

# **ARNBC**

## **Medical Assistance in Dying – A Year in Review**

### **Presenter:**

**Laurel Plewes, MSN, RN  
Clinical Nurse Specialist**

**Assisted Dying Program, Vancouver Coastal Health**



**Association of Registered Nurses  
of British Columbia**



## Goal

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To provide participants with the most up-to-date information on the developments of MAiD across B.C., with a special focus in the context of nursing.





## Objectives

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1. Understand the changes to the *Criminal Code* and how they came about.
2. Discuss the eligibility criteria and process for MAiD.
3. Understand the role of the regulatory body within the context of MAiD, the current guidelines that exist for nurses.
4. Understand the role of Regional Health Authorities' policies and how they impact patients / nursing practice.
5. Articulate the challenges that have surfaced over the past year within the context of MAiD.
6. Understand the current developments and the future implications of MAiD for nurses and patients.



## Brief Background of MAiD

### September 30<sup>th</sup>, 1993

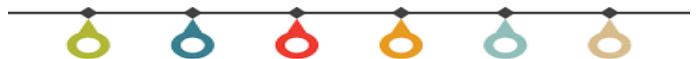
- Sue Rodriguez, who had argued for the right to end her own life by physician-assisted death was denied by the Supreme Court of Canada

### February 6<sup>th</sup>, 2015

- Supreme Court of Canada heard the case of Lee Carter and struck down the Criminal Code prohibiting physician-assisted death
- Federal government given one year to make legislative changes

### June 17<sup>th</sup>, 2016

- Bill C-14 passed received royal assent June 17<sup>th</sup> 2016
- June 2016, Canada became the fourth country to legalize medical assistance in dying





## Brief Background on Key events of MAiD

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- For those with “advanced stage of irreversible decline and will die in the foreseeable future, experiencing enduring physical or psychological suffering”
- Three populations left out, and government committed to further studying
- Council of Canadian Academies has been tasked to study the possible expansion of Criminal Code, eligibility criteria as requested by the Minister of Health and Minister of Justice and Attorney General of Canada





## Who is eligible?

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- Eligible to receive publically-funded health care services
- At least 18 years of age
- Made a voluntary request for medical assistance in dying
- Have given informed consent after being informed of means available to relieve suffering including palliative care
- Serious and incurable illness, disease or disability,
- Advanced state of irreversible decline in capability,
- Death is reasonably foreseeable,
- Experiencing enduring physical or psychological suffering that is intolerable and cannot be relieved under conditions that the patient considers acceptable



## Provincial Action

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BC Ministry of Health asked each Health Authority to ensure British Columbians had a way to access information about MAiD

Care Coordination Services were made for each Health Authority that range in strategy of involvement in these four areas:

- Care Coordination
  - Phone number and email address
  - Website
- Systems Implementation
- HCP Development
- Education





## Regulatory Bodies Influence

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- Differences between RN/LPN and RPN scope
- Provide support for patients and families during process
- Conscience objectors are recognised by Criminal Code and all colleges
  - All HCPs have a duty to provide care until transferred
  - All nurses have a duty to document their care they provide no matter their HA or institutional myths
- Education is required for those inserting the IV to be used for the assisted death
- All RN/LPN/RPN **DO NOT** draw up medication, administer and document, flush lines, or pronounce death



## CRNBC – Nurse Practitioner Scope of Practice

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- First country in the world where NPs are prescribing and/or administering medications for the purpose of euthanasia or assisted death
- NPs must inform their patients about MAiD as a care option or make an effective connection
- NPs can act as assessors and prescribers
- CRNBC requests NPs to complete a preceptorship to be involved
- Prescribing NPs must be present during the administration of the medication (Oral or IV), and stay with the patient until their death, and pronounce
- NPs do not need to report this practice to CRNBC



## Health Authority Differences

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- HA policy dictates:
  - the level of involvement of each profession
  - what is considered as “involved” in relation to conscience objection
  - location of assessments and provision
  - who can act as a witness on the request form
- Varying support and education for patients and HCPs based on Health Authority Care Coordinator availability, urgency and location of request
- Different barriers for process based on HA
  - Number, availability and location of Assessors and Prescribers
  - pharmacy, supplies, and IV support for provision



