

2016

**REGISTERED NURSES
AND
NURSE PRACTITIONERS - AIDING IN
MEDICAL ASSISTANCE IN DYING**



Association of
Registered Nurses
of Newfoundland
and Labrador



This document was approved by
the ARNNL Council in July 2016.
Revised January 2019.

This document has been revised to coincide with the ARNNL Council approval of the Regulatory Document: Nurse Practitioners Providing MAID (2018).

Update (as of January 2019):

Based upon the Provincial Government's recent feedback and requirements for completion of the death registration, NPs in Newfoundland and Labrador (NL) are now authorized to complete the death registration where medical assistance in dying (MAID) has been provided to a client.

However, RNs in NL are still not authorized to complete the death registration form where MAID has been provided to a client.

RNs and NPs in NL have and will continue to be central care providers in end-of-life care and may inevitably be involved in the care to clients and their families who request MAID. This *Regulatory Document* provides direction for RNs and NPs in relation to regulatory responsibilities for aiding in MAID. In addition, RNs and NPs must adhere to all other legislation, standards, ethical codes, and current policies and guidelines relevant to his/her practice. The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) through the *Registered Nurses Act, 2008* is granted authority "to advance and promote the ethical and professional standards of the nursing profession" and "to promote proficiency and competency in the nursing profession". Thus ARNNL is accountable to authorize the role that RNs and NPs have in aiding in MAID.

With the evolving implementation and interpretations of MAID in NL, ARNNL will keep members apprised of any changes/updates to their regulatory responsibilities.

This Document's content reflects a Scope of Practice of RNs and NPs (who choose not to provide MAID) that is limited to Aiding in MAID.

An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) S.C. 2016 c.3

On June 17, 2016 Bill C-14 became law. Bill C-14 amended the Criminal Code by creating an exemption from criminal prosecution for healthcare providers, including RNs and NPs, participating in MAID. Two forms of MAID are permitted under the Criminal Code:

- (1) The administration of a substance to a person, at their request, to cause their death;
- (2) The prescription or provision of a substance to a person, at their request so that they may self-administer the substance.

Role of RN and NP in MAID

On June 7, 2018, ARNNL Council approved a change to the Scope of NP Practice and authorized NPs to provide MAID in NL. There may be situations where the NP chooses not to provide MAID. In these situations, the NP's scope of practice is consistent with the RN scope of practice in MAID, and as such, is limited to aiding in the provision of MAID.

In aiding in MAID, the RN and NP may participate in providing nursing care and perform activities within their scope of practice such as providing information about MAID upon the client's request to clients/families, providing support to clients and families, inserting an intravenous line (with an order); and/or preparing the medication(s) for MAID.



Conscientious Objection

The ARNNL recognizes an RN's or NP's freedom of conscience. RNs and NPs practice in accordance with the Canadian Nurses Association (CNA) Code of Ethics (2008) which serves as the foundation for nurses' ethical practice. When faced with a situation where an RN or NP experiences a conflict with one's conscience they reflect on their ethical responsibilities:

If nursing care is requested that is in conflict with the nurse's moral beliefs and values but in keeping with professional practice, the nurse provides safe, compassionate, competent and ethical care until alternate care arrangements are in place to meet the person's needs or desires. But nothing in the Criminal Code compels an individual to provide or assist in providing medical assistance in dying. If nurses can anticipate a conflict with their conscience they have an obligation to notify their employers or persons receiving care (if the nurse is self-employed), in advance so that alternate care arrangements can be made. (CNA Code of Ethics, 2017, p.17).

RNs and NPs may have beliefs and values that differ from those of a client and may not be comfortable aiding in MAID. The law does not compel an RN or NP to aid in MAID. RNs and NPs whose practice environments include aiding in MAID, and who determine that MAID is in conflict with their beliefs and values, should inform their employer of their conscientious objection. Nurses can work with their employers to identify an appropriate, alternative care provider. RNs or NPs who conscientiously object should transfer the care of a client to another RN or NP or health care provider who can address the client's needs. Until a replacement caregiver is found, an RN or NP must continue to provide safe, competent, compassionate and ethical care that is not related to activities associated with MAID, in accordance with the client's care plan.

In addition, conscientious objection must not be directly conveyed to the client/family and no personal moral judgments about the beliefs, lifestyle, identity or characteristics of the client should be expressed.

