



## **Medical Assistance in Dying (MAiD)**

### **REPORT TO THE STANDING SENATE COMMITTEE ON LEGAL AND CONSTITUTIONAL AFFAIRS ON BILL C-14**

Tuesday May 10, 2016

3:00 pm

#### **PREAMBLE**

The College of Registered Nurses of B.C. (CRNBC) regulates 40,000 registered nurses and nurse practitioners in the public interest. Under legislative authority of the *Health Professions Act* in B.C., CRNBC sets and enforces standards to ensure that nurses deliver safe, competent and ethical care to patients and their families.

In response to the Supreme Court *Carter* Decision and the Special Joint Committee Report: *Medical Assistance in Dying: A Patient Centered Approach*, CRNBC has been working closely with our provincial counterparts and stakeholders including the BC Ministry of Health, the BC Health Authorities, the College of Physicians and Surgeons of BC and the College of Pharmacists of BC as we each carry out our respective roles related to establishing standards, protocols and safe approaches for providing and aiding Medical Assistance in Dying (MAiD).

In addition to considering and developing standards, limits and conditions for nurse practitioners and registered nurses in B.C. who may be involved in MAiD, CRNBC has also been considering what quality assurance methods will be required to support nurses' involvement.

#### **RECOMMENDATIONS**

CRNBC's recommendations focus on two key areas:

1. Regulatory supports for inter-professional collaboration
2. Quality Assurance mechanisms

##### **Regulatory support for inter-professional collaboration**

CRNBC supports the CNPS submission (see attached letter).

It is recommended that legislation addresses collaboration and shared decision-making for patients, health practitioners and family members. Research from the Benelux countries demonstrates better outcomes for the person, their family and health care providers when there is legislative emphasis on the inter-professional nature of the work and the importance of collaboration throughout the process, e.g. discussions of eligibility, multiple discussions to ensure comprehension by the person requesting MAiD, and formal debriefing after the event.



**It is recommended that legislation clarify the role of the physician and nurse practitioner related to determining a patient's eligibility requirements.** If the diagnosis of a grievous and irremediable condition and the prognosis of foreseeable death are confirmed as evidenced by medical consultation and diagnostic reports, then it is appropriate for an NP to synthesize and integrate the evidence for the purpose of completing the eligibility assessment with either another NP or a physician. However, it is outside of the scope of practice for a nurse practitioner in British Columbia to independently determine the grievous and irremediable nature of a disease or condition and the prognosis of foreseeable death.

**It is recommended that legislation clarify that only a physician or nurse practitioner may personally administer MAiD substances.** CRNBC sees the role of a registered nurse limited to aiding in MAiD and excluding the administration of MAiD substances.

**It is recommended that the preamble of Bill C-14, emphasizes the notable distinction between MAiD and palliative care.** The intended outcome of palliative care is to improve the quality of life for those with serious illnesses. When receiving a request for assistance with dying, it is important to determine whether the request is being made as a result of unmet physical, emotional or spiritual needs that additional palliative care activities may address, e.g. pain or symptom management, anxiety, loss of ability to carry out activities of daily living or fatigue. MAiD is not an appropriate alternative for a person who is seeking palliative care.

**CRNBC recommends that government does not address language related to conscientious objection in the legislation.** Conscientious objection is a subject that falls squarely within the jurisdiction of professional colleges. However, if government determines it is necessary to address the issue of conscientious objection in the Criminal Code, we recommend that the following are considered in drafting legislation:

- Clearly outline the responsibility and accountability of the health care provider to listen to, respect and acknowledge the person's concerns in a non-judgemental way when there is a request for assistance in dying, before deciding that it is a request for MAiD
- Build in requirements that ensure any request for assistance in dying is brought forward for discussion by the health care team
- Build in requirements that qualify the responsibility of a health care professional with a conscientious objection to not abandon the person who is requesting MAiD and to continue providing safe, culturally respectful and sensitive care to the person who is requesting MAiD until transfer of the care is complete
- Build in requirements that qualify the responsibility of a health care professional with a conscientious objection to not share his or her personal beliefs or attempt to influence the decision of the person who is requesting MAiD



## **Quality Assurance Mechanisms**

**It is recommended that legislation be drafted to:**

- Require provincial-level protocols and forms that standardize the care pathways and outline the roles of all providers – physicians, nurse practitioners, pharmacists, registered nurses
- Establish provincial and federal data collection, monitoring, and reporting requirements for the purpose of issue trending, ongoing improvement and program evaluation

COLLEGE OF  
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May 10, 2016

Standing Committee on Justice and Human Rights  
1 Wellington Street  
Ottawa ON  
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To: Hon. Chair Anthony Housefather and Members of the Committee

Re: Bill C-14

Dear Hon. Chair and Members of the Committee:

The College of Registered Nurses of British Columbia (CRNBC) has reviewed the Canadian Nurse Protective Society (CNPS) submissions in respect of Bill C-14 and would like to offer the following additional comments.

As the organization responsible for protecting the public through regulation of the nursing profession in British Columbia, CRNBC supports clarity in the requirements that must be met to be able to invoke the exemption from criminal prosecution, so that we may, in turn, establish clear guidelines and standards for our registrants. For that reason, we also support the request that the permitted role of the registered nurse in the provision of medical assistance in dying be clarified, specifically with respect to the following question:

*Can a registered nurse administer the substance prescribed by a physician or nurse practitioner to bring about the patient's death or does Bill C-14 require that the physician or nurse practitioner be present at the patient's bedside and personally administer the substance?*

While we agree with the notion that any professional intervention should be provided in accordance with best practices as reflected in the standards of practice, it concerns us greatly that pursuant to paragraph 241.2(7), any breach of those standards could invalidate the exemptions contained in Bill C-14. The content of our standards is determined by reference to known best practices and the protection of the public. They are developed to enhance nursing practice and as a basis to assess the overall quality of nursing care. While they are important in the clinical context, standards are not developed as a basis to assess what constitutes criminal conduct.

We wish to reassure the committee that where interventions are not provided in accordance with the standard of care, we have the authority to discipline registrants and to apply a sanction that is commensurate with that breach, including withdrawal of a licence to practice, if appropriate. For that reason, CRNBC also supports the recommendation that the reference to provincial standards of practice in paragraph 241.2(7) be removed.

Sincerely,

A handwritten signature in black ink, appearing to read "Cynthia Johansen". The signature is fluid and cursive, with a long horizontal stroke at the end.

Cynthia Johansen  
Registrar/CEO