



Medical Assistance in Dying (MAiD): Guidelines for Manitoba Nurses

Last updated: April 2024

Contact Information

The Provincial Medical Assistance in Dying Clinical Team

The Provincial Medical Assistance in Dying Clinical Team out of Shared Health Manitoba, in collaboration with Manitoba Health, has been supporting staff and clients with MAiD in Manitoba. They can be contacted at 204-926-1380 or maid@sharedhealthmb.ca.

Nursing College Practice Consultants

College of Licensed Practical Nurses of Manitoba

Telephone: 204-663-1212

Toll-free: 1-877-663-1212

practice@clpnm.ca

College of Registered Nurses of Manitoba

Telephone: 204-774-3477 ext. 301

Toll-free: 1-800-665-2027 (Manitoba only)

practice@crnm.mb.ca

College of Registered Psychiatric Nurses of Manitoba

Telephone: 204-888-4841

www.crpnm.mb.ca

Updates to this document are based on the March 2023 Government of Canada release of the *Model Practice Standard for MAiD*. The intent of the *Model Practice Standard* is to ensure the protection of the public in the context of complex cases, excluding requests for MAiD where a mental disorder is the sole underlying medical condition (MAiD MD-SUMC).

Revisions to this document were made possible thanks to feedback from the Canadian Nurses Protective Society and the Provincial Medical Assistance in Dying Clinical Team.

Table of contents

| | |
|---|----|
| Purpose | 4 |
| Legal Framework and Definition of Medical Assistance in Dying | 4 |
| Eligibility | 5 |
| Defining a Grievous and Irremediable Condition | 5 |
| Statutory Procedural Safeguards | 5 |
| Who Can Witness | 9 |
| Working with the Provincial Medical Assistance in Dying Clinical Team | 9 |
| Having the Conversation | 10 |
| Conscientious Objection | 11 |
| When to Provide Information on Medical Assistance in Dying | 13 |
| <i>Interpreting the Codes and Standards</i> | |
| <i>Ineligibility for Medical Assistance in Dying</i> | |
| Limitations to the Nurse's Role | 16 |
| Participating in a Medically Assisted Death | 16 |
| <i>Documentation</i> | |
| Guidance for Employers | 17 |
| Frequently Asked Questions for Nurses | 19 |
| References & Resources | 22 |

Purpose

The purpose of this document is to help nurses understand their professional and legal responsibilities related to MAiD in Manitoba. Professional nursing practice standards and code of ethics for each of the three nursing professions in Manitoba underpin the guidance provided within this document. All nurses are required to practise within their own level of competence, in accordance with their education, training and professional scope of practice. **For the purposes of this document, the term “nurse” refers to all three regulated nursing professionals in the province of Manitoba: licensed practical nurse (LPN), registered nurse (RN) and registered psychiatric nurse (RPN); the term “nurse practitioner” refers to registered nurse (nurse practitioner).**

The *Criminal Code of Canada* was amended in 2016 to allow nurses to aid a physician or nurse practitioner who is providing MAiD. Nurse practitioners can refer to the [Medical Assistance in Dying \(MAiD\) Guidelines for Manitoba Nurses: RN\(NP\) Supplement \(https://www.crnmb.ca/rns-nps/practice-support/medical-assistance-in-dying-maid/\)](https://www.crnmb.ca/rns-nps/practice-support/medical-assistance-in-dying-maid/) and contact the College of Registered Nurses of Manitoba for further guidance pertaining to their role in MAiD in Manitoba.

It is vital that nurses recognize they can have a role in the provision of a medically assisted death. This may include providing information and support or participating in eligibility assessments as part of a team and aiding a physician or nurse practitioner, including establishing intravenous access. The nursing role is limited because the *Criminal Code* permits **only a physician or nurse practitioner to have the authority to determine client eligibility, ensure the procedural safeguards are met and administer the medications and/or substance(s) to perform a medically assisted death.**

In Manitoba, MAiD is coordinated by a central service, The Provincial Medical Assistance in Dying Clinical Team.

Legal Framework and Definition of MAiD

The *Criminal Code* provisions on MAiD (formerly referred to as Bill C-14) create an exemption from criminal prosecution for health-care providers participating in MAiD. There are two types of medically assisted deaths that are permitted under the *Criminal Code*:

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

Changes to the *Criminal Code* in 2021 (Bill C-7) allowed MAiD for eligible persons who wish to pursue a medically assisted death, whether their natural death is reasonably foreseeable or not. The revised law creates a two-track approach to procedural safeguards for medical practitioners to follow based on whether a person’s natural death is reasonably foreseeable. Additionally, the Bill allowed for persons suffering solely from a mental illness, however, with a delayed implementation. In March 2023, through former Bill C-39, the eligibility date for MAiD for persons suffering solely from a mental illness was changed to March 17, 2024. In February 2024, **the eligibility date was further extended until March 2027. Any requests for MAiD where a mental disorder is the sole underlying medical condition (MAiD MD-SUMC) do not meet criteria for MAiD.**

Details about eligibility for MAiD and procedural safeguards can be found in the next section.

Eligibility

A person may receive MAiD only if all the following eligibility criteria are met:

- 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;
- they are at least 18 years of age and capable of making decisions with respect to their health;
- they have a grievous and irremediable medical condition;
- they have made a voluntary request for MAiD that was not made as a result of external pressure; and
- they give informed consent to receive MAiD after having been informed of the means that are available to relieve their suffering, including palliative care.

