

Medical Assistance in Dying (MAiD) Practice Guideline

2017
(Revised 2018)



COLLEGE OF
LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR
LPNS - A PRACTICAL APPROACH TO QUALITY CARE



The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) has the legislated responsibility, in accordance with the *Licensed Practical Nurses Act* (2005), to regulate the practice of Licensed Practical Nurses (LPNs) in Newfoundland and Labrador. The mission of CLPNNL is to protect the public by actively promoting safe, competent, and ethical nursing care.

USING THIS DOCUMENT

Practice guidelines are documents that outline the LPN's accountability in specific practice contexts. These guidelines reflect relevant legislation and are designed to assist LPNs to understand their responsibilities and legal obligations. This practice guideline will describe the CLPNNL's expectations for LPNs in relation to Medical Assistance in Dying (MAiD).

INTRODUCTION

Legislation regulating the provision of Medical Assistance in Dying (MAiD) (Bill C-14) was passed by the federal government on June 17, 2016. Bill C-14 allows for eligible individuals to receive medical assistance in dying. In addition, it establishes safeguards to protect clients and provides protection for health care providers who participate in MAiD within the parameters of the legislation.

WHAT IS MAiD?

MAiD refers to (Section 241.1 of the *Criminal Code*¹):

- (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.

THE NURSING ROLE IN MAiD

Nurses have a significant role in providing end of life care to clients and their families, whether the process is medically assisted or not. Nurses must have the knowledge, skill, ability and judgement to provide safe, competent, ethical and compassionate end of life care. According to Section 241.2(7) of the *Criminal Code*¹, MAiD must be provided with knowledge, care and skill and in accordance with applicable laws, rules and standards.



THE CLPNNL PROVIDES THE FOLLOWING GUIDELINES FOR LPNs:

1. LPNs can aid in MAiD under the direction of a medical practitioner or nurse practitioner².
2. If requested, LPNs may support access to accurate and objective information about MAiD to clients so that they may make informed decisions about their care.
3. LPNs must not initiate³ a discussion on MAiD with clients.
4. LPNs must have the knowledge, skill, ability and judgement to provide safe, competent, ethical and compassionate end of life care.
5. If the LPN has reason to believe that the client does not meet the eligibility criteria, or all mandatory safeguards are not in place, the LPN must immediately discuss this with the client's health care team.
6. LPNs can insert an intravenous line that will be used for the administration of the medication that will cause death.
7. LPNs are **NOT** authorized under any circumstances to administer the substance that causes the death.
8. LPNs can be present to provide end of life nursing care during the administration of the medication that will cause death.
9. LPNs must document their involvement in MAiD in accordance with the standards of practice and employer policy.

ELIGIBILITY FOR MAiD

Determining eligibility for MAiD is the responsibility of the medical practitioner or nurse practitioner. LPNs should be aware of the criteria but are not permitted to determine the client's eligibility for MAiD.

As outlined in Section 241.2(1) of the *Criminal Code*¹, a person may receive medical assistance in dying only if they meet all the following criteria:

- (a) 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;
- (b) they are at least 18 years of age and capable of making decisions with respect to their health;
- (c) they have a grievous and irremediable medical condition;



- (d) they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure;
- (e) 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.

SAFEGUARDS

Section 241.2(3) of the *Criminal Code*¹ identifies the following safeguards that must be met before an eligible person can receive medical assistance in dying.

Before a medical practitioner or nurse practitioner provides a person with medical assistance in dying, the medical practitioner or nurse practitioner must:

- (a) be of the opinion that the person meets all of the criteria set out in subsection (1);
- (b) ensure that the person's request for medical assistance in dying was:
 - (i) made in writing and signed and dated by the person or by another person under subsection (4); and
 - (ii) 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;
- (c) be satisfied that the request was signed and dated by the person — or by another person under subsection (4) — before two independent witnesses who then also signed and dated the request;
- (d) ensure that the person has been informed that they may, at any time and in any manner, withdraw their request;
- (e) ensure that another medical practitioner or nurse practitioner has provided a written opinion confirming that the person meets all of the criteria set out in subsection (1);
- (f) be satisfied that they and the other medical practitioner or nurse practitioner referred to in paragraph (e) are independent;
- (g) ensure that there are at least 10 clear days between the day on which the request was signed by or on behalf of the person and the day on which the medical assistance in dying is provided or — if they and the other medical practitioner or nurse practitioner referred to in paragraph (e) are both of the opinion that the person's death, or the loss of their capacity to provide informed consent, is imminent — any shorter period that the first medical practitioner or nurse practitioner considers appropriate in the circumstances;
- (h) 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; and



- (i) 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.

INDEPENDENT WITNESSES

Section 241.2(5) of the *Criminal Code*¹ states that any person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying may act as an independent witness, except if they:

- (a) 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;
- (b) 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;
- (c) are directly involved in providing health care services to the person making the request; or
- (d) directly provide personal care to the person making the request.

CONSCIENTIOUS OBJECTION

The LPN may decline to participate in MAiD if it conflicts with their moral beliefs and values. If the LPN chooses not to participate in MAiD, the LPN must notify the manager immediately so that alternate arrangements for nursing care can be made. The LPN's personal beliefs about MAiD should not be expressed to the client and/or family. The LPN must also continue to provide safe, competent, ethical and compassionate care in a professional, nonjudgmental, and non-discriminatory manner until alternative care arrangements can be made to meet the client's needs or wishes.



SUMMARY

LPNs have a significant role in providing end of life care to clients and their families, whether the process is medically assisted or not. LPNs must have the knowledge, skill, ability and judgement to provide safe, competent, ethical and compassionate end of life care. In the provision of nursing care, LPNs must practice according to applicable legislation, standards of practice and the code of ethics.

¹ An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), Assented to June 17, 2016, Bill C – 14. The Criminal Code can be accessed via <http://laws-lois.justice.gc.ca/eng/acts/C-46/page-53.html#wb-cont> or via <http://laws-lois.justice.gc.ca/eng/acts/C-46/FullText.html>

² In June 2018 the scope of practice for Nurse Practitioners in Newfoundland and Labrador was changed to include providing MAID. Association of Registered Nurses of Newfoundland and Labrador. (2018). Nurse Practitioners Providing Medical Assistance in Dying (MAID); St. John's: Author.

³ Criminal Code. (1985). Section 241 (1).





COLLEGE OF
LICENSED PRACTICAL NURSES
OF NEWFOUNDLAND AND LABRADOR
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

www.clpnnl.ca

209 Blackmarsh Road, St. John's, NL A1E 1T1
709.579.3843 • Toll Free 1.888.579.2576 • info@clpnnl.ca