Further guidance on raising a conscientious objection can be found in the Canadian Nurses Association Code of Ethics (2017), Section G7, and Appendix B: *Ethical Considerations in Addressing Expectations that are in Conflict with One's Conscience*.

RNs and NPs Considerations

There are a number of important considerations that RNs and NPs contemplating **aiding** in MAID must take into account:

1. Physician(s) prescribe and/or administer the substance(s). In this situation, an RN or NP may aid by inserting an intravenous line (with an order), preparing the medication or providing support to patients/clients and family. However, an RN or NP shall **NOT** administer the substance even with an order from a physician or under direct supervision.
2. The revised law stipulates that MAID must be provided in accordance with "reasonable knowledge, care and skill and in accordance with any applicable provincial laws, rules or standards". This means that failure to comply with any federal law, provincial law, rule or the standard of care may nullify the exemption in aiding in MAID. RNs and NPs as part of the team must be aware of all the necessary conditions set out in section 241.2 of the Criminal Code (see Appendix A). According to the Canadian Nurses Protective Society (CNPS), for the most part, this can occur by: reviewing the chart to determine whether documentation clearly indicates that all requirements have been met; and/or inquiring directly with the physician(s) providing MAID. In either scenario, the nurse shall document in the client's chart their role in aiding in MAID.



3. The revised law permits all health-care professionals to provide information about the lawful provision of MAID to a patient/client. However, subsection 241(1)(a) of the *Criminal Code* stipulates that it is a criminal offense to “counsel” a person to die by suicide. It is important for RNs and NPs to understand that there is a difference in the context in which the term “counsel” is being used in MAID and the therapeutic relationship. It is important for RNs and NPs to be mindful of the two definitions of counselling:

- Under the Criminal Code, “counsel” includes “procure, solicit and incite”. RNs and NPs shall only provide information on MAID on the client’s explicit request. RNs and NPs should not initiate a discussion on MAID with clients because this may be interpreted as counselling under the Criminal Code.
- In a therapeutic relationship “counsel” is used by RNs and NPs as a means of communication, information sharing, active listening, client education and the provision of psychological support. RNs and NPs must still have conversations with clients/families to address underlying needs related to MAID. RNs and NPs provide timely information to clients upon their request for information regarding MAID.

Documentation of any interaction with clients is always an expectation of practice along with communication with the health-care team members regarding client needs. RNs and NPs shall follow documentation policies in their organization.

4. If RNs and NPs should elect to aid in MAID, it is advisable to:

- familiarize themselves with the wording of the new *Criminal Code* provisions;
- review any guiding documents from other regulatory bodies (i.e. the College of Physicians and Surgeons of NL, the Newfoundland and Labrador Pharmacy Board);
- determine the employer’s position in permitting MAID in the employment setting and be aware of any applicable policies, guidelines, procedures and/or processes in place to guide the nurse’s practice in MAID;
- review current Canadian Nurses Protective Society (CNPS) resources related to MAID; and
- seek legal advice as needed to understand the relevant provisions of the *Criminal Code* and other laws (CNPS, 2016).

Areas for Future Research Related to MAID

There are other issues that are not addressed in the revised law. These issues which have been identified by the Special Joint Committee on Physician-Assisted Dying have unique risks and considerations that need further examination. These issues include:

- mature minors, which include young persons who:
 - have not reached adulthood (for this legislation, adulthood means 18 years of age)
 - are mature enough to consent to medical care
- people who suffer from mental illness only
- advance requests for this service to be carried out when a person is no longer able to:
 - make health care decisions
 - express their wishes

The new legislation requires the federal government to conduct further studies to examine the legal, medical and ethical questions around these situations. The results of these studies will help to inform future reviews of the legislation.



Consultation

ARNNL is available to assist RNs and NPs in relation to their regulatory requirements related to MAID. ARNNL can provide information on the standards of practice, the code of ethics, and scope of practice to assist RNs and NPs with issues related to their practice. Additional resources related to MAID are also available on ARNNL's website.

To access *An Act to Amend the Criminal Code and to make related amendments to other Acts* (medical assistance in dying) the following link is provided:

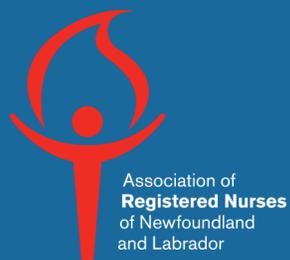
http://laws-lois.justice.gc.ca/PDF/2016_3.pdf



Resources/References

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