# Assisted Dying Process

**Pre-  
contemplative**  
Information/  
Alternatives

**Contemplative**  
Documenting a  
request

**Determination**  
Assessments  
take place

**Action**  
Planning/  
Provision

**After Death**  
After-care



## Nursing Practice Implications

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- Adding another layer of complexity to the death and dying process
- Unknown, or new care HCPs are discussing and making decisions with your patients
- Systems of communication are not standardized in some HAs
- Nurses are learning their role while supporting a patients
- Potential increase in moral distress, not just for conscience objectors
- May receive a patient from a non-participating faith-based institution
- Nursing practice varies across HAs and institutions
- Patient remaining competent vs providing symptom management



## Implications to patients

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- New care option not fully understood by all staff and physicians, leading to inequity in access
- Myths about the process can impede a request
- Patient wishes are not guaranteed to be fulfilled
- A request for MAiD potentially increases the complexity of family dynamics
- Patients might have to be transferred or leave their current location to receive assessments or provision





## Challenges

- Access to MAiD varies for each patient
- Denominational Health Care Agreement
- Ambiguous legislation and varied interpretation
- Nurses and Allied Health struggling with not being able to bring up the care option for patients
- Moral distress for care providers and family members
- Myths around eligibility and process
- Lack of resources for patients, families and HCP
- Narrow eligibility criteria





## Looking to the Future

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- Numbers increasing for all HAs of patient seeking an assisted death, driving change to care coordination services
- Canadian Council of Academies' report in June 2018 result might suggest to alter the edibility criteria to include:
  - Mature minors
  - Advanced directives
  - Patient's who's only diagnosis is a mental illness
- Court challenges in Alberta, Ontario and BC might also change the eligibility criteria





## Health Authority Care Coordination Services

| Health Authority                | Website                              | Phone number                   | Email  |
|---------------------------------|--------------------------------------|--------------------------------|--|
| <b>Fraser Health</b>            | <a href="#">Fraser Health Link</a>   | 604-587-7878                   | <a href="mailto:mccc@fraserhealth.ca">mccc@fraserhealth.ca</a>     |
| <b>Interior Health</b>          | <a href="#">Interior Health Link</a> | 250-870-4669<br>1-877-442-2001 | Online form on website   |
| <b>Island Health</b>            | <a href="#">VIHA Link</a>            | 250-727-4382<br>1-877-370-8699 | <a href="mailto:maid@viha.ca">maid@viha.ca</a>                     |
| <b>Northern Health</b>          | <a href="#">Northern Link</a>        | 250-645-6417.                  | <a href="mailto:maid@northernhealth.ca">maid@northernhealth.ca</a> |
| <b>PHSA</b>                     | <a href="#">PHSA Link</a>            | 1-888-875-3256.                | No email   |
| <b>Vancouver Coastal Health</b> | <a href="#">VCH Link</a>             | 1-844-550-5556                 | <a href="mailto:assisteddying@vch.ca">assisteddying@vch.ca</a>     |



## Provincial and National Resources

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### Provincial

- <https://learninghub.phsa.ca/>
- <https://learninghub.phsa.ca/Courses/8111>
- [BC Ministry of Health website](#)

### National

- [Canadian Nurses Association Framework](#)  
[Canadian Association of MAID Accessors and Providers \(CAMAP\)](#)
- [Canadian Nurses Association - National Nursing Framework on Medical Assistance in Dying in Canada](#)



## Add Your Voice!

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ARNBC will be putting forward a submission to the Council of Canadian Academies highlighting the issues that nurses believe should be considered and further studied for three particularly complex types of requests for MAiD:

- Requests by mature minors
- Advance Requests
- Requests where mental illness is the sole underlying condition

Help inform this submission by completing our questionnaire by **August 16<sup>th</sup>**. <http://arnbc.ca/policy-and-advocacy/consultations/cca-expert-panel-on-maid.php>



## Questions





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