibility criteria;

- be satisfied that they and the other medical practitioner or nurse practitioner referred to above are independent;
- 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; and
- 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**.

*Unable to sign (4) If the person requesting medical assistance in dying is unable to sign and date the request, 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.

**As of March 17, 2021, the requirement for a minimum 10-day reflection period is now removed when natural death is reasonably foreseeable (Government of Canada 2021).

Final consent for persons whose natural death is reasonably foreseeable

The law allows the waiver of the requirement to provide final consent immediately before receiving medical assistance in dying for persons whose natural death is reasonably foreseeable. The medical practitioner or nurse practitioner may provide medical assistance in dying without final consent if:

- before the person loses the capacity to consent to receiving medical assistance in dying,
    - they met all of the eligibility criteria and all other statutory safeguards,
    - they entered into an arrangement in writing with the medical practitioner or nurse practitioner that the medical practitioner or nurse practitioner would administer a substance to cause their death on a specified day,
    - they were informed by the medical practitioner or nurse practitioner of the risk of losing the capacity to consent to receiving medical assistance in dying prior to the day specified in the arrangement, and
    - in the written arrangement, they consented to the administration by the medical practitioner or nurse practitioner of a substance to cause their death on or before the day specified in the arrangement if they lost their capacity to consent to receiving medical assistance in dying prior to that day.
- the person has lost the capacity to consent to receiving medical assistance in dying,
- the person does not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration; and
- the substance is administered to the person in accordance with the terms of the arrangement.

*The agreement to waive final consent is invalid if the person, after having lost decision-making capacity, demonstrates refusal or resistance to the administration of medical assistance in dying by words, sounds or gestures. Reflexes and other types of involuntary movements, such as a response to a touch or to the insertion of a needle, do not constitute refusal or resistance (Government of Canada 2021).

Final consent for persons who choose to self-administer a substance for medical assistance in dying

In the case of a person who loses the capacity to consent to receiving medical assistance in dying after self-administering a substance, provided to them under Criminal Code S. 241.2, so as to cause their own death, a medical practitioner or nurse practitioner may administer a substance to cause the death of that person if:

- before the person loses the capacity to consent to receiving medical assistance in dying, they and the medical practitioner or nurse practitioner entered into an arrangement in writing providing that the medical practitioner or nurse practitioner would:
    - be present at the time the person self-administered the first substance, and
    - administer a second substance to cause the person's death if, after self-administering the first substance, the person lost the capacity to consent to receiving medical assistance in dying and did not die within a specified period;
- the person self-administers the first substance, does not die within the period specified in the arrangement and loses the capacity to consent to receiving medical assistance in dying; and
- the second substance is administered to the person in accordance with the terms of the arrangement.

Safeguards when Natural Death is NOT Reasonably Foreseeable

Before a medical practitioner or nurse practitioner provides medical assistance in dying to a person whose natural death is not reasonably foreseeable, taking into account all of their medical circumstances, the medical practitioner or nurse practitioner must:

- be of the opinion that the person meets all of the eligibility criteria;
- ensure that the person's request for medical assistance in dying was
    - made in writing and signed and dated by the person or by another person under subsection (4); and
    - 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;
- be satisfied that the request was signed and dated by the person — or by another person under subsection (4)* — before an independent witness who then also signed and dated the request;
- ensure that the person has been informed that the person may, at any time and in any manner, withdraw their request;
- ensure that another medical practitioner or nurse practitioner has provided a written opinion confirming that the person meets all of the eligibility criteria;
- if neither they nor the other medical practitioner or nurse practitioner referred to above has expertise in the condition that is causing the person's suffering, ensure that they or the medical practitioner or nurse practitioner consult with a medical practitioner or nurse practitioner who has that expertise and share the results of that consultation with the other practitioner;

- be satisfied that they and the medical practitioner or nurse practitioner referred to above are independent;
- ensure that the person has been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services and palliative care and has been offered consultations with relevant professionals who provide those services or that care;
- ensure that they and the medical practitioner or nurse practitioner referred to above have discussed with the person the reasonable and available means to relieve the person's suffering and they and the medical practitioner or nurse practitioner referred to above agree with the person that the person has given serious consideration to those means;
- ensure that there are at least 90 clear days between the day on which the first assessment of whether the person meets the eligibility criteria begins and the day on which medical assistance in dying is provided to them or — if the assessments have been completed and they and the medical practitioner or nurse practitioner referred to above are both of the opinion that the loss of the person's capacity to provide consent to receive medical assistance in dying is imminent — any shorter period that the first medical practitioner or nurse practitioner considers appropriate in the circumstances;
- 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; and
- 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.

