



Medical Assistance in Dying Standards of Practice for Nurse Practitioners

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Purpose

These *Medical Assistance in Dying Standards of Practice for Nurse Practitioners* were developed by the Lieutenant Governor in Council on recommendation by the Minister of Health through an Order in Council (O.C. 320/2016) and adopted in accordance with Sections 135.4 and 133 of the *Health Professions Act*. The purpose of these standards is to outline the responsibilities and accountabilities for nurse practitioners regarding medical assistance in dying.

Medical Assistance in Dying Standards of Practice for Nurse Practitioners

These standards outline the minimum expectations for nurse practitioners regarding medical assistance in dying. All nurse practitioners must adhere to these standards.

Interpretation - medical assistance in dying

1. In these standards,
 - a. “medical assistance in dying” means
 - i. the administering by a nurse practitioner of a substance to a patient, at the patient’s request, that causes the patient’s death; or
 - ii. the prescribing or providing by a nurse practitioner of a substance to a patient, at the patient’s request, so that the patient may self-administer the substance and in doing so cause his or her own death;
 - b. “nurse practitioner” means a regulated member who is registered on the nurse practitioner register under the *Registered Nurses Profession Regulation* (AR 232/2005).

Compliance with legislation

2. A nurse practitioner who receives, considers or fulfils a written request for medical assistance in dying must do so in accordance with legislation.

Requirement on inquiry from patient

3. A nurse practitioner who receives an inquiry from a patient with respect to medical assistance in dying must communicate promptly and respectfully with the patient and must ensure that contact information for the Alberta Health Services Medical Assistance in Dying Care Coordination Service is provided to the patient, or to another person identified by the patient, without delay.

Requirement on request from patient

4. A nurse practitioner who receives an oral or written request from a patient for medical assistance in dying and who declines for reasons of conscience or religion to provide or to aid in providing medical assistance in dying must ensure that reasonable access to the Alberta Health Services Medical Assistance in Dying Care Coordination Service is provided to the patient without delay.

Informed consent

5. A nurse practitioner who obtains informed consent for the purpose of medical assistance in dying from a patient who has requested the assistance, must ensure that the patient
 - a. is aware of his or her right to withdraw consent at any time,
 - b. is free of undue influence, duress or coercion in making the consent decision,
 - c. is informed of
 - i. the diagnosis reached,
 - ii. the advised interventions and treatments for his or her condition, the exact nature and anticipated benefits of the advised interventions and treatments and their associated common risks and significant risks,
 - iii. the reasonable alternative treatments available for his or her condition, the exact nature and anticipated benefits of the reasonable alternative treatments and their associated common risks and significant risks,
 - iv. the exact nature of the medical assistance in dying procedure and its associated common risks and significant risks, and
 - v. the natural history of his or her condition and the consequences both of receiving and of not receiving medical assistance in dying,and
 - d. demonstrates a reasonable understanding of the information provided and the reasonably foreseeable consequences both of receiving and of not receiving medical assistance in dying.

Requirements for plan, collaboration and notification

6. A nurse practitioner who provides medical assistance in dying must
 - a. discuss and agree on a plan with the patient that considers
 - i. the patient's wishes regarding when, where and how the medical assistance in dying will be provided, including the presence of the nurse practitioner and any additional support,
 - ii. an alternate plan to address potential complications, and
 - iii. the patient's choice to rescind the request at any time, including immediately before the provision of medical assistance in dying,
 - b. collaborate with the pharmacist dispensing the drug(s), and
 - c. after the patient's death, notify the Office of the Chief Medical Examiner.

Restriction on drugs that may be used

7. A nurse practitioner may prescribe a drug for use in medical assistance in dying only if the drug has been recommended for the use by the Alberta Health Services Medical Assistance in Dying Care Coordination Service.

Records

8. A nurse practitioner who provides medical assistance in dying must keep records in the form and manner required by the Minister confirming that the requirements of these standards, and any other standards or legislation applicable to medical assistance in dying, were met.

Medical Assistance in Dying Regulatory Review Committee

9. A nurse practitioner who provides medical assistance in dying must, without delay, provide a member of the Medical Assistance in Dying Regulatory Review Committee designated by the Committee with copies of the records referred to in section 8.

References

Health Professions Act, R.S.A. 2000, c. H-7.

Medical Assistance in Dying Standards of Practice for Nurse Practitioners, Alta. O.C. 320/2016.

https://www.qp.alberta.ca/documents/orders/Orders_in_Council/2016/1216/2016_320.html

Registered Nurses Profession Regulation, Alta. Reg. 232/2005.