

Newfoundland and Labrador Pharmacy Board Standards of Practice



Medical Assistance in Dying

Last Revised February 2023

1) Introduction

In February 2015, the Supreme Court of Canada ruled in *Carter v. Canada*¹ that parts of the Criminal Code would need to change to satisfy the Canadian Charter of Rights and Freedoms. The parts that prohibited medical assistance in dying (MAID) would no longer be valid. The Supreme Court gave the government until June 6, 2016, to create a new law. In June 2016, the Parliament of Canada passed federal legislation² that allows eligible Canadian adults to request MAID.

On October 5, 2020, the Minister of Justice and Attorney General of Canada introduced Bill C-7: An Act to amend the Criminal Code (medical assistance in dying) in Parliament, which proposes changes to Canada's law on MAID. On March 17, 2021, Parliament passed this revised legislation³ which makes important changes to who may be eligible to obtain MAID and the process of assessment. Subsequently, the Regulations for the Monitoring of Medical Assistance in Dying⁴ were amended, effective January 2023, to expand the associated eligibility criteria and the reporting requirements for participating health care professionals.

This legislation includes patient eligibility criteria and safeguards to be respected when supporting MAID. This includes an exemption specific to pharmacists for the dispensing of MAID medications. Given the exemption, it is important for pharmacists to recognize their accountability and responsibility for their decisions and actions as well as for compliance with the federal legislation and these Standards when participating in any aspect of MAID.

2) Terminology

Medical Assistance in Dying (“MAID”)	(a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or (b) the prescribing or providing by a medical practitioner or nurse 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.
Medical Practitioner (“Physician”)	a person who is entitled to practise medicine under the laws of a province.
Nurse Practitioner	a registered nurse who, under the laws of a province, is entitled to practice as a nurse practitioner — or under an equivalent designation — and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances, and treat patients.
Pharmacist	a person who is registered as a pharmacist, in accordance with the <i>Pharmacy Act</i> , and entitled to practise pharmacy under the laws of the province.
Pharmacy Technician	a person who is registered as a pharmacy technician, in accordance with the <i>Pharmacy Act</i> , and entitled to practice pharmacy under the laws of the province.

¹ Available at: <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do>

² Available at: https://www.ourcommons.ca/Content/Bills/421/Government/C-14/C-14_4/C-14_4.PDF

³ Available at: https://parl.ca/Content/Bills/432/Government/C-7/C-7_4/C-7_4.PDF

⁴ Available at: <https://laws-lois.justice.gc.ca/eng/regulations/SOR-2018-166/FullText.html>

3) Practice Expectations

3.1 Ethical Considerations

- a) As a pharmacist considers whether or not they will participate in providing medication for the purposes of MAID, the NLPB Code of Ethics⁵ serves as a key resource. In particular, the following ethical principles and guidelines for application are highlighted for pharmacists to consider:

Principle 1: Registrants hold the health and safety of each patient to be of primary consideration.

- 1.4. Registrants are aware of the limitations of their knowledge and expertise, and practice only within the scope of their education, training, and competence.
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Principle 3: Registrants respect the autonomy, values and dignity of each patient.

- 3.1. Registrants recognize and respect that each patient has different needs, beliefs, values, experiences and preferences that will influence their attitudes towards health care and their desired health goals.
- 3.5. Registrants respect the right of patients to make informed decisions about their care including the choice to refuse treatment, care or professional services.
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Principle 5: Registrants respect the patient's right to receive care.

- 5.2. Registrants who are unable to provide appropriate medications or services to their patients take reasonable steps to ensure patient care is not jeopardized.
- 5.3. Registrants who are unable to provide medications or services to patients due to a conscientious objection, including personal, moral or religious reasons, inform pharmacy management of their objections at the earliest possible opportunity, and ensure that each patient receives assistance in obtaining the medication or service from another pharmacist or health professional within a timeframe fitting the patient's needs.
- 5.5. Registrants continue to provide care to their patients until the services are no longer wanted or required, until another provider has assumed responsibility for the patient, or until the registrant has provided reasonable notice of termination of the relationship.
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Principle 6: Registrants observe the law, preserve high professional standards and uphold the dignity and honour of the profession.