*Unable to sign (4) see page 6.

Final consent for persons whose natural death is NOT foreseeable

Immediately before medical assistance in dying is provided, the practitioner must give the person an opportunity to withdraw their request and ensure that they give express consent.

Who Can Witness

The client's request must be in written form, dated and signed by the client and an independent witness. These witnesses cannot:

- know or believe that they are a beneficiary under the will of the person making the request or would benefit from the client's death;
- own or operate the facility where the client resides or is receiving care;
- be the medical practitioner or nurse practitioner who will provide medical assistance in dying to the person;
- be the medical practitioner or nurse practitioner who provided an opinion confirming eligibility for medical assistance in dying.

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* A person who provides health care services or personal care as their primary occupation and who is paid to provide that care to the person requesting medical assistance in dying is permitted to act as an independent witness, except as identified above. Some employers in Manitoba may have additional policy related to who may witness. Nurses must be aware of employer policies and take reasonable steps to support access to care.

Working with the Provincial Medical Assistance in Dying Clinical Team

Patients seeking medical assistance in dying should speak with their health-care provider (physician or nurse practitioner). Medical assistance in dying is available throughout Manitoba and is coordinated provincially by Shared Health. A provincial MAiD team is available to help health care providers and patients access this service. More information can be found here.

Nurses **are not** authorized to autonomously determine an individual's eligibility for medical assistance in dying; however, nurses may participate in eligibility assessments as part of a team (i.e. aiding a physician or nurse practitioner).

Nurses are required to ensure that they are familiar with the relevant *Criminal Code* provisions and are aware of eligibility criteria and statutory safeguards necessary for a client to undergo medical assistance in dying. In addition, before participating in the medically assisted death, nurses should verify that a physician or nurse practitioner has documented that the eligibility criteria and safeguards have been met.

This can be done by:

- Reviewing the chart to determine whether documentation clearly indicates that all requirements have been met; or
- Inquiring directly with the physician or nurse practitioner providing MAID.

Having the Conversation

Good communication is essential for high quality, end of life care. Nurses are the vital link between the client, the family, the physician and other health-care providers. Currently in Manitoba we have an inter-disciplinary provincial clinical team who provides medical assistance in dying. This team also acts as a resource for clients, families and health-care professionals.

Every question from a client about assisted death suggests that the client is, or is worried about, suffering and provides an opening for a dialogue with that individual. It is important for nurses to acknowledge the expression of suffering and explore the reasons for the request. This will help nurses understand what supports might be helpful and whether the client has unmet needs. Whether or not a nurse is prepared to be involved in assisting someone to die, they remain a part of the team caring for the client. Routine or daily care and other care unrelated to the request for an assisted death remains an expectation of nursing practice. Nurses are and continue to be responsible for the provision of safe, compassionate, competent and ethical care of every client, whether or not the client is considering an assisted death.

Any nurse could be asked by a client or family member about assisted death. For some, it might be an exploration of options or simple information-seeking. For others, their questions may indicate intent to pursue an assisted death. It is important nurses:

- practice according to federal and provincial regulations, professional regulatory standards and guidelines and organizational policies related to all aspects of medical assistance in dying. For example, this would include such aspects as understanding care requirements for a client who is undergoing assessment or has been approved for medical assistance in dying;
- participate in conversations about medical assistance in dying with their team to understand the process and how privacy and confidentiality will be maintained within the team;

- acknowledge client questions and requests and explore the reasons for them. This will help the nurse assess for unmet needs and maintain a therapeutic and supportive relationship with the client;
- direct those seeking information on medical assistance in dying directly to the provincial medical assistance in dying clinical team (or adhere to organizational policies that provide alternate directives), and ensure that clients are aware of all additional supports that may be available to them including palliative care or spiritual support;
- communicate with their supervisor to inform of or relay client questions about assisted death;
- know that they may provide the information on medical assistance in dying that is available on https://sharedhealthmb.ca/services/maid/;
- document in the client health record any request for information related to medical assistance in dying including the interactions and care provided, and any resource(s) they provide to the client in accordance with professional standards and organizational policy; and
- contact their nursing regulatory body with any questions.