Defining a Grievous and Irremediable Condition

A person has a grievous and irremediable medical condition only where the *provider* and *assessor* are of the opinion that they meet all the following criteria:

- they have a serious and incurable illness, disease, or disability;
- they are in an advanced state of irreversible decline in capability; and
- the illness, disease, or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable.

Provider – the physician or nurse practitioner who provides MAiD to the client.

Assessor – the physician or nurse practitioner who provides an opinion confirming eligibility for MAiD.

Statutory Procedural Safeguards

Procedural safeguards differ depending on whether a person's natural death is reasonably foreseeable. These safeguards emphasize the importance of the client's decision and help ensure the client has the relevant information to make an informed decision and is not in a state of vulnerability. In addition, these requirements are evidence that the authorized providers are acting within the scope of the law and are consistent with reasonable professional knowledge and skill.

Procedural Safeguards when Natural Death is Reasonably Foreseeable

Subject to a final consent waiver, before provision of MAiD to a person **whose natural death is reasonably foreseeable**, considering all their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining, the physician or nurse practitioner must:

- be of the opinion that the person meets all of the eligibility criteria;
- ensure that the person's request for MAiD was:
 - made in writing and signed and dated by the person or by another person as permitted by law under subsection (4)¹; and
 - signed and dated after the person was informed by a physician or nurse practitioner that the person has a grievous and irremediable medical condition;

¹Under subsection (4) - If the person requesting MAiD is unable to sign and date the request, another person - who is at least 18 years of age, who understands the nature of the request for MAiD and who does not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death - may do so in the person's presence, on the person's behalf and under the person's express direction

- be satisfied that the request was signed and dated by the person; or by another person as permitted by law, under subsection (4)¹ before an independent witness who then also signed and dated the request;
- ensure that the person has been informed that they may, at any time and in any manner, withdraw their request;
- ensure that another physician or nurse practitioner has provided a written opinion confirming that the person meets all of the eligibility criteria for MAiD;
- be satisfied that they and the other physician or nurse practitioner referred to above are independent;
- if the person has difficulty communicating, take all necessary measures to provide a reliable means by which the person may understand the information that is provided to them and communicate their decision; and
- unless the conditions for a waiver of final consent² or advance consent – self-administration³ have been met, immediately before providing MAiD, give the person an opportunity to withdraw their request and ensure that the person gives express consent to receive MAiD.

²Conditions for Waiver of Final Consent

The law allows the waiver of final consent immediately before receiving MAiD for persons **whose natural death is reasonably foreseeable**. The physician or nurse practitioner may provide MAiD without final consent if:

- before the person loses the capacity to consent to receiving MAiD,
 - they met all the eligibility criteria and all other statutory safeguards,
 - they entered into an arrangement in writing with the physician or nurse practitioner that the physician or nurse practitioner would administer a substance to cause their death on a specified day,
 - they were informed by the physician or nurse practitioner of the risk of losing the capacity to consent to receiving MAiD prior to the day specified in the arrangement, and
 - in the written arrangement, they consented to the administration by the physician or nurse practitioner of a substance to cause their death on or before the day specified in the arrangement if they lost their capacity to consent to receiving MAiD prior to that day.
- the person has lost the capacity to consent to receiving MAiD,
- the person does not demonstrate, by words, sounds, or gestures, refusal to have the substance administered or resistance to its administration*; and
- the substance is administered to the person in accordance with the terms of the arrangement.

*The agreement to waive final consent is invalid if the person, after having lost decision-making capacity, demonstrates refusal or resistance to the administration of medical assistance in dying by words, sounds or gestures. Reflexes and other types of involuntary movements, such as a response to a touch or to the insertion of a needle, do not constitute refusal or resistance.

³Conditions for Advanced Consent for Persons Who Choose to Self-administer a Substance for MAiD

In the case of a person who loses the capacity to consent to receiving MAiD after self-administering a substance, provided to them under Criminal Code S. 241.2, so as to cause their own death, a physician or nurse practitioner may administer a substance to cause the death of that person if:

- before the person loses the capacity to consent to receiving MAiD, they and the physician or nurse practitioner entered into an arrangement in writing providing that the physician or nurse practitioner would:
 - be present at the time the person self-administered the first substance, and
 - administer a second substance to cause the person's death if, after self-administering the first substance, the person lost the capacity to consent to receiving MAiD and did not die within a specified period;
- the person self-administers the first substance, does not die within the period specified in the arrangement and loses the capacity to consent to receiving MAiD; and
- the second substance is administered to the person in accordance with the terms of the arrangement.