- 6.1. Registrants obey the laws, regulations, standards, and policies of the profession, both in letter and in spirit.
- 6.5. Registrants do not jeopardize another registrant's ability to provide optimal patient care or obey the laws, regulations, standards, and policies of the profession.
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Principle 8: Registrants cooperate with colleagues and other health care professionals to ensure optimal patient-centred care.

- 8.1. Registrants act with honesty and integrity when interacting with colleagues and other health professionals.
- 8.3. Registrants consult with colleagues or other health professionals, when appropriate, to benefit the patient.
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Principle 10: Registrants act to enhance and nurture the profession of pharmacy.

- 10.3. Registrants recognize, and avoid whenever possible, conflicts of interest that may arise in the course of their work. If conflicts of interest do arise and cannot be avoided, they should be disclosed and addressed as soon as possible.
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⁵ Available at: <https://nlpb.ca/media/Code-of-Ethics-Mar2021.pdf>

3.2 Patient Eligibility and Professional Collaboration

- a) While it is not the pharmacist's responsibility to assess whether the patient is eligible to receive MAID, the pharmacist must be confident that the eligibility criteria and safeguards identified in the legislation are met. The pharmacist should be in receipt of documentation from the physician or nurse practitioner that confirming that the person:
 - i) is eligible for health services funded by a government in Canada;
 - ii) is at least 18 years of age;
 - iii) is capable of making decisions with respect to their health;
 - iv) made a voluntary request for MAID that was not the result of external pressure;
 - v) gave informed consent to receive MAID, after having been informed of the means that are available to relieve their suffering, including palliative care;
 - vi) has a serious and incurable illness, disease or disability;
 - vii) is in an advanced state of irreversible decline in capability; and
 - viii) the illness, disease, disability, or state of decline is causing the person enduring physical or psychological suffering that is intolerable to the person and that cannot be relieved under conditions that the person considers acceptable.

In cases where such documentation is not provided, the pharmacist should follow-up with the physician or nurse practitioner prior to dispensing the medications.

- b) Pharmacists are encouraged to engage in a collaborative process with the physician or nurse practitioner as early as possible such that eligible patients are able to access required medications and supplies in a timely manner.
- c) Pharmacists shall not perform any activity that results in their leading, or implying that they are leading the MAID process. Pharmacists should refer all inquiries to a physician or nurse practitioner.

3.3 Dispensing the Prescription

- a) Prior to dispensing medications for MAID, the pharmacist must ensure that the prescription:
 - i) meets all the legal requirements for a prescription, including being written on a Tamper-Resistant Prescription Drug Pad form, if applicable;
 - ii) is patient-specific (i.e. not written "for office use"); and
 - iii) is for medications consistent with a recognized MAID drug protocol.

3.4 Releasing the Prescription

- a) The pharmacist shall only release medications for MAID to the prescribing physician or nurse practitioner.
- b) When releasing medications for MAID, the pharmacist must ensure that the physician or nurse practitioner has all necessary information regarding the preparation, stability and storage of the medication as well as any additional information pertinent to the efficacy and administration of the medications. Pharmacists are also encouraged to discuss the appropriate disposal of any unused medications.

3.5 Documentation and Reporting

- a) Pharmacists are expected to appropriately document the provision of medications for MAID on the patient's health record in accordance with the relevant Standards of Pharmacy Operation.
- b) In accordance with section 241.31(2) of the Criminal Code, pharmacists (or pharmacy technicians collaborating with pharmacists) who have dispensed a substance in connection with the provision of MAID

are required to report the information required by Health Canada via the [Canadian MAID Data Collection Portal](#) within 30 days after the day of dispensing.

PLEASE NOTE: Under section 241.31(4) of the Criminal Code, a pharmacist (or a pharmacy technician collaborating with a pharmacist) who knowingly fails to comply with this requirement could face a maximum term of imprisonment of two years.

4) Additional Resources

- a) [College of Registered Nurses of Newfoundland and Labrador – Medical Assistance in Dying \(MAID\).](#)
- b) [College of Physicians and Surgeons of Newfoundland and Labrador – Standards of Practice: Medical Assistance in Dying.](#)
- c) [Health Canada – Guidance for Reporting on Medical Assistance in Dying.](#)