Nurses are not required to directly participate in the provision of medical assistance in dying. However, nurses are required to continue providing any routine care that is not related to medical assistance in dying. Refusal or failure to provide routine care may constitute abandonment and is contrary to a nurse's ethical responsibilities.

Nurses should be aware of their own feelings about assisted death and whether they are evident to the client. Clients may feel judged or discriminated against if they perceive the nature of their routine care has changed after they have indicated an interest in a medically assisted death.

Conscientious Objection

In accordance with the nursing code of ethics[1], a nurse must recognize their own personal values and beliefs about medical assistance in dying and take measures to avoid any negative impact on client care, nursing practice and the practice environment. A nurse may object to participating in medical assistance in dying; however, a nurse may not refuse or withhold care for a client that has requested medical assistance in dying. For example, a nurse is still expected to provide medications, answer a call-bell, respond to family concerns or requests and/or provide after death care.

In health care, conscientious objection is generally understood as a health-care professional's refusal to provide a service that is within their competence. Generally, it is acceptable for a nurse to make a conscientious objection when:

- they have a longstanding and deeply held belief that the requested intervention is morally wrong and/or would compromise the nurse's personal moral integrity;
- it is not an urgent or emergent situation, and;
- there is another nurse who can assume the care in a timely manner.

Conscientious objection is driven by moral concerns and informed by reflective choice; it is not based on fear, prejudice or convenience. Nurses must reflect on medical assistance in dying and determine whether it is compatible with their personal, ethical and/or religious beliefs. If it is not, they may choose not to participate on the basis of conscientious objection.

[1] This refers to the respective code of ethics of all three regulated nursing professions in the province of Manitoba.

Conscientious objection raises many complex issues such as how to balance ethical practice and access to service without delay or judgment. While no nurse is required to participate directly in an assisted death, there are many other elements of care that must continue uninterrupted.

If a nurse has a conscientious objection, the initial conversation with the client is not the time for the nurse to state their objection. Whether a client enquires about the topic for the first time or has serious questions on how to begin the process, it is important nurses do not make the client feel disrespected or afraid.

While a nurse may choose to not provide information about assisted death to a client or how to access the provincial clinical team, the nurse must:

- acknowledge the client's request and assure the client their request will be conveyed;
- inform their care team and/or manager about the request;
- maintain the therapeutic relationship with the client and continue to provide care unrelated to medical assistance in dying;
- inform the employer about their conscientious objection, and;
- document in the client health record any request for information related to medical assistance in dying, the interaction with the client, the care provided and/or any resources given to the client in accordance with professional standards and organizational policy.

A nurse should not ignore a request for information about medical assistance in dying. A nurse should never minimize a client's request or feelings surrounding their health status and life circumstance as this could cause a client to feel abandoned or ashamed.

Nurses should also take time to reflect on their personal stance concerning medical assistance in dying well before it applies in their practice environment. Employers and nursing staff will be better prepared to support clients as a team if they reflect on and discuss a suitable, fair and compassionate approach that will support both clients and the health-care team. Consider the following scenario:

Scenario:

Tina is a nurse who works on a palliative care unit. A client she works with has requested medical assistance in dying. The Provincial Medical Assistance in Dying Clinical Team has been working with the client to accommodate the request. Tina objects to medical assistance in dying and has avoided participating in the request, including discussing it with the client and family. On the day of the client's medically assisted death, Tina calls in sick for her shift due to moral distress related to the medically assisted death.

Questions to consider:

- What moral and ethical principles are involved here?
- What are the potential implications of Tina calling in sick for her shift?
- What could Tina have done differently to address her moral objection?
- What role(s), if any, does an employer have if a nurse has a conscientious objection?