Procedural Safeguards When Natural Death is NOT Reasonably Foreseeable

Before a physician or nurse practitioner provides MAiD to a person whose natural death is **not reasonably foreseeable**, considering all of their medical circumstances, the physician or nurse practitioner must:

- be of the opinion that the person meets all of the eligibility criteria for MAiD;
- ensure that the person's request for MAiD was:
 - made in writing and signed and dated by the person or by another person as permitted by law, under subsection (4)¹; and
 - signed and dated after the person was informed by a physician or nurse practitioner that the person has a grievous and irremediable medical condition;
- be satisfied that the request was signed and dated by the person — or by another person as permitted by law, under subsection (4)¹ - before an independent witness who then also signed and dated the request;
- ensure that the person has been informed that the person may, at any time and in any manner, withdraw their request;
- ensure that another assessor (physician or nurse practitioner) has provided a written opinion confirming that the person meets all of the eligibility criteria for MAiD;
- if neither they nor the other assessor referred to above has expertise in the condition that is causing the person's suffering, ensure that they or the assessor consult with a physician or nurse practitioner who has that expertise and share the results of that consultation; with the other practitioner;
 - a specialist designation is not required in order to have 'expertise', as expertise can be obtained through education, training, and substantial experience in treating the condition causing the person's suffering.
- be satisfied that they and the assessor referred to above are independent;
- ensure that the person has been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, housing, community services and palliative care (not an inclusive list) and has been offered consultations with relevant professionals who provide those services or that care;
- ensure that they and the assessor referred to above have discussed with the person the reasonable and available means to relieve the person's suffering and they and the assessor referred to above agree with the person that the person has given serious consideration to those means;
- ensure that there are at least 90 clear days between the day on which the first assessment of whether the person meets the eligibility criteria begins and the day on which MAiD is provided to them or — if the assessments have been completed and they and the assessor referred to above are both of the opinion that the loss of the person's capacity to provide consent to receive MAiD is imminent — any shorter period that the first physician or nurse practitioner considers appropriate in the circumstances;
- if the person has difficulty communicating, take all necessary measures to provide a reliable means by which the person may understand the information that is provided to them and communicate their decision; and

- unless the conditions for an advance consent – self-administration³ have been met, immediately before providing MAiD, give the person an opportunity to withdraw their request and ensure that the person gives express consent to receive MAiD.

Who Can Witness

The client's request must be in written form, dated and signed by the client and an *independent witness*. A nurse can act as an independent witness, and these witnesses cannot:

- know or believe that they are a beneficiary under the will of the person making the request or would benefit from the client's death;
- own or operate the facility where the client resides or is receiving care;
- be the physician or nurse practitioner (provider) who will provide MAiD to the client;
- be the physician or nurse practitioner (assessor) who provided an opinion confirming eligibility for MAiD.

A person who provides health care services or personal care as their primary occupation and who is paid to provide that care to the person requesting MAiD is permitted to act as an independent witness, except as identified above. Some employers in Manitoba may have additional policies related to those who may witness. Nurses must be aware of employer policies and take reasonable steps to support access to care.

Working with the Provincial Medical Assistance in Dying Clinical Team

MAiD is available throughout Manitoba and all requests are coordinated provincially by the Provincial Medical Assistance in Dying (MAiD) Clinical Team; available to help health care providers and clients access this service. More information can be found [here](#).

Nurses are not authorized to autonomously determine an individual's eligibility for MAiD; however, nurses may participate in eligibility assessments as part of a team (i.e., aiding a physician or nurse practitioner) working with the Provincial MAiD Clinical Team to ensure eligibility criteria is met.

Nurses are required to ensure that they are familiar with the relevant *Criminal Code* provisions and are aware of eligibility criteria and statutory safeguards necessary for a client to undergo MAiD. In addition, before participating in the medically assisted death, nurses should verify that a physician or nurse practitioner has documented that the eligibility criteria and procedural safeguards have been met.

This can be done by:

- reviewing the chart to determine whether documentation clearly indicates that all requirements have been met; or
- inquiring directly with the physician or nurse practitioner providing MAiD.

Having the Conversation

Good communication is essential for high quality, end of life care. Nurses are the vital link between the client, the family, the physician, and other health-care providers. There should not be an assumption that all persons potentially eligible for MAiD are aware that MAiD is legal and available in Canada. There may be circumstances where the nurse is able to provide information because of their assessment of the client's needs, circumstances, preferences, values, abilities, and culture. Currently in Manitoba we have an interdisciplinary provincial clinical team who provides MAiD. This team also acts as a resource for clients, families, and health-care professionals.

Every question from a client about assisted death suggests that the client is, or is worried about, suffering and provides an opening for a dialogue with that individual. It is important for nurses to acknowledge the expression of suffering and explore the reasons for the request. This will help nurses understand what supports might be helpful and whether the client has unmet needs. Whether or not a nurse is prepared to be involved in assisting someone to die, they remain a part of the team caring for the client. Routine or daily care and other care unrelated to the request for an assisted death remains an expectation of nursing practice. Nurses are and continue to be responsible for the provision of safe, compassionate, competent, and ethical care of every client, whether the client is considering an assisted death.

Any nurse could be asked by a client or family member about assisted death. For some, it might be an exploration of options or simple information-seeking. For others, their questions may indicate intent to pursue an assisted death. It is important nurses:

- practice according to federal and provincial regulations, professional regulatory standards and guidelines and organizational policies related to all aspects of MAiD.
- participate in conversations about MAiD with their team to understand the process and how privacy and confidentiality will be maintained within the team;
- acknowledge client questions and requests and explore the reasons for them. This will help the nurse assess for unmet needs and maintain a therapeutic and supportive relationship with the client;
- direct those seeking information on MAiD directly to the Provincial MAiD Clinical Team (or adhere to organizational policies that provide alternate directives), and ensure that clients are aware of all additional supports that may be available to them including palliative care or spiritual support;
- know that they may provide the information on MAiD that is available on <https://sharedhealthmb.ca/services/maid/>.

