

Medical Assistance in Dying: Frequently Asked Questions for Care Professionals

Updated July 4, 2016

The following questions and answers are what we know as of July 4, 2016. We will continue to update our information as we know more. Please continue to check

<http://www.nshealth.ca/medical-assistance-dying> for the most up-to-date information.

NSHA's comprehensive policy is under development. In the interim, if the information in this document does not answer your questions, please contact the office of NSHA's Vice President of Medicine at 902-491-5892. The voicemail box will be checked regularly during the hours of 8:30 a.m. to 4:30 p.m., Monday to Friday, and we are committed to getting back to you as soon as possible. Please leave your name, number and a brief explanation of the information you are seeking so we can best address your questions and concerns.

1. What is medical assistance in dying and why is this changing in Nova Scotia?

"Medical assistance in dying" describes the situation where a physician or nurse practitioner provides/prescribes drugs that intentionally bring about death, at the request of a competent adult. Individuals seeking medical assistance in dying who satisfy all of the appropriate access criteria are either:

- provided with the drugs to take themselves; or
- a physician will directly administer the drugs to them for the purpose of causing death.

On February 6, 2015, the Supreme Court of Canada, in their decision on the Carter case, unanimously ruled that the Criminal laws prohibiting physician assistance in dying limited the rights of Canadians to life, liberty and security of the person (s. 7 of the *Charter*) and issued a declaration that sections 241(b) and 14 of the *Criminal Code* are void:

"insofar as they prohibit physician-assisted death for a competent adult person who (1) clearly consents to the termination of life; and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition"

However, the Supreme Court ordered that its ruling would not come into effect until February 6, 2016, to allow for federal and provincial laws to be passed. In January 2016, the Supreme Court granted a further four-month extension, delaying the effective date until June 6, 2016. On June 17, Bill C-14 received royal assent, meaning the bill is now legislation. The latest available version of the Bill can be accessed [here](#).

2. What is the difference in the terms "physician assisted death" and "medical assistance in dying"?

Before April 2016, you will have heard about references to "physician assisted death." The Supreme Court of Canada was using this language to describe the role of physicians in "physician assisted dying, physician assisted death and medical assistance in dying." Bill C-14, which reached royal assent June 17, 2016, uses the term "medical assistance in dying" instead of physician assisted dying. The new law covers the actions and protections of a broader range of health care professionals. Under this law, Nurse Practitioners can also provide "assisted death". The bill also defines protection for health care providers who are involved in the care of the patient.

3. How is medical assistance in dying defined?

The law defines medical assistance in dying in the following ways:

- Voluntary euthanasia - the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes death; or
- Assisted suicide - 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.

4. What are the eligibility criteria for receiving medical assistance in dying?

The law now states that a person may receive medical assistance in dying only if they meet 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.

5. What is considered a “grievous and irremediable medical condition?”

The law states that a person has a grievous and irremediable medical condition if:

- (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.

6. What is excluded from the law at this time?

The Federal Government has committed to further study as it relates to these exclusions. However, at this time, the following are excluded:

- requests by mature minors
- advance requests
- where mental illness is the sole underlying medical condition

7. What is NSHA’s role in providing medical assistance in dying?

NSHA is committed to providing support to patients, families and health care providers. In keeping with the legislation and professional standards of practice for health care professionals, NSHA will:

- Provide information about the procedure
- Facilitate access to the procedure
- Provide support to physicians, nurse practitioners and staff as required
- Provide education to physicians, nurse practitioners, staff, patients and public

8. How is Nova Scotia Health Authority preparing for medical assistance in dying?

Nova Scotia Health Authority is working with partners to develop information resources for staff, physicians, patients and families. Nova Scotia Health Authority has a draft policy and

procedures in place. However, because legislation reached royal assent only recently, Nova Scotia Health Authority has an interim process in place to respond to requests.

9. Which health care providers are involved in medical assistance in dying and what is their role?

Physicians and nurse practitioners are the only health care providers able to perform medical assistance in dying. However, it is legal for other health care providers such as pharmacists, nurses, psychiatrists, and social workers to aid a physician or nurse practitioner to provide medical assistance in dying.

