

**COLLEGE OF PARAMEDICS OF NOVA SCOTIA
PARAMEDIC PRACTICE GUIDELINE**

CPNS Guidance on Medical Assistance in Dying (MAiD)

Introduction

On June 17, 2016, the federal government enacted legislation regulating the provision of medical assistance in dying (MAiD). The legislation amended the *Criminal Code*, R.S.C. 1985, c C-46, (the *Criminal Code*), to permit medical practitioners and nurse practitioners to provide medical assistance in dying. This was in response to the Supreme Court of Canada's *Carter v. Canada*, 2015 SCC 5 decision delivered on February 6, 2015 which struck down the law prohibiting MAiD for Canadians who met certain conditions outlined by the court.

The *Criminal Code* only permits a **MEDICAL PRACTITIONER** or **NURSE PRACTITIONER (NP)** to provide a person with medical assistance in dying. The *Criminal Code* defines a medical practitioner as a person who is entitled practise medicine under the laws of a province.

The amendments to the *Criminal Code* do not specifically address the involvement of **PARAMEDICS** in the MAiD process. The *Criminal Code* does, however, provide an exemption for a person **AIDING** the medical practitioner or NP. Accordingly, paramedics may be asked by a medical practitioner or NP to aid with the MAiD process. Paramedics aiding a medical practitioner or NP in the MAiD process must ensure that their actions are in accordance with the *Criminal Code*.

Given the role that paramedics play in end of life care, this practice guideline was developed to help paramedics understand their professional accountabilities with respect to **AIDING** in the provision of MAiD.

What is Medical Assistance in Dying (MAiD)?

Pursuant to section 241.1 of the *Criminal Code*, medical assistance in dying means:

- a) the administering by a medical practitioner or NP of a substance to a person, at their request, that causes their death; or
- b) the prescribing or providing by a medical practitioner or NP 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.

Paramedics Who Choose to be Involved in MAiD

Paramedics have a major role in providing care to patients and their families at end of life. Paramedics should consider the following when asked to assist in the MAiD process as a member of the health care team: patient discussions, patient eligibility, statutory safeguards, aiding in the administration of medication, privacy and confidentiality, documentation and witnessing a written request.

As with any other aspect of paramedic care, paramedics must ensure they have the knowledge, skills and abilities to provide safe, competent, ethical and compassionate care to patients.

Additionally, section 241.2(7) of the *Criminal Code*, requires that MAiD be provided with reasonable knowledge, care and skill and in accordance with any applicable provincial laws, rules or standards. Paramedics who knowingly fail to comply with these legal requirements may be convicted of a criminal offence. This guideline may be considered one of the standards or rules referred to in the *Criminal Code*. Therefore, all paramedics should familiarize themselves with the contents of the *Criminal Code* and ensure their practice is consistent with its terms.

Patient Discussions

If a patient asks you about assisted dying, you can explore reasons for the patient's request but you should do so in the context of a conversation about all other end of life care options, including palliative care. You may provide information about MAiD and answer patient questions, making every effort to ensure that the conversation is patient-centred and reflects the patient's values. You should be aware that pursuant to section 241(a) of the *Criminal Code*, counselling or abetting suicide, in the sense of encouraging, soliciting or inciting suicide, remains a criminal offence.

You may also refer the inquiries to the patient's medical practitioner or NP or manager within your organization who may be in a better position to respond to the patient's questions about available services, including psychosocial support. You continue to provide care that supports the patient's right to make informed decisions about their care and their end of life needs, which may include conversations about the option of MAiD.

You should promptly inform the patient's primary care provider and/or other appropriate members of the health care team of the patient's requests and document the encounter in the patient care record.

Patient Eligibility

Paramedics **NOT PERMITTED TO DETERMINE ELIGIBILITY** for MAiD, as that role remains the responsibility of the attending medical practitioner or NP.

However, before assuming any role in the process, a **PARAMEDIC SHOULD:**

- discuss the patient's request for assisted dying with the attending medical practitioner or NP;
- review the patient record; and
- review the patient's written request for assisted dying.

You must also follow any employer or agency policy regarding your participation in MAiD.

Pursuant to section 241.2(1) of the *Criminal Code*, a person may receive medical assistance in dying only if they meet all of 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; and

- 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.

A person has a grievous and irremediable medical condition only if they meet all of the following criteria:

- a) they have a serious and incurable illness, disease or disability;
- b) they are in an advanced state of irreversible decline in capability;
- c) 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
- d) 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 you know or reasonably believe that the patient does not meet the eligibility criteria described above, you must **IMMEDIATELY RAISE YOUR CONCERNS** with the attending medical practitioner or NP, your manager or others as necessary. The College may be able to provide further guidance.

Statutory Safeguards

The *Criminal Code* sets out a number of safeguards that must be met **BEFORE** an eligible patient can receive assistance in dying. As a health care professional aiding in MAiD, you should be aware of these safeguards as well as any additional safeguards outlined in employer or agency policy.

As with patient eligibility concerns, if you know or reasonably believe that not all mandatory safeguards have been complied with, you must **IMMEDIATELY RAISE YOUR CONCERNS** with the attending medical practitioner or NP, your manager, and others as necessary. The College may be able to provide further guidance.

