

Newfoundland and Labrador Pharmacy Board Standards of Practice



Medical Assistance in Dying

October 2020

1) Introduction

Historically, medical assistance in dying (MAID) has been prohibited in Canada under the Criminal Code as it was considered to be aiding, abetting or counselling a person to commit suicide. On February 6, 2015, the Supreme Court of Canada (in the Carter decision¹) found that the criminal laws prohibiting physician assistance in dying were contrary to an individual's right to life, liberty and security of person under the Canadian Charter of Rights and Freedoms.

The Court suspended its decision and ordered that the Criminal Code provisions (sections 241(b) and 14) remain in force until February 6, 2016, which was later extended to June 6, 2016. This period was given to provide time for federal and provincial governments to respond, by enacting legislation that is consistent with the constitutional parameters set out in Carter and that also provides safeguards to protect vulnerable people from abuse and error.

On June 17, 2016, new federal legislation² was passed that amends the Criminal Code to "create exemptions from the offences of culpable homicide, of aiding suicide, and of administering a noxious thing, in order to permit medical practitioners and nurse practitioners to provide MAID and to permit pharmacists and other persons to assist in the process." It provides for both assisted suicide where the patient is provided assistance in ending their own life through self-administration of a lethal dose of medication(s); and voluntary euthanasia, where a medical or nurse practitioner directly administers a lethal dose of medication(s).

The legislation also includes patient eligibility criteria and safeguards to be respected when supporting MAID. In addition, the amended Criminal Code includes an exemption specific to pharmacists for the dispensing of MAID medications. Given this specific 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 Guidelines when participating in any aspect of MAID.

2) Terminology

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| 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 practise 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 entitled to practise pharmacy under the laws of a province. |

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

² Available at: http://www.parl.gc.ca/content/hoc/Bills/421/Government/C-14/C-14_4/C-14_4.PDF

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 Ethics³ serves as a key resource. In particular, the following ethical principles and guidelines for application are highlighted for pharmacists to consider:

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| 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. |

³ Available at: <https://nlpb.ca/media/Code-of-Ethics-Aug2020.pdf>

3.2 Patient Eligibility and Professional Collaboration

- a) Pharmacists should be aware that, in accordance with the federal legislation, for an individual to access MAID, he or she must:
 - i) be eligible for publicly-funded health-care services in Canada;
 - ii) be at least 18 years of age and capable of making decisions with respect to their health;
 - iii) have a grievous and irremediable medical condition (including an illness, disease or disability) which means the patient('s):
 - has a serious and incurable illness, disease or disability, and
 - is in an advanced state of irreversible decline in capability, and
 - is enduring physical or psychological suffering, caused by the illness, disease or disability or that state of decline, that is intolerable to the person and that cannot be relieved under conditions that they consider acceptable, and
 - natural death has become reasonably foreseeable;
 - iv) make a voluntary request for MAID that is not the result of external pressure; and
 - v) provide informed consent to receive MAID.
- b) While it is not the pharmacist's responsibility to assess whether or not the patient is eligible to receive MAID, the pharmacist must be confident that each of 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 confirms that the patient meets the eligibility criteria and that all safeguards have been met. In cases where such documentation is not provided, the pharmacist should follow-up with the physician or nurse practitioner.
- c) 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.
- d) 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) As of November 1, 2018, pharmacists who have dispensed a substance in connection with the provision of MAID are required to report such to Health Canada via the Canadian MAID Data Collection Portal within 30 days after the day of dispensing.

Pharmacists must report:

- Patient's date of birth, health insurance number and province or territory of issuance
- Your name, province or territory of practice, licence or registration number, mailing address and e-mail
- Name and licence or registration number for the practitioner who prescribed or obtained the substance
- The date that the substance was dispensed and where it was dispensed (hospital or community pharmacy)

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

4) Additional Resources

- a) Association of Registered Nurses of Newfoundland and Labrador – *Nurse Practitioners Providing Medical Assistance in Dying (MAID)*. Available at: <https://arnnl.ca/nurse-practitioners-providing-medical-assistance-dying-MAID-0>
- b) College of Physicians and Surgeons of Newfoundland and Labrador – *Standards of Practice: Medical Assistance in Dying*. Available at: <https://www.cpsnl.ca/web/files/2017-Mar-11%20-%20MAID.pdf>
- c) Health Canada – *Guidance for Reporting on Medical Assistance in Dying*. Available at: <https://www.canada.ca/en/health-canada/services/medical-assistance-dying/guidance-reporting-summary/document.html>

5) References Used in the Development of this Document

- a) Nova Scotia College of Pharmacists – *Standards of Practice: Medical Assistance in Dying*. Available at: https://www.nspharmacists.ca/wp-content/uploads/2016/07/SOP_MedicalAssistanceInDying.pdf
- b) Ontario College of Pharmacists – *Medical Assistance in Dying: Guidance to Pharmacists & Pharmacy Technicians*. Available at: <http://www.ocpinfo.com/library/practice-related/download/PhysicianAssistedDeath.pdf>