Discussion:

Some of the moral and ethical principles involved with this scenario include:

- duty to provide care;
- conscientious objection;
- responsibilities and accountability;
- fairness;
- equality and equity; and
- right to access treatment.

Tina refers to her professional code of ethics and recognizes some of the moral and ethical principles that are involved in a situation like this. By doing so, she will be better equipped to make an informed decision about whether she is prepared to participate in medical assistance in dying.

If nurses do not reflect on where they stand with medical assistance in dying, it may impact their ability to provide care to a client who has requested it. In the above scenario, Tina calling in sick may have placed an additional burden on her colleagues and potentially compromised the care of other clients.

If a nurse is uncomfortable with the idea of participating in medical assistance in dying, they should raise this concern with their employer. From here, the nurse and employer can think of ways the nurse can still provide quality care to clients while not contradicting their personal objections and professional obligations. It is also a shared responsibility between the nurse and employer to ensure they are aware of those nurses who may have a conscientious objection and to find ways to work with nurses to balance the duty to provide care while allowing them to morally object to the medically assisted death.

When to Provide Information on Medical Assistance in Dying

Nurses can provide information on medical assistance in dying. S. 241, (5.1) of the *Criminal Code* states "For greater certainty, no social worker, psychologist, psychiatrist, therapist, medical practitioner, nurse practitioner or other health care professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying."

Nurses who provide clients with information about medical assistance in dying should ensure the information they are providing is correct and should not guess or speculate. Where unsure, the nurse should consult with reliable sources of information. Nurses should also remain as neutral as possible and not advocate for or against medical assistance in dying when speaking with a client as nurses must be mindful not to encourage a client to seek MAID.

Nurses must continue to support the client and feel free to openly discuss a client's concerns, feelings, desires and any unmet needs they may identify. Although most discussions about medical assistance in dying as an option will be provided by the client's physician, registered nurse (nurse practitioner), or the MAiD team, there may be circumstances where the nurse is in a position to provide information based on a client's request for information obtained as an explicit request or as a result of a nurse's assessment of the client's needs, circumstances, preferences, values, abilities and culture. Even though a client may express thoughts of suicide (suicidal ideation) or expresses a wish to die, it is important to recognize that this may not be a request for information on medical assistance in dying. If a nurse has doubts or is unsure if a client is requesting information about medical assistance in dying they should take the time to allow the client to express their thoughts, feelings and concerns in order to clarify the client's request for information as part of the assessment process. If still unsure, nurses are encouraged to consult with the health care team or refer to another available and knowledgeable health care provider prior to providing information.

Consider the following scenario:

Scenario:

Meredith, a home care nurse, is seeing Jack, a client in the community who lives alone, has chronic obstructive pulmonary disease and is on home oxygen. He is quite limited in his ability to care for himself and has previously shared with her he feels he does not have good quality of life. Today, Jack says to Meredith: "I can't do this anymore. I just want this to be over." Meredith thinks he may be talking about medical assistance in dying but recognizes the words he uses do not specifically request information about medical assistance in dying. She spends some time with him talking about what he means, exploring his suffering and during the conversation Jack says: "I want help to die". Meredith recognizes this statement as a request for information about medical assistance in dying and asks Jack if he is familiar with the legislation around requesting medically assisted death. Meredith is careful to provide only factual information, not advice, and to choose language that does not suggest she is recommending or encouraging Jack to choose medically assisted death. After hearing the information Meredith has shared Jack says: "Yes, that's what I want". Meredith connects Jack with the provincial medical assistance in dying clinical team.

Questions for reflection:

- If Jack had initially said "I want to die", would that statement be an explicit request for medical assistance in dying?
- Why is documentation important?
- How might providing information about medical assistance in dying before clarifying with the client their request for this information impact the client?

Discussion:

Meredith has attended a few education sessions on medical assistance in dying and has reviewed the documents on her respective College's website but is unsure how she feels about assisted death. She recognizes it is her responsibility to provide client-centered care and document her conversation with Jack. When documenting, Meredith should ensure her documentation:

- includes details of the request for information on medical assistance in dying; and
- the actions Meredith took to fulfill the request.

