
Practice Guideline for Registered Nurses Medical Assistance in Dying



Mandate

Regulation for safe, competent, and ethical care.

Under the *Nurses Act*, NANB is legally responsible to protect the public by regulating registrants of the nursing profession in New Brunswick. Regulation makes this profession, and nurses as individuals, accountable to the public for the delivery of safe, competent, and ethical nursing care.

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Words or phrases in bold print are found in the glossary. They are shown in bold on first appearance.

Purpose

The purpose of this document is to help registered nurses (RN)¹ understand their professional and legal responsibilities related to **medical assistance in dying** (MAID) in New Brunswick. The *Criminal Code of Canada* defines eligibility requirements for persons requesting MAID and outlines the **safeguards** that RNs must follow when providing MAID. In addition, RNs are accountable to follow the [Standards of Practice for Registered Nurses](#), the [Code of Ethics for Registered Nurses](#) and employer policy. The legislation requires that MAID be provided with reasonable knowledge, care and skill, and in accordance with any applicable legislations, rules or standards. RNs who fail to comply with legal requirements may be convicted of a criminal offence. Therefore, all RNs should familiarize themselves with requirements for MAID and ensure their practice is consistent with [current legislation](#).

Introduction

In June 2016, the Parliament of Canada passed legislation that allows eligible Canadians to request MAID. On October 5, 2020, Bill C-7: An Act to amend the Criminal Code (MAID) was introduced in Parliament, which proposed changes to Canada's legislation on MAID. On March 17, 2021, changes to Canada's MAID legislation took effect and are reflected in this document.

Current legislation and the *Criminal Code* exempt RNs and other health care team members from prosecution if they assist a **nurse practitioner** (NP) or **physician** in the provision of MAID. There are two types of MAID permitted in Canada under the *Criminal Code*:

1. Clinician-administered MAID, whereby the NP or physician directly administers a substance that causes death, such as an injection of a drug; or
2. Self-administered MAID, whereby the NP or physician provides or prescribes a drug that the eligible person takes themselves in order to bring about their own death (Government of Canada, 2021).

Eligibility and Provision of MAID

Only NPs and physicians can assess a person's eligibility for and provide MAID. Please consult the following Government of Canada link for eligibility criteria and procedural safeguards: [Medical assistance in dying](#). NPs are accountable to the Nurses Association of New Brunswick (NANB) [Standards for the Practitioner of Nurse Practitioners: Medical Assistance in Dying](#).

¹ For the purposes of this document, the term "registered nurse" refers to graduate nurses.

Guidelines for Practice

This document is intended to provide guidance and information to RNs when contemplating their response to questions regarding MAID, when having conversations with the person about MAID, or when considering assisting in the MAID process.

Guideline 1: Communication with the Person and Family

Many complex factors may be involved when a person begins a discussion about MAID. RNs should:

1. seek guidance from employer policy to determine how information on MAID is to be provided;
2. acknowledge the person's request for information in a timely, competent, and compassionate way;
3. refer the person to someone that can provide accurate information on MAID if they are unable to;
4. ensure that any information they are providing is objective and correct;
5. remain as neutral as possible;
6. effectively listen to the person's concerns and needs in relation to their care with empathy, respect, and compassion;
7. continue to provide safe, compassionate, competent, and ethical nursing care, and reassure the person that their care needs will continue to be addressed;
8. work to relieve pain and suffering through effective symptom and pain management, including fostering comfort and advocating for adequate relief of discomfort;
9. provide psychosocial support and refer to additional supports as needed;
10. ensure the person understands all additional supports available to them and is not seeking MAID due to lack of supports; and
11. document the care provided and any request for information on MAID in the person record according to employer policy and the NANB [Standards for Documentation](#).

Guideline 2: Knowledge-Based Practice

RNs are responsible for understanding and complying with MAID legislation and understanding how it applies to their nursing practice, setting, and role. They must also consult and follow employer policy and ensure they possess the competence to do the required interventions (e.g., providing education or starting an intravenous line). If an RN elects to assist an NP or physician in the provision of MAID, the following should be reviewed and understood:

1. the principles of the [Criminal Code provisions](#);
2. any provincial legislation and/or direction;
3. employer policy regarding MAID in their practice setting and any applicable guidelines, procedures and/or processes in place; and
4. any professional or employer legal advice, as required.

Guideline 3: Assisting in the Provision of MAID

The *Criminal Code* allows RNs to assist in the provision of MAID under the direction of an NP or physician, but this does not include the assessment of person eligibility or administration of any substances to death.

