

Medical Assistance in Dying (MAID)

This practice guideline was developed to help LPNs understand their professional accountabilities with respect to aiding in the provision of Medical Assistance in Dying (MAID).

Introduction

On June 17th, 2016, the federal government enacted legislation regulating the provision of medical assistance in dying, when specific criteria are met. These changes to the *Criminal Code* allow for eligible people 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 Medical Assistance in Dying (MAID)?

MAID refers to the process (Section 241.1 of the *Criminal Code*) where, at the client's request, a Nurse Practitioner (NP) or Physician:

- Prescribes and administers a medication to the client that causes their death; or
- Prescribes or provides a medication to the client so that the client may self-administer the medication and in so doing cause their own death.

The Licensed Practical Nurse Role in MAID

The legal changes which allow clients to choose MAID when certain criteria are met, does not change the key role that LPNs play in end of life care, with the goal of a peaceful death. LPNs engage in conversations about end of life and help facilitate information to assist clients in making informed decisions. This role has not changed.

As with other nursing care, LPNs must ensure that they have the knowledge, skill, ability and judgement to provide safe, competent, ethical and compassionate end of life care. According to Section 241.7 of the *Criminal Code*, MAID must be provided with reasonable knowledge, care and skill and in accordance with applicable laws, rules and standards. Nurses who knowingly fail to comply with these legal requirements may be convicted of a criminal offence.

The SALPN provides the following guidelines for LPNs:

1. LPNs may provide assistance in MAID under the direction of a physician or nurse practitioner.
2. If requested, LPNs may support access to accurate and objective information about MAID to clients, so that they make informed decisions about their care.
3. LPNs should not initiate a discussion regarding MAID with clients as it may be interpreted as counselling a person to die or the client may feel pressured.
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 may 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 or prepare the substance that causes the death, even if requested by the provided NP/Physician and/or client.
8. LPNs may be present during the administration of the medication to provide holistic nursing interventions to meet the needs of the client and their family during the dying process;
9. LPNs must clearly document any discussions regarding MAID or involvement with MAID, including any care provided, in accordance with the standards of practice, and agency policy and applicable documentation guidelines.

**Despite any authorization to provide nursing care, LPNs must always restrict themselves to areas of practice in which they are competent to perform, that are appropriate to their area of practice and adhere to workplace policies and procedures.*

Client Eligibility for MAID

Only Physicians or Nurse Practitioners can assess a client's eligibility for and provide medical assistance in dying. 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*, a person may receive medical assistance in dying only if they meet all the following 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.

Grievous and Irremediable Medical Condition

As outlined in Section 241.2(2) of the *criminal code*, 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;
- that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
- their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining.

***If the LPN has reason to believe that the client does not meet the eligibility criteria described above, the LPN must immediately raise these concerns with the health care team, manager or others as necessary.*

Safeguards

The *Criminal Code* identifies a number of safeguards that must be met before an eligible person can receive medical assistance in dying. As a health care professional assisting in MAID, the LPN should be aware of these safeguards as well as any additional safeguards outlined in employer or agency policy.

As with client eligibility concerns, if the LPN has reason to believe that not all mandatory safeguards have been complied with, the LPN must immediately discuss these issues with the client's health care team, managers or others as necessary.

The safeguards in section 241.2(3) of the *Criminal Code* include, but are not limited to, the following:

- the client's request must be made in writing and signed and dated by the client
- the client's request must be signed and dated before two independent witnesses (see independent witness section page5)
- another NP or physician has provided a written opinion confirming that the client meets all of the eligibility criteria set out in section 241.2(1) of the *Criminal Code*
- there are at least 10 clear days between the day on which the request was signed by the client and the day on which MAID is provided or – if both NPs and/or Physicians assessing the eligibility criteria are of the opinion that the client's death, or the loss of capacity to provide informed consent, is imminent – any shorter period that the first NP/physician considers appropriate in the circumstances
- immediately before the provision of MAID, the NP or physician must give the client an opportunity to withdraw their request and ensure that the client gives express consent to receive MAID.

Witnessing a Written Request for MAID

The *criminal code* outlines that a request for medical assistance in dying must be signed by two independent witnesses. Health care providers who directly provide care to the recipient of medical assistance in dying are **not** permitted to act as independent witnesses under section 241.2(5) of the *criminal code*.

The client may ask a LPN to act as a witness to their signature on their written request for MAID. You may act as a witness as long as you:

- are aware that the document is a formal request for assisted dying;
- are not directly involved with providing health care services or personal care services to the client making the request;
- do not directly provide personal care to the client;
- are not or reasonably believe that you are not a beneficiary under the client's will or will receive a financial or other material benefit resulting from the client's death;
- are not the owner or operator of a health care facility where the client is being treated or any facility in which the client resides.

Conscientious Objection

LPNs are not required to participate in MAID if it conflicts with their moral beliefs and values (conscientious objection). Legislation does not force any person to provide or help in the provision of MAID. If the LPN chooses not to participate in MAID, the LPN must promptly notify the employer/manager so that alternate arrangements can be made. The LPN must continue to provide safe, competent, ethical and compassionate care until alternate care arrangements can be made to meet the clients needs or wishes.

As with all other aspects of nursing care, the LPN is expected to provide nursing services in a professional, non-judgemental and non-discriminatory way. The LPN must be mindful of the difference between exploring clinical options for client care and expressing personal opinions. This is particularly applicable when having discussions about MAID with the client or their family. The LPNs personal beliefs about MAID should not be directly conveyed to the client and/or family and no personal moral judgements 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 [Code of Ethics for LPNs in Canada](#).

Summary

LPNs provide important care to clients through all stages of their life span including end of life care. MAID legislation does not change LPN accountabilities as they relate to clients who are seeking advice or requiring palliative care. LPNs providing care to clients at end of life, whether medically assisted or not, will continue to use their Code of Ethics, in conjunction with professional standards and competencies, workplace policies and legal requirements to guide their practice and behaviours.

References

Criminal Code, R.S.C. 1985. c-34, s. 241 .1

College of Licensed Practical Nurses of Newfoundland and Labrador (2016). Medical Assistance in Dying Practice Guideline; St. John's: Newfoundland College of Licensed Practical Nurses

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College of Nurses of Ontario (2016). Guidance of Nurses' Role in Medical Assistance in Dying; Toronto: Ontario:College of Nurses of Ontario