10. Where can medical assistance in dying take place?

Some patients may request to die at home, while others may choose another location. For a variety of reasons, it will not be possible to provide medical assistance in dying at all health care sites in the province. In the period before there is NSHA policy to help with these matters, and should the request relate to a location within an NSHA facility, the office of Dr. Lynne Harrigan, VP Medicine for NSHA, will provide the necessary assistance. Please call 902-491-5892.

11. What steps do I follow if I receive a request for medical assistance in dying? Should you receive a request for medical assistance in dying in a hospital setting, inform the attending physician. It is also appropriate that you advise your direct manager that a request is under consideration so that appropriate arrangements to support the health care team the patient and their loved ones can be initiated. The physician will then contact the office of the Vice-President of Medicine, who will work with the physician and the team to co-ordinate and operationalize the procedure. If you receive a request and are in a community setting, please contact the office of NSHA's Vice President of Medicine at 902-491-5892.

12. What documentation and forms are available for Medical Assistance in Dying?

NSHA, with guidance from the College of Physicians and Surgeons' Professional Standard Regarding Medical Assistance in Dying, provides physicians and NPs with a request and consent form, and documentation and procedure checklist to help in documenting the decision-making process and required consent for medically assisted dying. These forms are available and will become official NSHA forms in the coming months.

13. How do I find more information on Medical Assistance in Dying?

NSHA will continue to provide updated information at <http://www.nshealth.ca/medical-assistance-dying>. Regulatory bodies such as CRNNS, CLPNNS, NSCP, CPSNS and Doctors NS will also provide guidelines and information.

Below are links to CRNNS/CLPNNS and CPSNS documents:

- CRNNS [MAiD resource centre](#) (includes CRNNS/CLPNNS Guideline for Nurses)
- CPSNS [Medical Assistance in Dying Standard](#)

Now that legislation has passed, we will work to finalize our NSHA policy and stakeholder engagement, education and implementation will take place.

14. I'm not sure how I will feel about being involved with assisted dying. What supports will be available for me?

Medical assistance in dying can be a very challenging care scenario for professionals. It is important that we support each other and seek out counsel and support from our managers, professional colleges and co-workers.

[Employee and Families Assistance Program \(EFAP\)](#) is also available to you. It is a voluntary, confidential, short-term counselling, advisory and information service for employees of NSHA and eligible family members.

- Metro Halifax: 902-422-2273
- Toll Free: 1-800-461-5558

15. What if I don't feel comfortable being involved with Medical Assistance in Dying?

Not all professionals will choose to participate in providing medical assistance in dying. However, you have a responsibility to continue to provide patients with other medically required care until such time as your services are no longer needed. You must also ensure that patients have the contact information needed to access timely information and assessment for medical assistance in dying, and other end-of-life care medical options if that is their wish.

16. What are some other options in end-of-life medical care?

Palliative care is another option for end-of-life care. Palliative Care is different than medical assistance in dying.

A member of the health care team and a patient's physician can and will, with their patient's consent and involvement, take steps to connect the patient with palliative care services. It is important that when a patient has been given a diagnosis of a life-limiting illness with a serious or grave prognosis, that they have the option for palliative care.

Palliative Care is defined by the World Health Organization as an approach that improves the quality of life of patients and their families facing challenges associated with life-threatening illness through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other physical, psychological and spiritual problems.

Palliative Care and other practitioners will continue to work closely with patients and families to understand and manage their disease and symptoms. Palliative care seeks to:

- provide relief from pain and other distressing symptoms
- help individuals manage symptoms, address physical, emotional and spiritual concerns
- support families
- enhance quality of life and help patients live as actively as possible
- prepare individuals for death, and
- offer bereavement support to loved ones

Palliative care involves a team made up of various health providers. This type of care can support people in their homes, at hospices, in supportive living environments and in hospitals. We understand that the Provinces and Territories will be working with the Federal Government to improve palliative care services for all Canadians.