If Meredith was unsure if Jack was requesting information or if there are unmet concerns or care needs Meredith should collaborate with Jack's health care team to explore his concerns and unmet needs further.

Interpreting the Codes and Standards

The codes of ethics and standards of practice[2] documents act as guides for conduct and professional practice. This means that while they provide meaningful guidance for nursing practice, they are also open to interpretation.

[2] This refers to the respective standards of practice and codes of ethics of all three regulated nursing professions in the province of Manitoba.

The nursing regulatory bodies acknowledge that this direction may provide some confusion as nurses may feel that they are not meeting the standards or codes of ethics when they normally provide information to assist the client with informed-decision making. Some of these principles can be found in each of the codes of ethics and standards of practice documents including:

- providing safe, competent and ethical care,
- informed decision-making,
- justice,
- client-centered approach,
- honesty and integrity; and
- collaboration.

It is a criminal offence to counsel a person to commit suicide. In the *Criminal Code*, "counsel" is defined as to procure, solicit or incite. Therefore, it may be considered a criminal offence if a nurse initiates a conversation about medical assistance in dying with a client. However, it is not a criminal offence for a health-care professional to provide information on the lawful provision of medical assistance in dying. This means when the client raises the subject, a nurse can carefully explore what they mean and offer information about medical assistance in dying if that is what the client was referring to.

Ineligibility for Medical Assistance in Dying

There are exceptions to who can access medical assistance in dying. At this time, the following persons are not eligible for this service:

- Those under the age of 18 years (minors);
- Those with a mental illness as the sole underlying condition;
- Those with an advanced care directive or advanced care plan who have requested medical assistance in dying as part of the plan or directive and who do not otherwise meet the criteria; and
- Those who do not meet the eligibility criteria.

Eligibility and safeguards continue to be reviewed and are evolving over time. If a nurse is presented with a situation that involves one or more of these exceptions, the nurse is encouraged to consult with their health-care team, regulatory body, employer or provincial medical assistance in dying clinical team prior to providing information. Consider the following scenario:

Scenario:

A client has a long-standing history of mental health issues, including a diagnosis of major depressive disorder. This client informs the nurse providing care that he is experiencing thoughts of self-harm and wants to kill himself because the emotional and psychological pain is intolerable.

Questions to ask:

- How can the nurse address the client's pain and suffering?
- Should the nurse provide the client with information on medical assistance in dying?

Discussion:

Regardless of the nature of the request, nurses need to be open to discussing a client's pain and suffering. In this context, having these discussions allows for open communication and builds on the therapeutic relationship. There are some important issues for the nurse to consider and attend to including:

- Initiating a plan for the client's safety (including unit protocols);
- Continuing discussions addressing the client's pain and suffering;
- Any medications to be administered;
- Referrals to other providers; and
- Documentation of conversations between the nurse and client and any interventions.

In this scenario, it would be **inappropriate** for the nurse to initiate any discussion on medical assistance in dying even though the client has expressed a desire to end his life. Instead, the nurse should:

- Engage the client in meaningful communication to clearly understand his health needs.
- Continue using nursing assessment skills with empathy, respect and compassion.
- Reinforce the nurse's commitment to support and help the client with his care needs.

Nurses should be open to discussing issues related to pain and suffering without offering medical assistance in dying. If a client makes a request to access medical assistance in dying and they clearly do not meet the eligibility criteria that nurse could review the criteria and discuss them with the client. It would also be appropriate for the nurse to refer the client to their attending physician or to the provincial medical assistance in dying clinical team.

Limitations to the Nurse's Role

The *Criminal Code* provisions on medical assistance in dying (formerly referred to as Bill C-14) only permit a physician or nurse practitioner to administer the substances that will cause death. A nurse may aid the authorized provider but a nurse shall **not** administer the substance.

