



College of  
Registered Nurses  
of Manitoba

# Medical Assistance in Dying Guidelines for Manitoba Nurses: RN(NP) Supplement

## Introduction and Purpose

The Criminal Code of Canada outlines eligibility criteria and safeguards for medical assistance in dying.

General guidance for all nurses in Manitoba related to medical assistance in dying can be found in the tri-college document *Medical Assistance in Dying: Guidelines for Manitoba Nurses*. The purpose of this supplement is to provide additional clarity for RN(NP)s with regard to applying practice expectations within their extended authority to assess eligibility and provide medical assistance in dying.

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 provide care within the practice expectations outlined in:

Practice Expectations for RNs;

Practice Expectations for RN(NP)s;

Interprofessional Collaborative Care; and

Code of Ethical Conduct

## Applying the Practice Expectations

Through the course of providing care that meets federally legislated criteria and safeguards, as an RN(NP)s you

can demonstrate the practice expectations by doing the following:

### 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. Shared Health 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: <https://sharedhealthmb.ca/services/maid/>).
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:

- i) Express this sensitively and appropriately to your employer with as much advance notice as possible.

- ii) 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 outlined in Criminal Code 241.2 (1).
9. An important part of assessing eligibility is the determination of capacity to make the decision. When assessing capacity, 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:
  - i) Retaining information about medical assistance in dying long enough to explain in their own words,
  - ii) Weighing options for care according to their own values, and
  - iii) 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-mediator).
10. 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.
11. 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).

12. 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

13. Ensure specific safeguards for natural death foreseeable or natural death not foreseeable outlined in the Criminal Code of Canada are implemented and documented based on the assessment of the client.
14. When ensuring 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, ensure that either of you are not:
  - i) A mentor to the other practitioner or responsible for supervising their work;
  - ii) 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
  - iii) 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.

### Apply Reasonable Knowledge, Care and Skill

15. 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.
16. Recognize 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.

### Meet Prescribing Practice Expectations

17. 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.
18. Meet all prescribing expectations as outlined in the Practice expectations for RN(NP)s.

### Document, Monitor and Report

19. Document in the client's health-care record all assessments, diagnoses, plans, care provided and evaluations that are relevant to your role.
20. Meet all practice expectations related to client records as outlined in the Practice Expectations for RNs.

## Resources

[Criminal Code of Canada - Code 241](#)

[Medical Assistance in Dying \(MAID\) - Shared Health](#)

### College Resources

[Code of Ethical Conduct](#)

[Practice Expectations for RNs](#)

[Practice Expectations for RN\(NP\)s](#)

[Interprofessional Collaborative Care](#)

Published: 10/2021

Revised: 03/24

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