



College of  
Registered Nurses  
of Manitoba

# RN(NP)s: Medical Assistance in Dying

## Introduction

The federal government enacted legislation allowing adults to receive medical assistance in dying if they suffer with a grievous, irremediable medical condition and meet legislated eligibility criteria.

No health-care provider is compelled to provide medical assistance in dying directly. However, they are expected to provide safe, compassionate, competent and ethical care if a client expresses interest in medical assistance in dying. Notwithstanding any conscientious objection, registered nurse (nurse practitioner)s or RN(NP)s are expected to understand and meet practice expectations within this practice direction whether care is provided in a facility or in a community location such as a person's home.

A client-centered inter-disciplinary team approach using evidence-informed protocols is paramount (e.g. [WRHA Medical Assistance in Dying Guidelines](#)).

## Purpose

Set practice expectations in the following areas:

- Response to expressions of interest by a client,
- Conscientious objection,
- Assess eligibility,
- Assess capacity,
- Ensure safeguards with the request, provision and consent,
- Apply reasonable knowledge, care and skill, and
- Document, monitor and report.

## Definition

**Medical assistance in dying** is defined in Canada's federal legislation as the administering by an RN(NP)<sup>i</sup> or medical practitioner of a substance to a person, at their request, that causes their death; or the prescribing or providing by an RN(NP) or medical 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<sup>ii</sup>.

## Practice Expectations

The practice expectations in this practice direction are embedded in the existing standards of practice and practice expectations for RN(NP)s, which include:

- Professional practice
- Professional communication
- Ethical practice
- Client-centered practice
- Collaborative care
- Follow up diagnosis and test results
- Practice environment
- Client records
- Use of knowledge, skill and judgment
- Consultation and collaboration
- Prescribing drugs and devices
- Ordering screening and diagnostic tests

RN(NP)s are expected to meet these practice expectations in all of their practice. Please refer to the College's website to review these.

In addition to practising in a manner consistent with the College's practice directions, *Code of Ethics* and other provincial and federal legislation, RN(NP)s must meet the following practice expectations:

### Response to Expressions of Interest

- 1) Use an evidence-informed guideline/protocol to ensure that your response to a client's expressions of interest about medical assistance in dying and your provision of care related to medical assistance in dying includes a team approach, comprehensive assessment and supportive care (e.g. [WRHA Medical Assistance in Dying Guidelines](#)).
- 2) Consult with qualified health-care providers if you do not have the knowledge, skill and judgment necessary to work with clients regarding medical assistance in dying (e.g. medical assistance in dying team: [wrha.mb.ca/maid/contact.html](http://wrha.mb.ca/maid/contact.html)).
- 3) Maintain continuity of client-centered care without promoting your own values or beliefs about medical assistance in dying with clients.
- 4) Include the client's family and natural support system in care insofar as the client consents to their involvement.

### Conscientious Objection

- 5) Anticipate, in advance as much as possible, whether you have any conscientious objection related to medical assistance in dying.
- 6) Base any conscientious objection upon moral concern, informed choice and not upon prejudice, fear or convenience.
- 7) If you conscientiously object to medical assistance in dying:
  - a) Express this sensitively and appropriately to your employer with as much advance notice as possible.
  - b) Continue to provide safe, compassionate, competent and ethical care until alternative arrangements are in place, if you already provide care to your client who subsequently requests medical assistance in dying. The provision of care includes, at a minimum, information about timely access to medical assistance in dying resources.

### Assess Eligibility

- 8) Assess eligibility to ensure that the person meets legislated criteria, which includes:
  - a) Eligibility, or would be eligible except for any applicable minimum period of residence or

waiting period, for health services funded by a government in Canada.

- b) Age of at least 18 years.
- c) Having a grievous and irremediable medical condition. A person has a grievous and irremediable medical condition if they meet all of the following criteria:
  - i) They have a serious and incurable illness, disease or disability;
  - ii) They are in an advanced state of irreversible decline in capability;
  - iii) 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
  - iv) 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.
- d) Making a voluntary request for medical assistance in dying that was not made as a result of external pressure.
- e) Giving informed consent to receive medical assistance in dying after having been informed of available means to relieve their suffering, including palliative care.
- 9) Ensure that another RN(NP) or medical practitioner has provided a written opinion confirming that the person meets all of the eligibility criteria set out in the legislation.
- 10) Ensure independence between yourself and the other RN(NP) or medical practitioner who will either provide medical assistance in dying or an opinion confirming that the person meets the eligibility criteria. That is, that either of you are not:
  - a) A mentor to the other practitioner or responsible for supervising their work;
  - b) Knowing or believing 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, other than standard compensation for their services relating to the request; or
  - c) Knowing or believing that they are connected to the other practitioner or to the person making the request in any other way that would affect their objectivity.

## Assess Capacity

- 11) Assess the client's capacity to understand information about medical assistance in dying in order to provide informed consent for medical assistance in dying, as evidenced by:
  - a) Retaining information about medical assistance in dying long enough to explain in their own words,
  - b) Weighing options for care according to their own values, and
  - c) Communicating their decision. Where the client experiences communication challenges, include a service provider who has expertise in augmentative communication (e.g. qualified translator or speech language pathologist with certification to act as a communication inter-mediary).
- 12) Note that assessment of capacity to make a decision in this regard is different from assessment of competency under the Manitoba government's *Mental Health Act* or *The Vulnerable Persons Living with a Mental Disability Act*.
- 13) In the event that you have any reasonable doubt as to the person's competence, seek an additional independent assessment by another qualified and specialized health-care provider (e.g. psychiatrist).
- 14) Where you do not have the competence to assess the person's decision-making capacity, consult with another qualified health-care provider who has the relevant expertise to assess the client's decision-making capacity for medical assistance in dying.

