

Medical Assistance in Dying: Bill C-7

May 3, 2021

Introductions

- Carlyn Tancioco, RN, Advanced Practice Consultant
- Nathalie Peladeau, RN, Educational Consultant
- Romy Sussman, JD, Policy Analyst
- Eugenia Afolabi, Communications Advisor

Questions?

- Please stay muted throughout the presentation
- Use CHAT Feature and direct all questions to:
Co-Host: *Amanda Laird*
- Questions will be collected and themed for response by one of our presenters at the end

Introduction

- Resources
- Background
- Main elements of Bill C-7
- Stages of MAID
- Reporting requirements
- NP practice experience
- Q&A

MAID Resources

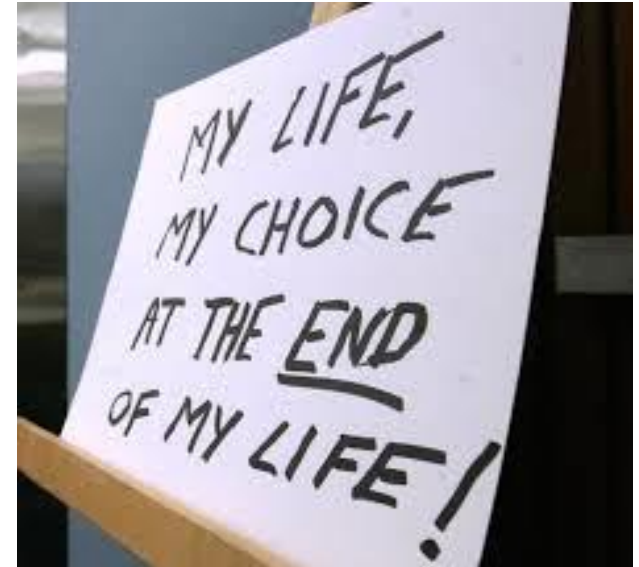


- Guidance in Nurses' Roles in Medical Assistance in Dying
- Infographic
- MAID Webpage

What is “Medical Assistance in Dying”?

Practitioner-Assisted MAID: A Nurse Practitioner (NP) or physician provides assistance by administering a medication to a patient, at their request, that causes their death or

Patient Self-Administered MAID: An NP or physician prescribes or provides a medication to a patient, at their request, so that they may self-administer the medication, and in doing so, cause their own death



As defined in the *Criminal Code*

Historical Background

June
2016

- Former Bill C-14 decriminalized medical assistance in dying (MAID).

Sept
2019

- Superior Court of Québec declares unconstitutional the eligibility criterion of “reasonable foreseeability of natural death.”

October
2020

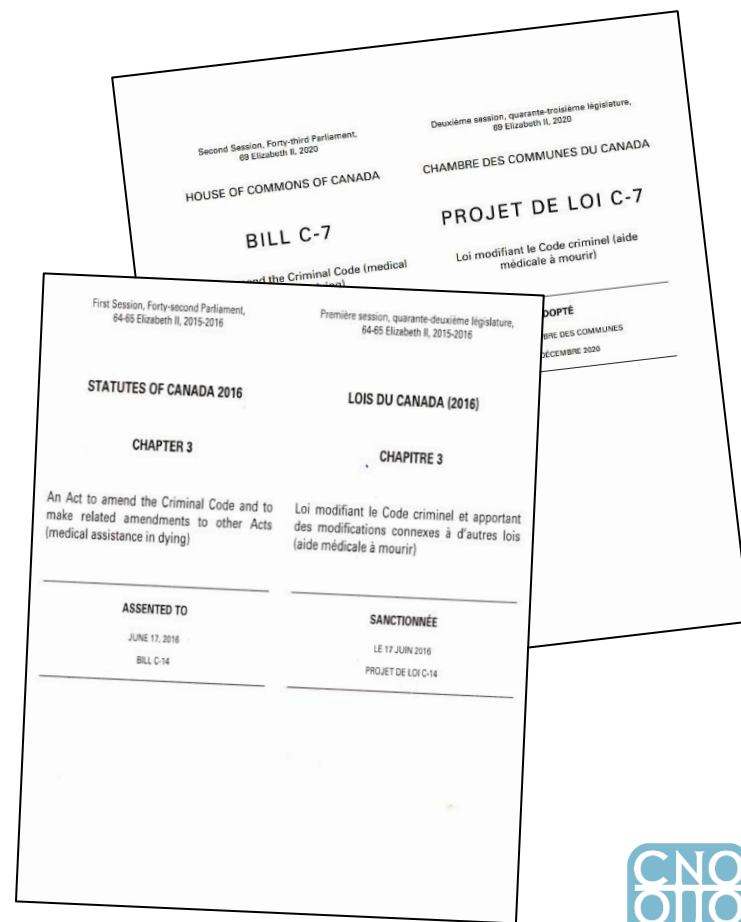
- Re-introduction of Bill C-7, in response to Superior Court of Québec *Truchon* decision.