Nurses are not required to directly participate in the provision of MAiD. However, nurses are required to continue providing any routine care that is not related to MAiD. Refusal or failure to provide routine care may constitute abandonment and is contrary to a nurse's ethical responsibilities.

Nurses should be aware of their own feelings about assisted death and whether they are evident to the client. Clients may feel judged or discriminated against if they perceive the nature of their routine care has changed after they have indicated an interest in a medically assisted death.

Conscientious Objection

In accordance with the nursing code of ethics⁴, a nurse must recognize their own personal values and beliefs about MAiD and take measures to avoid any negative impact on client care, nursing practice and the practice environment. A nurse may object to participating in MAiD; however, a nurse may not refuse or withhold care for a client that has requested MAiD. For example, a nurse is still expected to provide medications, answer a call-bell, respond to family concerns or requests and/or provide after death care.

In health care, conscientious objection is generally understood as a health-care professional's refusal to provide a service that is within their competence. Generally, it is acceptable for a nurse to make a conscientious objection when:

- they have a longstanding and deeply held belief that the requested intervention is morally wrong and/or would compromise the nurse's personal moral integrity;
- it is not an urgent or emergent situation, and;
- there is another nurse who can assume the care in a timely manner.

Conscientious objection is driven by moral concerns and informed by reflective choice; it is not based on fear, prejudice, or convenience. Nurses must reflect on MAiD and determine whether it is compatible with their personal, ethical and/or religious beliefs. If it is not, they may choose not to participate based on conscientious objection.

Conscientious objection raises many complex issues such as how to balance ethical practice and access to service without delay or judgment. While no nurse is required to participate directly in an assisted death, there are many other elements of care that must continue uninterrupted.

If a nurse has a conscientious objection, the initial conversation with the client is not the time for the nurse to state their objection. Whether a client enquires about the topic for the first time or has serious questions on how to begin the process, it is important nurses do not make the client feel disrespected or afraid.

While a nurse may choose to not provide information about assisted death to a client or how to access the provincial clinical team, the nurse must:

- immediately acknowledge the client's request and assure the client their request will be conveyed;
- as soon as reasonably possible, inform their care team and/or manager about the request;
- maintain the therapeutic relationship with the client and continue to provide care unrelated to medical assistance in dying;
- as soon as reasonably possible, inform the employer about their conscientious objection, and;
- immediately document in the client health record any request for information related to MAiD, the interaction with the client, the care provided and/or any resources given to the client in accordance with professional standards and organizational policy.

⁴This refers to the respective code of ethics of all three regulated nursing professions in the province of Manitoba.

A nurse must not ignore a request for information about MAiD. A nurse must never minimize a client's request or feelings surrounding their health status and life circumstance as this could cause a client to feel abandoned or ashamed.

Nurses should also take time to reflect on their personal stance concerning MAiD well before it applies in their practice environment. Employers and nursing staff will be better prepared to support clients as a team if they reflect on and discuss a suitable, fair, and compassionate approach that will support both clients and the health-care team. Consider the following scenario:

Scenario:

Tina is a nurse who works on a palliative care unit. A client she works with has requested MAiD. The Provincial MAiD Clinical Team has been working with the client to accommodate the request. Tina objects to MAiD and has avoided participating in the request, including discussing it with the client and family. On the day of the client's medically assisted death, Tina calls in sick for her shift due to moral distress related to the medically assisted death.

Questions to consider:

- What moral and ethical principles are involved here?
- What are the potential implications of Tina calling in sick for her shift?
- What could Tina have done differently to address her moral objection?
- What role(s), if any, does an employer have if a nurse has a conscientious objection?

Discussion:

Some of the moral and ethical principles involved with this scenario include:

- duty to provide care;
- conscientious objection;
- responsibilities and accountability;
- fairness;
- equality and equity; and
- right to access treatment.

Tina refers to her professional code of ethics and recognizes some of the moral and ethical principles that are involved in a situation like this. By doing so, she will be better equipped to make an informed decision about whether she is prepared to participate in MAiD.

If nurses do not reflect on where they stand with MAiD, it may impact their ability to provide care to a client who has requested it. In the above scenario, Tina calling in sick may have placed an additional burden on her colleagues and potentially compromised the care of other clients.

If a nurse is uncomfortable with the idea of participating in MAiD, they should raise this concern with their employer. From here, the nurse and employer can think of ways the nurse can still provide quality care to clients while not contradicting their personal objections and professional obligations. It is also a shared responsibility between the nurse and employer to ensure they are aware of those nurses who may have a conscientious objection and to find ways to work with nurses to balance the duty to provide care while allowing them to morally object to the medically assisted death.

When to Provide Information on MAiD

Nurses can provide information on MAiD. Specifically, S. 241, (5.1) of the *Criminal Code* states “For greater certainty, no social worker, psychologist, psychiatrist, therapist, medical practitioner, nurse practitioner or other health care professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying.”

Nurses who provide clients with information about MAiD should ensure the information they are providing is correct and should not guess or speculate. Where unsure, the nurse should consult reliable sources of information. Nurses should also remain as neutral as possible and not advocate for or against MAiD when speaking with a client as nurses must be mindful not to encourage a client to seek MAiD.

