

Task

To create guideline documents for RN and RN(NP) involvement in medical assistance in Saskatchewan.







After a rigorous process of

- information gathering, deliberation, discussion, consultation, collaboration, development, approval through SRNA Council, and with plain language and graphic design considerations,
- there are two SRNA medical assistance in dying guideline documents: one for RNs and one for RN(NP)s.

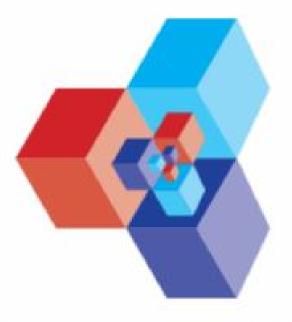




Guideline for RN
Involvement in Medical
Assistance in Dying

November 2016





Guideline for RN(NP)
Involvement in Medical
Assistance in Dying

November 2016

Translation to Practice Top Ten

1. Gather information

- Prior to the legislation and ongoing
- Other provinces; other licensing bodies;
 Senate and House of Commons, CNPS
- Focus groups; survey monkey; RN(NP) advisory groups, practice consultations

2. Conscientious Objection

- Most common discussion point
- Early in the guideline documents
- Implications for referral

Conscientious Objection

The SRNA recognizes that an RN(NP) may not be comfortable providing or assisting with a medically-assisted death. The law and the SRNA do not compel an RN(NP) to provide or assist in this process. RN(NP)s who have a conscientious objection to participating in medical assistance in dying:

- are not obligated to provide or assist with a medically-assisted death;
- have a professional obligation to refer the person to a medical or nurse practitioner who will provide a medically-assisted death if all applicable requirements are met, or refer the person to a designated contact person for this purpose, and
- must continue to provide care to address the person's other health care needs unless and until it is provided by another qualified health care provider.

The Canadian Nurses Association (CNA) Code of Ethics provides guidance to RN(NP)s in their practice and to effectively manage discussions about conscientious objections with their client, agency or employer.

3. End of Life Care

palliative care

tell the story of a life well-lived

honour the person and their life

"A few conclusions become clear when we understand this: that our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one's story is essential to sustaining meaning in life; that we have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone's lives."

 Atul Gawande, Being Mortal: Medicine and What Matters in the End

4. CNPS Guidance

- Understanding the legislation, through numerous discussions and webinars
 - A right vs. a possibility
 - Circular

"Medical assistance in dying must be provided we reasonable knowledge, care and skill, and in accordance with any applicable laws, rules or standards" (*Criminal Code*, 1985, 242.2[7]).

66 The RN(NP) who administers the pharmacy protocol for medical assistance in dying should remain with the person until death occurs. ??



66 RN(NP)s have been named in the Criminal Code, along with medical practitioners as having the ability to administer medical assistance in dying. "

5. RN(NP)s in our health care system

- Exemptions
- Part of RN(NP) practice in SK
- What competency requirements
- Employers can limit but not expand scope

6. Administering vs. Aiding

- Separate guideline documents
- Clarify roles of the RN and RN(NP)
- Provincial protocols must be adhered to

7. What about self-administration?

- Practitioner-administered
 - intravenous
 - oral

Self-administration

How can we ensure the requirements of the legislation are met; while ensuring public safety, and honouring the wishes of the person seeking medical assistance in dying?

8. Collaboration

 Ongoing; federal and provincial ministries, regulatory bodies and regional health authorities

Fillable forms and pharmacy protocols

9. Nursing Leadership

- Largest regulatory body in SK
- Shape thinking about the role of the RN(NP)
- Discussions about self-regulation and competence vs. credentialing and privileging
- Participation of public members in the discussion

10. Putting it into practice

- theory becomes reality
- with critical thinking, effective communication, and collaboration
- we are working things through together