If the NP or physician prescribes the person an oral substance person to self-administer in order to cause death, the person must be the one to physically ingest the substance. RNs must refrain from activities that may be viewed as the actual administration of the substance. These activities may include: placing the oral substance in the person's mouth; inserting (pushing) the substance into the person's intravenous line or feeding tube; and/or, preparing or altering the substance to ease ingestion (e.g., mixing the substance with food or liquid). The RN is NOT responsible to prepare, dispense, or administer the substance that causes death. It is the responsibility of the RN to:

1. assist the NP or physician, as needed, in the lawful provision of MAID by performing activities such as person education; providing support or comfort care to persons and family; or inserting an intravenous line (always refer to employer policy before assisting an NP or physician);
2. be aware of the eligibility criteria, safeguards, and requirements to ensure they are acting appropriately with respect to a person who is requesting MAID;
3. review the person's chart and signed written request for MAID; and
4. review or discuss the assessment of eligibility and safeguards with the NP or physician.

If any questions remain unanswered, the RN needs to notify their supervisor or the care coordination team immediately to discuss and document next steps.

Guideline 4: Conscientious Objection

The amendments to the *Criminal Code* do not impose any obligation for RNs to participate in the MAID process. RNs are not obligated to assist an NP or physician in the provision of MAID. RNs who are asked to assist in any aspect of lawful MAID and choose not to participate at any time due to personal, moral beliefs and values; lack of skill; or other reasons, must immediately:

1. assure the person that they will not be [abandoned](#) and continue to provide care that is not related to activities associated with MAID; and
2. notify their employer so that alternative care arrangements can be made.

Guideline 5: Independent Witness

The *Criminal Code* requires that a person's request for MAID be made in writing. This request must be signed and dated before one independent witness. The independent witness must be at least 18 years of age and understand what it means to request MAID. The independent witness cannot benefit from the persons' death (i.e., beneficiary under the will or recipient of financial or material benefit). Nor can the independent witness be the owner or operator of the health-care facility where the person making the request resides or is being treated. The independent witness can be someone who is paid to provide healthcare services or personal care as their primary occupation with the exception of the NP or physician who is the **provider** or **assessor** for MAID. According to current legislation, RNs can act as independent witnesses; however, NANB recommends they contact the [Canadian Nurses Protective Society](#) before accepting such a role.

Guideline 6: Documentation

RNs must accurately document MAID conversations and the nursing care they provide in a timely, factual, complete, and confidential manner. An RN who is assisting an NP or physician in the provision of MAID should document according to NANB [Standards for Documentation](#) and employer policy:

1. any request for information about MAID directed to the RN and the information provided;
2. any nursing actions related to the assistance they provide the NP or physician prior, during, or after the MAID procedure; and
3. the nursing care provided in accordance with NANB Standards of Practice and the policies/processes of their employer.

MAID Resources

[Medical Assistance in Dying](#) (CNA)

[National Nursing Framework on Medical Assistance in Dying in Canada](#) (CNA)

[Canada's medical assistance in dying law](#) (GC)

[Medical Assistance in Dying](#) (GC)

[Framework on Palliative Care in Canada](#) (GC)

[Medical Assistance in Dying: What Every Nurse Should Know](#) (CNPS)

[Standards of Practice for Nurse Practitioners: Medical Assistance in Dying](#) (NANB)

[FAQ-Medical Assistance in Dying](#) (NANB)

Glossary

Assessor: the physician or nurse practitioner who provides a written opinion as to whether the person requesting MAID meets the eligibility criteria for MAID.

Conscientious Objection: a situation in which a nurse informs their employer about a conflict of conscience and the need to refrain from providing care because a practice or procedure conflicts with the nurse's moral beliefs.

Medical assistance in dying: an umbrella term that includes (a) clinician-administered MAID which is the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or (b) self-administered MAID which is 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.

Nurse practitioner: a registered nurse who has additional education and nursing experience. NPs are advanced practice nurses with graduate education, which enables them to autonomously diagnose and treat illnesses; order and interpret tests; prescribe medications; and perform medical procedures.

Physician: a person who is entitled to practise medicine under the laws of a province or territory.

Provider: the NP or physician who assesses whether the person requesting MAID meets the eligibility criteria for MAID, ensures that the procedural safeguards have been met and, if so, provides MAID.

Safeguards: refers to protective legislative measures enacted through the *Criminal Code*.

Reference

Government of Canada. (2021). *Medical Assistance in Dying*. <https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>

