WORKING WITH THE FEDERAL GOVERNMENT TO CRAFT A FRAMEWORK ON MEDICAL ASSISTANCE IN DYING

BACKGROUND

- Prior to the February 2015 Supreme Court of Canada decision and the December 2015 Quebec Court of Appeal Decision, the Canadian Nurses Association (CNA) has been monitoring and discussing implications for nursing practice of Medical Assistance in Dying (MAID).
- In October 2015, CNA provided its views before the External Panel on Options for a Legislative Response to *Carter v. Canada*.
- During a January 26, 2016 CNA webinar on care at end of life, over 350 nurses focused on ethical and nursing care issues related to MAID.
- Nurses have always supported patients and families during end of life care planning and discussions and are vocal advocates for improved access to palliative care across Canada. We believe that there remains considerable work to do in Canada to improve access to palliative care. Improved access to palliative care would, no doubt, influence the level of demand for MAID among Canadians.

IMPORTANT REQUIREMENTS IN NEW MAID LEGISLATION

1. ENSURING ACCESS FOR PATIENTS

*CNA recommends:*

- The new piece of federal legislation must ensure that all Canadians have access to MAID.
- As it will not only be physicians involved in MAID, CNA *strongly* recommends that the wording in the title of the legislation needs to be called “Medically Assisted Death” or similar (and not Physician-Assisted Death). This will avoid repeating errors of the past where a single term or reference to a regulated professional discipline, or lack thereof, in federal legislation has created major barriers to access.
- Canada must have universal coverage and a framework for MAID that ensures a consistent approach to MAID across Canada – equally applicable to urban, rural and remote settings. This will prevent a patchwork system where patients feel the need to search for care.
- Part of enabling access is ensuring there are mechanisms for patients to safely open and carry on discussion about MAID with their health care providers from a range of disciplines including physicians, nurse practitioners, registered nurses, pharmacists, and others.
- Patients and health care providers must have ready and unfettered access to all necessary professional supports related to MAID, including counselling, education, guidance on protection of the vulnerable and conscientious objection, mental health services, etc. An individual’s level of income must not pose a barrier to those seeking MAID. All associated services should be insured and available at all stages.
2. TEAMS: NO PRACTITIONER WORKS IN ISOLATION

CNA recommends:

- The new piece of federal legislation must recognize the reality that end of life care is delivered by teams involving physicians, nurse practitioners, registered nurses, pharmacists, spiritual and social workers, and others who rely on each other professionally to deliver care. The legislation must reflect, protect and empower the full cadre of essential providers, working in close collaboration, to each fulfill their role.
- In most cases, the nursing role will be to advise about/refer for MAID. Nurses need protection and authority to act in this capacity, particularly in circumstances where they are the sole provider (such as in the North).
- All providers will need access to comprehensive, standardized curricula, educational resources and guidelines across jurisdictions. These are the tools they will need to respond to questions posed by individuals, families and caregivers the most informed choices can be supported.

3. SAFETY

CNA recommends:

- Ensuring federal oversight involving legal and ethics experts, health care providers, and other stakeholders including the public. Quebec has developed an excellent model which specifies the role of an oversight body, and who should be involved. This model could be replicated in all jurisdictions.
- All jurisdictions should report routinely to the Minister of Justice and Attorney General of Canada whose mandate MAID clearly falls within.
- Oversight must include mechanisms to ensure systematic documentation, data collection and reporting.
- From a legal standpoint, nurses involved with MAID will need protection under the Criminal Code. This includes safeguards to have open conversations, conscientiously object, assess competence, reconsider choices, protect the vulnerable, and document the right information.
- The Canadian Nurses Protective Society (CNPS), which offers legal advice, risk management services, legal assistance and professional liability protection related to nursing practice, has addressed these issues in detail and has also provided sound advice to inform how the new piece of legislation can be developed.

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