Nurses must continue to support the client and feel free to openly discuss a client’s concerns, feelings, desires, and any unmet needs they may identify. Most discussions about MAiD as an option will be provided by the client’s physician, nurse practitioner, or the Provincial MAiD Clinical Team. There may be circumstances where the nurse is able to provide information based on a client’s request for information obtained as an explicit request or because of a nurse’s assessment of the client’s needs, circumstances, preferences, values, abilities and culture. Even though a client may express thoughts of suicide (suicidal ideation) or expresses a wish to die, it is important to recognize that this may not be a request for information on MAiD. If a nurse has doubts or is unsure if a client is requesting information about MAiD, they should take the time to allow the client to express their thoughts, feelings, and concerns to clarify the client’s request for information as part of the assessment process. If still unsure, nurses are encouraged to consult with the health care team or refer to another available and knowledgeable health care provider prior to providing information.

Consider the following scenario:

Scenario:

Meredith, a home care nurse, is seeing Jack, a client in the community who lives alone, has chronic obstructive pulmonary disease and is on home oxygen. He is quite limited in his ability to care for himself and has previously shared with her he feels he does not have a good quality of life. Today, Jack says to Meredith: “I can’t do this anymore. I just want this to be over.” Meredith thinks he may be talking about MAiD but recognizes the words he uses do not specifically request information about MAiD. She spends some time with him talking about what he means, exploring his suffering and during the conversation Jack says: “I want help to **die**”. Meredith recognizes this statement as a request for information about MAiD and asks Jack if he is familiar with the legislation around requesting medically assisted death. Meredith is careful to provide only factual information, not advice, and to choose language that does not suggest she is recommending or encouraging Jack to choose a medically assisted death. After hearing the information Meredith has shared Jack says: “Yes, that’s what I want”. Meredith connects Jack with the Provincial MAiD Clinical Team.

Questions for reflection:

- If Jack had initially said “I want to die”, would that statement be an explicit request for MAiD?
- Why is documentation important?

- How might providing information about MAiD before clarifying with the client their request for this information, impact the client?

Discussion:

Meredith has attended a few education sessions on MAiD and has reviewed the documents on her respective College's website but is unsure how she feels about assisted death. She recognizes it is her responsibility to provide client-centered care and document her conversation with Jack. When documenting, Meredith should ensure her documentation:

- includes details of the request for information on MAiD; and
- the actions Meredith took to fulfill the request.

If Meredith was unsure if Jack was requesting information or if there are unmet concerns or care needs Meredith should collaborate with Jack's health care team to explore his concerns and unmet needs further.

Interpreting the Codes and Standards

The codes of ethics⁴ and standards of practice⁵ documents act as guides for conduct and professional practice. This means that while they provide meaningful guidance for nursing practice, they are also open to interpretation.

⁵This refers to the respective standards of practice of all three regulated nursing professions in the province of Manitoba.

The nursing regulatory bodies acknowledge that this direction may provide some confusion as nurses may feel that they are not meeting the standards⁵ or codes of ethics⁴ when they normally provide information to assist the client with informed decision-making. Some of these principles can be found in each of the codes of ethics⁴ and standards of practice⁵ documents including:

- providing safe, competent, and ethical care,
- informed decision-making,
- justice,
- client-centered approach,
- honesty and integrity; and
- collaboration.

It is a criminal offence to counsel a person to commit suicide. In the *Criminal Code*, "counsel" is defined as to procure, solicit, or incite. However, it is not a criminal offence for a health-care professional to provide information on the lawful provision of MAiD. This means when the client raises the subject, a nurse can carefully explore what they mean and offer information about MAiD if that is what the client was referring to.

While it is not a criminal offence to initiate a conversation about MAiD with a client, doing so in circumstances when the nurse's intent could be misconstrued could lead to a complaint to law enforcement or to the nursing regulatory body. This risk is reduced if efforts are first made to ascertain

that MAiD is consistent with the client's values. We also encourage nurses to be alert to factors that may signal that it is not the right context for them to provide information about MAiD or that they are not the best health care professional to navigate such a conversation.

Some examples may be a client who has complex chronic care needs whom the nurse has just met; an elderly, ill client in obvious conflict with family members; or a client with a known history of suicide ideation. Nurses may choose to refer a client's inquiries to their treating physician or nurse practitioner, to the Provincial MAiD Clinical Team, or to health institution personnel who may be in a better position to respond to questions about services available at the institution.

Ineligibility for MAiD

There are exceptions to who can access MAiD. Currently, the following persons are not eligible for this service:

- those under the age of 18 years (minors);
- those with a mental illness as the sole underlying condition;
- those with an advanced care directive or advanced care plan who have requested MAiD as part of the plan or directive and who do not otherwise meet the criteria; and
- those who do not meet the eligibility criteria.

Eligibility and procedural safeguards continue to be reviewed and are evolving over time. If a nurse is presented with a situation that involves one or more of these exceptions, the nurse is encouraged to consult with their health-care team, regulatory body, employer, or Provincial MAiD Clinical Team prior to providing information. Consider the following scenario:

Scenario:

A client has a long-standing history of mental health issues, including a diagnosis of major depressive disorder. This client informs the nurse providing care that he is experiencing thoughts of self-harm and wants to kill himself because the emotional and psychological pain is intolerable.

Questions to ask:

- How can the nurse address the client's pain and suffering?
- Should the nurse provide the client with information on MAiD?

