



Medical Assistance in Dying:

Translating Legislation to Nursing Practice

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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 with reasonable knowledge, care and skill, and in accordance with any applicable laws, rules or standards” (*Criminal Code*, 1985, 242.2[7]).

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

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

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“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

• 2016 New York legislation
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