## Ensure Safeguards with the Request, Provision and Consent

- 15) Ensure that the person's request for medical assistance in dying is both:
  - a) Made in writing and signed and dated by the person or by another individual. Another individual is defined as an individual who is at least 18 years of age, understands the nature of the request for medical assistance in dying and does not know or believe they are a beneficiary under the will of the person making the request or any other financial or material benefit resulting from the person's death.
  - b) Signed and dated after the person was informed by an RN(NP) or medical practitioner that the person has a grievous and irremediable medical condition.
- 16) Be satisfied that the request was signed and dated by the person or by another individual, before two independent witnesses<sup>iii</sup> who then also signed and dated the request.

- 17) Ensure that the person has been informed that they may, at any time in any manner, withdraw their request.
- 18) 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 RN(NP) or medical practitioner 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 RN(NP) or medical practitioner considers appropriate in the circumstances.
- 19) Give the person an opportunity to withdraw their request and ensure that the person gives express consent to receive medical assistance in dying immediately before providing medical assistance in dying. Also:
  - a) if the person has difficulty communicating, take necessary measures to provide a reliable means by which the person may understand the information provided and communicate their decision, and
  - b) if the person requesting medical assistance in dying is unable to sign and date the request, another person may do so in the person's presence, on the person's behalf and under the person's express direction.
- 20) Before prescribing a substance intended for medical assistance in dying, inform any pharmacist who will dispense the substance that the substance is intended for medical assistance in dying.

## Apply Reasonable Knowledge, Care and Skill

- 21) Provide medical assistance in dying with reasonable knowledge, care and skill in accordance with any applicable provincial laws, rules or standards including availability from the time of medication administration until death occurs. As necessary, seek out training with respect to medical assistance in dying as well as aspects of care for expressions of intent and after-care.
- 22) Recognize that the provision of medical assistance in dying excludes ordering another health-care provider or person to provide or administer a substance that will cause medical assistance in dying.

## Document, Monitor and Report

- 23) Document in the client's health-care record all assessments, diagnoses, plans, care provided and evaluations that are relevant to your role.

## Resources

CNA (2008). *Code of Ethics for Registered Nurses*. [www.crnmb.ca](http://www.crnmb.ca).

Canadian Nurses Protective Society (2016). *Medical Assistance in Dying: What Every Nurse Should Know*. [www.cnps.ca](http://www.cnps.ca).

CPSM (2016). *Medical Assistance in Dying Schedule M attached to and forming part of By-Law No. 11 of the College*. <http://cpsm.mb.ca/>.

CRNM (2018). *Practice Expectations for RNs*. [www.crnmb.ca](http://www.crnmb.ca).

CRNM (2018). *Practice Expectations for RN(NP)s*. [www.crnmb.ca](http://www.crnmb.ca).

Government of Canada Department of Justice (2016). *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) S.C. 2016, c. 3*. [www.justice.gc.ca](http://www.justice.gc.ca).

Government of Canada (2016). *Medical assistance in dying*. <http://healthycanadians.gc.ca/health-system-systeme-sante/services/palliative-palliatifs/medical-assistance-dying-aide-medicale-mourir-eng.php>.

Manitoba Government (2016). *The Vital Statistics Act* (2016). <http://web2.gov.mb.ca/laws/statutes/ccsm/v060e.php#>.

WRHA (2016). *Medical Assistance in Dying*. [www.wrha.mb.ca/maid](http://www.wrha.mb.ca/maid).

<sup>ii</sup>Manitoba's *Vital Statistics Act* requires registration of death (death certificate); however, RN(NP)s are not currently included in the definition of medical practitioners who can complete and sign a death certificate. Therefore, to increase efficiency, avoid unnecessary delays and decrease family stress, arrangements should be made with a practitioner who can sign the death certificate, if the RN(NP) is going to administer or prescribe medical assistance in dying. If the RN(NP) cannot make arrangements for timely completion and signing of the death certificate, referral to another qualified practitioner should occur.

<sup>iii</sup>Independent witness: 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.

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<sup>i</sup>While federal legislation uses the term nurse practitioner, this practice direction uses the College title registered nurse (nurse practitioner) or RN(NP).

This is a practice direction. The Council approves practice directions which are written statements to enhance, explain, add or guide RNs with respect to matters described in the *College of Registered Nurses General Regulations* or any other matter relevant to registered nursing practice. Compliance with practice directions is required; these expectations also serve as a legal reference to describe reasonable and prudent nursing practice. It is the responsibility of all RN(NP)s to understand all practice expectations and be accountable to apply them to their own nursing practice, regardless of roles or practice settings. Responsibility is the duty to satisfactorily complete your obligations. Accountability means being capable to explain why you did or did not meet these expectations.

The policies of employers do not relieve individual RN(NP)s of accountability for their own actions or the primary obligation to meet standards and practice directions. An employer's policies should not require an RN(NP) to practise in a manner that violates practice directions.

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For more information please contact one of our practice and standards consultants at

**204-774-3477**

**800-665-2027 (Manitoba toll-free)**

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