Discussion:

Regardless of the nature of the request, nurses need to be open to discussing a client's pain and suffering. In this context, having these discussions allows for open communication and builds on the therapeutic relationship. There are some important issues for the nurse to consider and attend to including:

- initiating a plan for the client's safety (including unit protocols);
- continuing discussions addressing the client's pain and suffering;
- any medications to be administered;

- referrals to other providers; and
- documentation of conversations between the nurse and client and any interventions.

In this scenario, it would be **inappropriate** for the nurse to initiate any discussion on MAiD even though the client has expressed a desire to end his life. Requests for MAiD must be determined as consistent with the client's values and beliefs, be unambiguous and enduring, and must be considered during a period of stability, and not during a period of crisis. Instead, the nurse should:

- engage the client in meaningful communication to clearly understand his health needs;
- continue using nursing assessment skills with empathy, respect, and compassion;
- reinforce the nurse's commitment to support and help the client with his care needs.

Nurses should be open to discussing issues related to pain and suffering without offering MAiD. If a client makes a request to access MAiD and they clearly do not meet the eligibility criteria that nurse could review the criteria and discuss them with the client. It would also be appropriate for the nurse to refer the client to their attending physician or to the Provincial MAiD Clinical Team.

Limitations to the Nurse's Role

The *Criminal Code* provisions on MAiD only permit a physician or nurse practitioner to administer the substances that will cause death. A nurse may aid the authorized provider, but a nurse shall **not** administer the substance.

Participating in a Medically Assisted Death

Once a nurse has decided to participate in a medically assisted death, they may perform a variety of interventions as directed by the authorized health-care provider. While continuing to adhere to their nursing profession's standards of practice⁵ and code of ethics⁴, a nurse may perform interventions such as:

- explaining the process of the medically assisted death to clients, the client's personal supports and other health-care providers (i.e., eligibility and competency assessments, timeline, etc.);
- acting as an independent witness for requests for MAiD provided, they meet the who can witness criteria (see page 9) and follow employer policy;
- coordinating the time and place of the medically assisted death with the client, their personal support people, the facility and other health-care providers as necessary;
- participating in the assessments for competency and eligibility with a physician or nurse practitioner;
- ensuring the medical examiner's office is aware of the approaching medically assisted death including its location, and ensuring the letter of anticipated death is in the home as applicable;
- arranging for or providing psychosocial support to the client's personal supports and/or health-care providers;
- establishing and maintaining intravenous access;

- being present at the time of the medically assisted death to support the authorized health provider, the client and/or the client's support people;
- preparing the equipment for administration. For client self-administration, the client may need aid from a nurse in preparing to take the substances, but the client must be the one self-administering the substance or medication;
- preparing the body for the funeral home (if necessary);
- debriefing the client's support people as needed;
- debriefing the staff at the facility if the medically assisted death occurred in facility; and
- providing or arranging care for the client's support people and/or other health-care providers following the medically assisted death.

Documentation

Nurses are expected to document any client interaction regarding MAiD or communication with health-care team members in the client health record. Further, nurses who are participating in MAiD should clearly document the following in the health record:

- any conversations with the client about the pain and suffering they are experiencing;
- any client request for information on MAiD and the information provided; and
- any aid they provided to the physician or nurse practitioner during the medically assisted death;

Documentation related to a medically assisted death must follow professional standards, organizational policies, and applicable documentation guidelines.

MAiD remains a sensitive topic that may involve varied perspectives. Nurses must maintain the privacy and confidentiality of clients and families who are involved in a medically assisted death. This includes respecting the client's wishes about communicating with their family and/or support people.

Guidance for Employers

Employers should expect questions from staff about MAiD. Employers are encouraged to read the resource on process and eligibility questions that is available on the Provincial MAiD Clinical Team website at <https://sharedhealthmb.ca/services/maid/>.

MAiD is an involved process with several steps. It may be helpful for staff to reflect individually or with a group when considering their participation. Nurses may want to ask themselves:

- How will I respond if I am asked about MAiD?
- What are some ways I may be asked about MAiD?
- Am I prepared to engage in discussion with a client who has expressed a wish to die?
- Do I know enough about the process to educate clients and their families?

- Do I know where to find process/eligibility information?
- Am I comfortable making a referral to the Provincial MAiD Clinical Team?
 - Am I comfortable sharing the Provincial MAiD Clinical Team's contact information with clients and/or their families?; or
 - Would I pass along a client's request for information and/or interest to a supervisor?
- If a client asks me to be present during their assessments for eligibility, am I willing to do so?
- If a client asks me to be present during their medically assisted death, am I willing to do so?

It is important to recognize that nurses will have different levels of comfort and/or objection to the different steps leading up to the medically assisted death and the medically assisted death itself. Nurses are responsible to reflect and recognize their personal values and beliefs about MAiD, and to inform their employer if they have a conscientious objection to participating in any steps of the process.

It is crucial that the care the client receives does not change because they ask about assisted death. Some ways clients may perceive change in care include less frequent check-ins by staff, shorter duration of assessments/check-ins and staff declining to discuss end of life plans.