Participating in a Medically Assisted Death

Once a nurse has decided to participate in a medically assisted death, they may perform a variety of interventions as directed by the authorized health-care provider. While continuing to adhere to their nursing profession's standards of practice and code of ethics, a nurse may perform interventions such as:

- Explaining the process of the medically assisted death to clients, the client's personal supportsand other health-care providers (i.e. eligibility and competency assessments, timeline, etc.);
- Acting as an independent witness for requests for medical assistance in dying provided they

meet requirements (see page 9) and follow employer policy;
- Coordinating the time and place of the medically assisted death with the client, their personal support people, the facility and other health-care providers as necessary;
- Participating in the assessments for competency and eligibility with a physician or nurse practitioner;
- Ensuring the medical examiner's office is aware of the approaching medically assisted death including its location, and ensuring the letter of anticipated death is in the home as applicable;
- Arranging for or providing psychosocial support to the client's personal supports and/or health-care providers;
- Establishing and maintaining intravenous access;
- Being present at the time of the medically assisted death to support the authorized health provider, the client and/or the client's support people;
- Preparing the equipment for administration. For client self-administration, the client may need aid from a nurse in preparing to take the substances but the client must be the one self-administering the substance or medication;
- Preparing the body for the funeral home (if necessary);
- Debriefing the client's support people as needed;
- Debriefing the staff at the facility if the medically assisted death occurred in facility; and
- Providing or arranging care for the client's support people and/or other health-care providers following the medically assisted death.

Documentation

Nurses are expected to document any client interaction regarding medical assistance in dying or communication with health-care team members in the client health record. Further, nurses who are participating in medical assistance in dying should clearly document the following in the health record:

- Any conversations with the client about the pain and suffering they are experiencing;
- Any client request for information on medical assistance in dying and the information provided; and
- Any aid they provided to the physician or nurse practitioner during the medical assistance in dying medically assisted death;

Documentation related to a medically assisted death must follow professional standards, organizational policies and applicable documentation guidelines.

Medical assistance in dying remains a sensitive topic that may involve varied perspectives. Nurses must maintain the privacy and confidentiality of clients and families who are involved in a medically assisted death. This includes respecting the client's wishes about communicating with their family and/or support people.

Guidance for Employers

Employers should expect questions from staff about medical assistance in dying. Employers are encouraged to read the resource on process and eligibility questions that is available on the provincial medical assistance in dying clinical team's website at https://sharedhealthmb.ca/services/maid/.

Medical assistance in dying is an involved process with several steps. It may be helpful for staff to reflect individually or with a group when considering their participation. Nurses may want to ask themselves the following questions:

- How will I respond if I am asked about medical assistance in dying?
- What are some ways I may be asked about medical assistance in dying?
- Am I prepared to engage in discussion with a client who has expressed a wish to die?
- Do I know enough about the process to educate clients and their families?
- Do I know where to find process/eligibility information?
- Am I comfortable making a referral to the provincial medical assistance in dying clinical team?
    - Am I comfortable sharing the provincial medical assistance in dying clinical team's contact information with clients and/or their families?; or
    - Would I pass along a client's request for information and/or interest to a supervisor?
- If a client asks me to be present during their assessments for eligibility, am I willing to do so?
- If a client asks me to be present during their medically assisted death, am I willing to do so?

It is important to recognize that nurses will have different levels of comfort and/or objection to the different steps leading up to the medically assisted death and the medically assisted death itself. Nurses are responsible to reflect and recognize their personal values and beliefs about medical assistance in dying, and to inform their employer if they have a conscientious objection to participating in any steps of the process.

It is crucial that the care the client receives does not change because they ask about assisted death. Some ways clients may perceive change in care include: less frequent check-ins by staff, shorter duration of assessments/check-ins and staff declining to discuss end of life plans.

There are several resources that nurses and employers can use to navigate the assisted dying process:

- Contact the provincial medical assistance in dying clinical team by phone at 204-926-1380 or email at maid@sharedhealthmb.ca
- Visit the provincial medical assistance in dying clinical team website at sharedhealthmb.ca/services/maid
- Reach out to the appropriate nursing regulatory College:
    - College of Licensed Practical Nurses of Manitoba clpnm.ca
    - College of Registered Nurses of Manitoba crnm.mb.ca
    - College of Registered Psychiatric Nurses of Manitoba crpnm.mb.ca
- Review regional or facility policies regarding medically assisted deaths.