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

- the patient's request must be made in writing and signed and dated by the patient;
- the patient's request must be signed and dated before two independent witnesses;
- another medical practitioner or NP has provided a written opinion confirming that the patient 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 patient and the day on which MAiD is provided or – if both medical practitioners and/or NPs assessing the eligibility criteria are of the opinion that the patient's death, or the loss of capacity to provide informed consent, is imminent – any shorter period that the first medical practitioner or NP considers appropriate in the circumstances; and
- immediately before the provision of MAiD, the medical practitioner or NP must give the patient an opportunity to withdraw their request and ensure that the patient gives express consent to receive MAiD.

If the attending medical practitioner or NP does not comply with all of these requirements, they are not covered by the *Criminal Code* exemption and could be found guilty of counselling, aiding, or abetting

suicide or of culpable homicide. **A PARAMEDIC WHO AIDS A MEDICAL PRACTITIONER OR NP WHO DOES NOT COMPLY WITH THESE REQUIREMENTS COULD ALSO BE FOUND GUILTY.**

There are additional safeguards in the *Criminal Code* that apply to patients who have difficulty communicating (s. 241.2(3)(i)) and to patients who are unable to sign the request (s. 241.2(4)).

Administration of Medication for Assisted Dying

Paramedics **ARE NOT** authorized to administer the medication that causes the patient's death under any circumstances, even if requested by the attending medical practitioner or NP and/or the patient and/or the patient's family.

You **SHOULD NOT** prepare MAiD medications, such as drawing medication into a syringe, for the medical practitioner or NP who will be providing MAiD.

At the direction of the medical practitioner or NP providing MAiD, and where the safeguards outlined above have been met, a paramedic may **AID** with a number of activities involved in the administration of a medication, short of actually administering the medication. Those activities include:

- inserting an intravenous line that will later be used to administer the medication;
- being present during the administration of the medication to provide paramedic end of life interventions to meet the needs of the patient and their family during the dying process; and
- passing the oral medication to the patient seeking to self-administer the medication so long as the patient explicitly asks for your assistance. In this scenario, you must refrain from activities that may be viewed as the actual administration of the medication, such as placing oral medication in the patient's mouth or pushing medication into the patient's intravenous line.

REMEMBER paramedics **ARE NOT** authorized to administer the medication that causes the patient's death under any circumstances, even if requested by the attending medical practitioner or NP and/or patient and/or the patient's family.

Privacy and Confidentiality

Medical assistance in dying remains a sensitive topic which involves many different perspectives. As with all other aspects of paramedic practice, you must maintain the privacy and confidentiality of patients and families who are involved in the MAiD process, including respecting the patient's wishes about communicating with family members.

Documentation

When documenting discussions regarding MAiD or the care you provided in aiding in the MAiD process, you must follow agency policy and applicable documentation guidelines. Your documentation must be clear and comprehensive and, in addition, should include the following:

- who initiated the conversation;
- questions asked and information provided;
- the identity of the persons present; and

- the name of the provider that administers the medication, where applicable.

Witnessing a Written Request for MAiD

A patient who wishes to receive assistance in dying must submit a request to the attending medical practitioner or NP. The request must be written, signed and dated by the patient after they have been informed of or diagnosed with the grievous and irremediable medical condition.

The patient may ask you 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 patient making the request;
- do not directly provide personal care to the patient;
- are not or reasonably believe that you are not a beneficiary under the patient's will or will receive a financial or other material benefit from the patient's death; and
- are not an owner or operator of a health care facility where the patient is being treated or any facility in which the patient resides.

Therefore, a paramedic who is involved in the care of a patient who is making a request for MAiD **CANNOT** act as a formal witness.

Paramedics Who Choose Not to be Involved with MAiD (Conscientious Objection)

If MAiD is in conflict with your moral beliefs and values, you may decline to participate in any aspect of patient care connected with it. However, if you choose not to participate on these grounds, you must:

- promptly inform the attending medical practitioner, NP or either your employer of your objection;
- engage in further discussion with the attending medical practitioner, NP or your employer to determine if alternative arrangements are available;
- not promote your own moral or religious beliefs, if interacting with the patient; and
- you must also continue to provide safe, competent, ethical and compassionate care until alternative care arrangements can be made to meet the patient's needs or wishes.

As with all other aspects of paramedic care, you are expected to provide paramedic services in a professional, non-judgmental, and non-discriminatory way. You must be mindful of the difference between exploring clinical options for patient care and expressing your personal opinions. This is particularly applicable when you are having discussions about MAiD with the patient or their family.

Conclusion

Paramedics provide important care to patients through all stages of their life span, including end of life. Regardless of future developments related to MAiD, paramedics providing care to patients at end of life will continue to follow governing legislation, standards of practice and codes of ethics.

The *Carter* decision and subsequent MAiD legislation does not change paramedics' accountabilities as they relate to patients who are seeking advice or requiring palliative care. Paramedics continue to have an integral role in providing quality end of life care for those patients. This includes creating and implementing care plans, providing information to patients contemplating treatment options, advocating for patients, conducting assessments, administering medications and treatments and providing comfort care to those engaged in the dying process and their families. If you are asked to participate in a patient's medical assistance in dying process and you have questions, we recommend that you contact your employer and/or CPNS for further guidance.