There are several resources that nurses and employers can use to navigate the assisted dying process:

- Contact the Provincial MAiD Clinical Team by phone at 204-926-1380 or email maid@sharedhealthmb.ca
- Visit the Provincial MAiD Clinical Team website: sharedhealthmb.ca/services/maid
- Reach out to the appropriate nursing regulatory College:
 - College of Licensed Practical Nurses of Manitoba clpnm.ca
 - College of Registered Nurses of Manitoba crnm.mb.ca
 - College of Registered Psychiatric Nurses of Manitoba crpnm.mb.ca
- Review regional or facility policies regarding medically assisted deaths.

MAiD as a legal option is still relatively new in Canada, but talking with clients and families about end-of-life and even the wish to die is not new. This means that end-of-life conversations do not have to change. Nurses are not mandated to participate in MAiD; however, nurses are obligated to respond to a client's inquiry by acknowledging it and passing it on to a supervisor, manager or Chief Nursing Officer depending on their employer's policy.

Frequently Asked Questions

Can I provide information to clients about MAiD?

The *Criminal Code* permits health-care professionals, including nurses, to provide information about the lawful provision of MAiD to a client. You can provide information, engage in discussions, and educate your clients about MAiD once a client has asked about it. However, nurses cannot encourage, advise, suggest, recommend, or in any way seek to influence a client to end their life.

When do I need to have additional education for MAiD?

Nurses are required to practise within their own level of education, training, and individual competence. You require a level of knowledge about MAiD that allows you to appropriately answer a client's questions and ensure they receive appropriate nursing care.

If there is a client within your practice environment who is preparing for a medically assisted death and who you may be expected to provide direct care to, you are required to have the necessary knowledge to do so safely, competently, and ethically. In this scenario, you would be expected to familiarize yourself and be knowledgeable about the relevant federal and provincial regulations, professional regulatory college standards, and your employer's guidelines and organizational policies.

Can I start an IV or PICC line for a client that will be used for MAiD?

Yes, if you are practicing within your professional scope of practice and individual competence. Nurses can assist a physician or nurse practitioner to provide MAiD in accordance with the law. This may include inserting an intravenous or peripherally inserted central catheter (PICC) that will be used to administer medications that will cause the death of a client.

Am I allowed to hand syringes of medications to a physician or nurse practitioner that they will administer to end a client's life?

Yes. In accordance with the law, this would be considered aiding the authorized administering provider with the medically assisted death. **Only the physician or nurse practitioner may administer the substance(s) to perform MAiD.**

If the IV team is called to start the IV for a client for the purposes of administering MAiD, should the IV nurse be told the purpose? Would this be breaching the client's confidentiality?

Informing the IV team about the purpose for the IV start would be appropriate because they are involved in the client's care.

It is possible the IV nurse may have a conflict with this based on their basic values and beliefs. Providing information to the IV team in advance may prevent a potential conflict for that nurse on the basis the nurse has a conscientious objection to MAiD.

If the IV nurse has a conscientious objection to participating, it may delay the start of an IV as the client's care would need to be transferred to another nurse. In this case, let the client know that other health-care team members, such as the IV team, will need to be informed since any care they provide may legally be considered participating in a medically assisted death. Assure the client that this information will be

disclosed only as necessary to those who are involved in their care. Nurses must be aware of and follow any organizational policies related to client privacy.

My client wishes to have a medically assisted death. I want to care for them and support their family, but I don't want to be present for the medication infusion and their death. Can I start their IV and then leave the room?

Yes. However, you should openly communicate this with your employer ahead of time to ensure the client will continue to receive high quality, coordinated and uninterrupted care.

Having open discussions with your employer in advance helps ensure a clear and smooth handover of client responsibilities. It also prevents any unnecessary confusion, stress, or worry for the client and their family when another nurse provider enters the client's bedside.

Can I refuse to provide a client with information about MAiD if I have a conscientious objection to doing so?

While you may not want to provide information based on your values and beliefs, you cannot prevent your client from accessing information about MAiD. This is not the time for a nurse to share their personal objection with the client. A nurse is still obligated to ensure the client is safe and that their suffering is addressed as soon as possible. Nurses must acknowledge the client's request by:

- exploring the client's suffering in a caring and compassionate manner,
- collaborating with colleagues and the employer to meet the client's needs,
- exploring their own feelings about participating in medical assistance in dying, and
- making referrals as appropriate.

The Criminal Code also allows for a physician or nurse practitioner to provide or prescribe to a person, at their request, so that they may self-administer the substance to cause death. Am I allowed to pass these medications to the client?

Yes. The law provides an exemption for persons assisting a client to “do anything, at another person's explicit request, for the purpose of aiding that other person to self-administer a substance that has been prescribed for that other person as part of the provision of medical assistance in dying”.

If a nurse is asked to participate in a medically assisted death and is comfortable doing so, they must ensure the client meets eligibility criteria for a medically assisted death in Canada.

A physician has asked me to participate in the assessment of a client who is requesting a medically assisted death. Am I allowed to?

Yes. You may do this if you are comfortable doing so and if the client agrees to your presence.

I work in a facility where medically assisted deaths have been performed. Am I allowed to be a witness to a client's signing of an official request to a medically assisted death?

Paid providers of health care services or personal care services who provide these services as their primary occupation may act as an independent witness to a client signing a formal request for a medically assisted death if they do not:

- know or believe that they are a beneficiary under the will of the client making the request or would benefit from the client's death;
- own or operate the facility where the client resides or is receiving care;
- act as the physician or nurse practitioner who will provide MAiD to the client;
- act as the physician or nurse practitioner who provided an opinion confirming eligibility for MAiD.