Medical assistance in dying as a legal option is new in Canada, but talking with clients and families about end-of-life and even the wish to die is not new. This means that end-of-life conversations do not have to change. Nurses are not mandated to participate in medical assistance in dying; however, nurses are obligated to respond to a client's inquiry by acknowledging it and passing it on to a supervisor, manager or chief nursing officer depending on their employer's policy.

Frequently Asked Questions

Can I provide information to clients about medical assistance in dying?

The *Criminal Code* permits health-care professionals, including nurses, to provide information about the lawful provision of medical assistance in dying to a client. You can provide information, engage in discussions and educate your clients about medical assistance in dying once a client has asked about it. However, nurses cannot encourage, advise, suggest, recommend, or in any way seek to influence a client to end their life.

When do I need to have additional education for medical assistance in dying?

Nurses are required to practise within their own level of education, training and individual competence. You require a level of knowledge about medical assistance in dying that allows you to appropriately answer a client's questions and ensure they receive appropriate nursing care.

If there is a client within your practice environment who is preparing for a medically assisted death and who you may be expected to provide direct care to, you are required to have the necessary knowledge to do so safely, competently and ethically. In this scenario, you would be expected to familiarize yourself and be knowledgeable about the relevant federal and provincial regulations, professional regulatory college standards, and your employer's guidelines and organizational policies.

Can I start an IV or PICC line for a client that will be used for medical assistance in dying?

Yes, as long as you are practising within your professional scope of practice and individual competence. Nurses can assist a physician or nurse practitioner to provide medical assistance in dying in accordance with the law. This may include inserting an intravenous or peripherally inserted central catheter that will be used to administer medications that will cause the death of a client.

Am I allowed to hand syringes of medications to a physician or nurse practitioner that they will administer to end a client's life?

Yes. In accordance with the law, this would be considered aiding the authorized administering provider with the medically assisted death. **Only the physician or nurse practitioner may administer the substance(s) to perform medical assistance in dying.**

If the IV team is called to start the IV for a client for the purposes of administering medical assistance in dying, should the IV nurse be told the purpose? Would this be breaching the client's confidentiality?

Informing the IV team about the purpose for the IV start would be appropriate because they are involved in the client's care.

It's possible the IV nurse may have a conflict with this based on their basic values and beliefs. Providing information to the IV team in advance may prevent a potential conflict for that nurse on the basis the nurse has a conscientious objection to medical assistance in dying.

If the IV nurse has a conscientious objection to participating, it may delay the start of an IV as the client's care would need to be transferred to another nurse. In this case, let the client know that other health-care team members, such as the IV team, will need to be informed since any care they provide may legally be

considered participating in a medically assisted death. Assure the client that this information will be disclosed only as necessary to those who are involved in their care. Nurses must be aware of and follow any organizational policies related to client privacy.

My client wishes to have a medically assisted death. I want to care for them and support their family, but I don't want to be present for the medication infusion and their death. Can I start their IV and then leave the room?

Yes. However, you should openly communicate this with your employer ahead of time to ensure the client will continue to receive high quality, coordinated and uninterrupted care.

Having open discussions with your employer in advance helps ensure a clear and smooth handover of client responsibilities. It also prevents any unnecessary confusion, stress, or worry on the client and their family when another nurse provider enters the client's bedside.

Can I refuse to provide a client with information about medical assistance in dying if I have a conscientious objection to doing so?

While you may not want to provide information based on your values and beliefs, you cannot prevent your client from accessing information about medical assistance in dying. This is not the time for a nurse to share their personal objection with the client. A nurse is still obligated to ensure the client is safe and that their suffering is addressed as soon as possible. Nurses should acknowledge the client's request by:

- exploring the client's suffering in a caring and compassionate manner,
- collaborating with colleagues and the employer to meet the client's needs,
- exploring their own feelings about participating in medical assistance in dying, and
- making referrals as appropriate.

The *Criminal Code* also allows for a physician or nurse practitioner to provide or prescribe to a person, at their request, so that they may self-administer the substance to cause death. Am I allowed to pass these medications to the client?

Yes. The law provides an exemption for persons assisting a client to "do anything, at another person's explicit request, for the purpose of aiding that other person to self-administer a substance that has been prescribed for that other person as part of the provision of medical assistance in dying".