Some employers in Manitoba may have additional policies related to those who may witness. Nurses must be aware of employer policies and take reasonable steps to support access to care.

Is a nurse obligated to voice a conscientious objection and must the employer accommodate a conscientious objection?

Yes. This is a shared responsibility between the nurse and employer. The nurse must let their employer know they have a conscientious objection so that the employer can make accommodations for the nurse while assuring care for the client continues (e.g., staff scheduling on the day of the assisted death).

Even though a nurse may have a conscientious objection, this does not absolve them from providing day-to-day care or acknowledging a request for MAiD. Nurses are responsible to reflect and recognize their personal values and beliefs about MAiD, and to inform their employer if they have a conscientious objection to participating in any steps of the process.

It is also important for employers to recognize that nurses will have different levels of comfort and/or objection to the steps leading up to the medically assisted death and the medically assisted death itself. It is the responsibility of the employer to acknowledge and address any conscientious objections raised by nursing staff and to accommodate these requests as much as reasonably possible.

The most important piece is for both the nurse and employer to be open to discussions about MAiD and to encourage dialogue. This will lead to a greater understanding of employer expectations surrounding MAiD and will allow employers to be aware of any potential issues surrounding an assisted death in their practice area or facility.

Can a family member or proxy make a request on behalf of the client for their medically assisted death?

No. The law requires that the person's request for MAiD be made in writing, signed, and dated by the person requesting it. If the person is unable to sign, another person may sign on their behalf in the person's presence and **under the person's express direction** as long as the other person:

- is at least 18 years of age,
- understands the nature of the request, and
- does not know or believe that they are the beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death.

Eligibility criteria for a medically assisted death requires that the client can provide informed consent to receive MAiD after having been informed of the means that are available to relieve their suffering, including palliative care.

The law requires that the client give express consent and have the opportunity to withdraw their request up until immediately before a medically assisted death. Family members or proxies are not legally permitted to make the decision or provide consent on behalf of the client for a medically assisted death at any time.

Advanced directives (also known as living wills), allow for explicit instruction on consent or refusal of treatment in specified circumstances. They may also be used to appoint or designate a substitute decision-maker to consent or refuse treatment or care in the event a person becomes incapacitated. Because the law requires the person's direct express consent, MAiD cannot be provided on the authority of an advanced directive.

References and Resources

- Canadian Nurses Association (2017). *Code of Ethics for Registered Nurses*. Retrieved from CRNM website: https://cna.informz.ca/cna/data/images/Code_of_Ethics_2017_Edition_Secure_Interactive.pdf
- Canadian Nurses Protective Society (2021). *Medical assistance in dying: What every nurse should know*. Retrieved from Canadian Nurses Protective Society website: <https://cnps.ca/article/medical-assistance-in-dying-what-every-nurse-should-know/>
- College of Licensed Practical Nurses of Manitoba (2014). *Code of Ethics* Retrieved from the College of Licensed Practical Nurses of Manitoba website: <https://www.clpnm.ca/for-registrants/practice-supports/code-of-ethics/>
- College of Licensed Practical Nurses of Manitoba (2021). *Standards of Practice and Conduct*. Retrieved from CLPNM website: <https://www.clpnm.ca/for-registrants/practice-supports/standards-of-practice-and-conduct/>
- College of Psychiatric Nurses of Manitoba (2017). *The College of Psychiatric Nurses of Manitoba Code of Ethics*. Retrieved from CRPNM website: <https://crpnm.mb.ca/members/standards-and-legislation/standards-and-code-of-ethics/>
- College of Psychiatric Nurses of Manitoba (2019). *Standards of Psychiatric Nursing Practice*. Retrieved from CRPNM website: <https://crpnm.mb.ca/members/standards-and-legislation/standards-and-code-of-ethics/>
- College of Registered Nurses of Manitoba (2018). *Practice Expectations for Registered Nurse (Nurse Practitioner)s*. Retrieved from CRNM website: <https://www.crnmb.ca/rns-nps/practice-expectations/>
- College of Registered Nurses of Manitoba (2023). *Practice Expectations for Registered Nurses*. Retrieved from CRNM website: <https://www.crnmb.ca/rns-nps/practice-expectations/>
- Criminal Code (R.S.C., 1985, c. C-46)*, (1985). Retrieved from Government of Canada website: <https://laws-lois.justice.gc.ca/eng/acts/C-46/index.html>

Government of Canada (2023). *Medical Assistance in Dying: Overview*. Retrieved from Government of Canada website: <https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html>

Government of Canada (2023). *Model Practice Standard for Medical Assistance in Dying (MAiD)*. Retrieved from Government of Canada website: <https://www.canada.ca/en/health-canada/services/publications/health-system-services/model-practice-standard-medical-assistance-dying.html>

Shared health Manitoba (2023). *Medical Assistance in Dying (MAiD)*. Retrieved from Shared health Manitoba website: <https://healthproviders.sharedhealthmb.ca/services/maid/>

Winnipeg Regional Health Authority (2017). *Responding to Patient Questions about Assisted Dying Ethics Issue Quick Reference Guide*. Retrieved from WRHA website: <https://wrha.mb.ca/files/ethics-responding-to-maid-requests.pdf>