If a nurse is asked to participate in a medically assisted death and is comfortable doing so, they must ensure the client meets eligibility criteria for a medically assisted death in Canada.

A physician has asked me to participate in the assessment of a client who is requesting a medically assisted death. Am I allowed to?

Yes. You may do this if you are comfortable doing so and if the client agrees to your presence.

I work in a facility where medically assisted deaths have been performed. Am I allowed to be a witness to a client's signing of an official request to a medically assisted death?

Paid providers of health care services or personal care services who provide these services as their primary occupation may act as an independent witnesses to a client signing a formal request for a medically assisted death as long as they do not:

- know or believe that they are a beneficiary under the will of the person making the request or would benefit from the client's death;
- own or operate the facility where the client resides or is receiving care;
- act as the medical practitioner or nurse practitioner who will provide medical assistance in dying to the person;
- act as the medical practitioner or nurse practitioner who provided an opinion confirming eligibility for medical assistance in dying.

Some employers in Manitoba may have additional policy related to who may witness. Nurses must be aware of employer policies and take reasonable steps to support access to care.

Is a nurse obligated to voice a conscientious objection and must the employer accommodate a conscientious objection?

Yes. This is a shared responsibility between the nurse and employer. The nurse must let their employer know they have a conscientious objection so that the employer can make accommodations for the nurse while assuring care for the client continues (e.g. staff scheduling on the day of the assisted death). Even though a nurse may have a conscientious objection, this does not absolve them from providing day-to-day care or acknowledging a request for medical assistance in dying. Nurses are responsible to reflect and recognize their personal values and beliefs about medical assistance in dying, and to inform their employer if they have a conscientious objection to participating in any steps of the process.

It is also important for employers to recognize that nurses will have different levels of comfort and/or objection to the steps leading up to the medically assisted death and the medically assisted death itself. It is the responsibility of the employer to acknowledge and address any conscientious objections raised by nursing staff and to accommodate these requests as much as reasonably possible.

The most important piece is for both the nurse and employer to be open to discussions about medical assistance in dying and to encourage dialogue. This will lead to a greater understanding of employer expectations surrounding medical assistance in dying and will allow employers to be aware of any potential issues surrounding an assisted death in their practice area or facility.

Can a family member or proxy make a request on behalf of the client for their medically assisted death?

No. The law requires that the person's request for medical assistance in dying be made in writing, signed and dated by the person requesting it. If the person is unable to sign, another person may sign on their behalf in the person's presence and **under the person's express direction** as long as the other person:

- is at least 18 years of age,
- understands the nature of the request, and
- does not know or believe that they are the 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.

Eligibility criteria for a medically assisted death requires that the person is able to provide 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.

The law requires that the client give express consent and have the opportunity to withdraw their request up until immediately before a medically assisted death. Family members or proxies are not legally permitted to make the decision or provide consent on behalf of the client for a medically assisted death at any time.

Advanced directives (also known as living wills), allow for explicit instruction on consent or refusal of treatment in specified circumstances. They may also be used to appoint or designate a substitute decision-maker to consent or refuse treatment or care in the event a person becomes incapacitated. Because the law requires the person's direct express consent, medical assistance in dying cannot be provided on the authority of an advanced directive.

Resources

- *College of Licensed Practical Nurses of Manitoba: Standards of Practice*
- *Standards of Practice for Registered Nurses*
- *Standards of Psychiatric Nursing Practice*
- *College of Licensed Practical Nurses of Manitoba: Code of Ethics*
- *Code of Ethics for Registered Nurses* (2008 Centennial Edition)
- *College of Registered Psychiatric Nurses of Manitoba: Code of Ethics*
- Medical Assistance in Dying: What Every Nurse Should Know (Canadian Nurses Protective Society)
- *Responding to Patient Questions about Assisted Death: Ethics Issue Quick Reference Guide* (Manitoba Provincial Health Ethics Network)
- *Bylaw 11: Standards of Practice of Medicine* (College of Physicians and Surgeons of Manitoba)
- *Criminal Code (R.S.C., 1985, c. C-46)*

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