March
2021

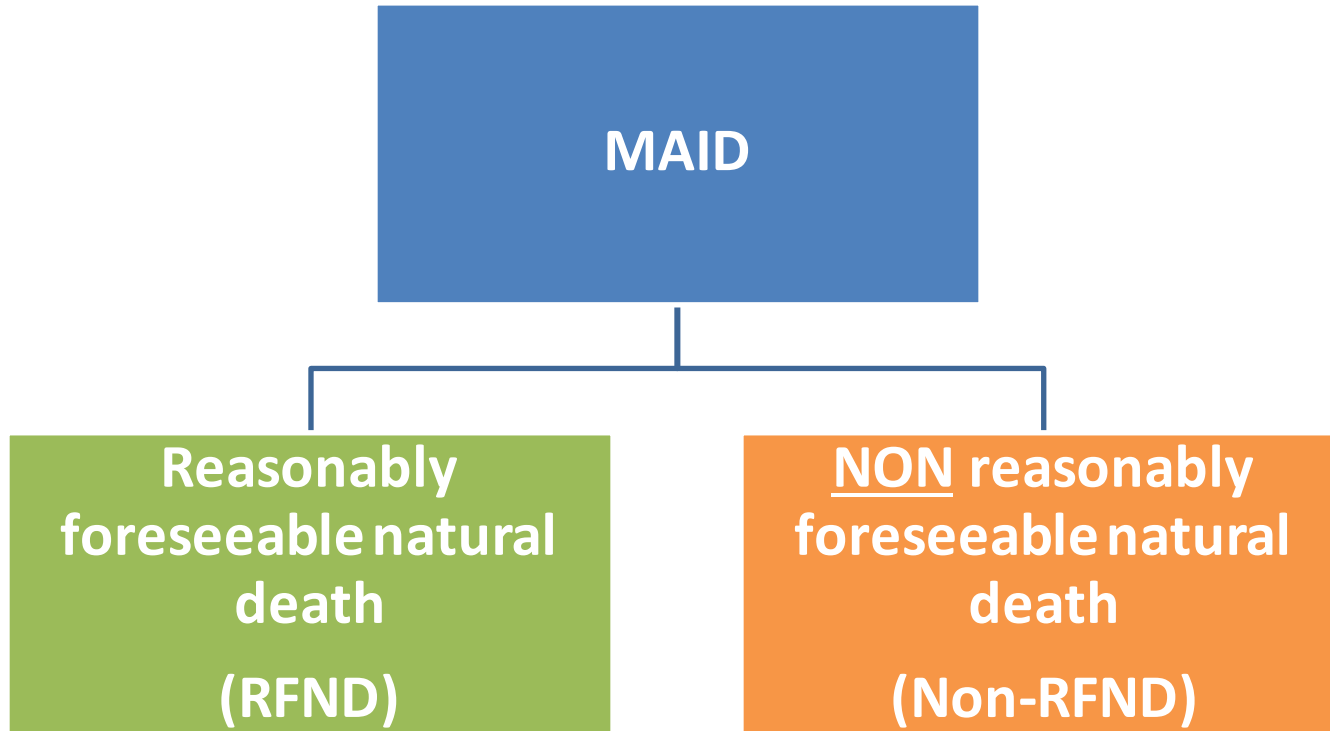
- Bill C-7 comes into force (March 17, 2021)

Main Elements of Bill C-7

- Removal of 10-day reflection period
- Two-tracks
- Eligibility criteria
- Exclusion of mental illness (time-limited)
- Procedural safeguards
- Waiver of final consent
- Enhanced reporting of MAID



Two-Track Approach to MAID



Four Stages in MAID

Stage one: Determine eligibility

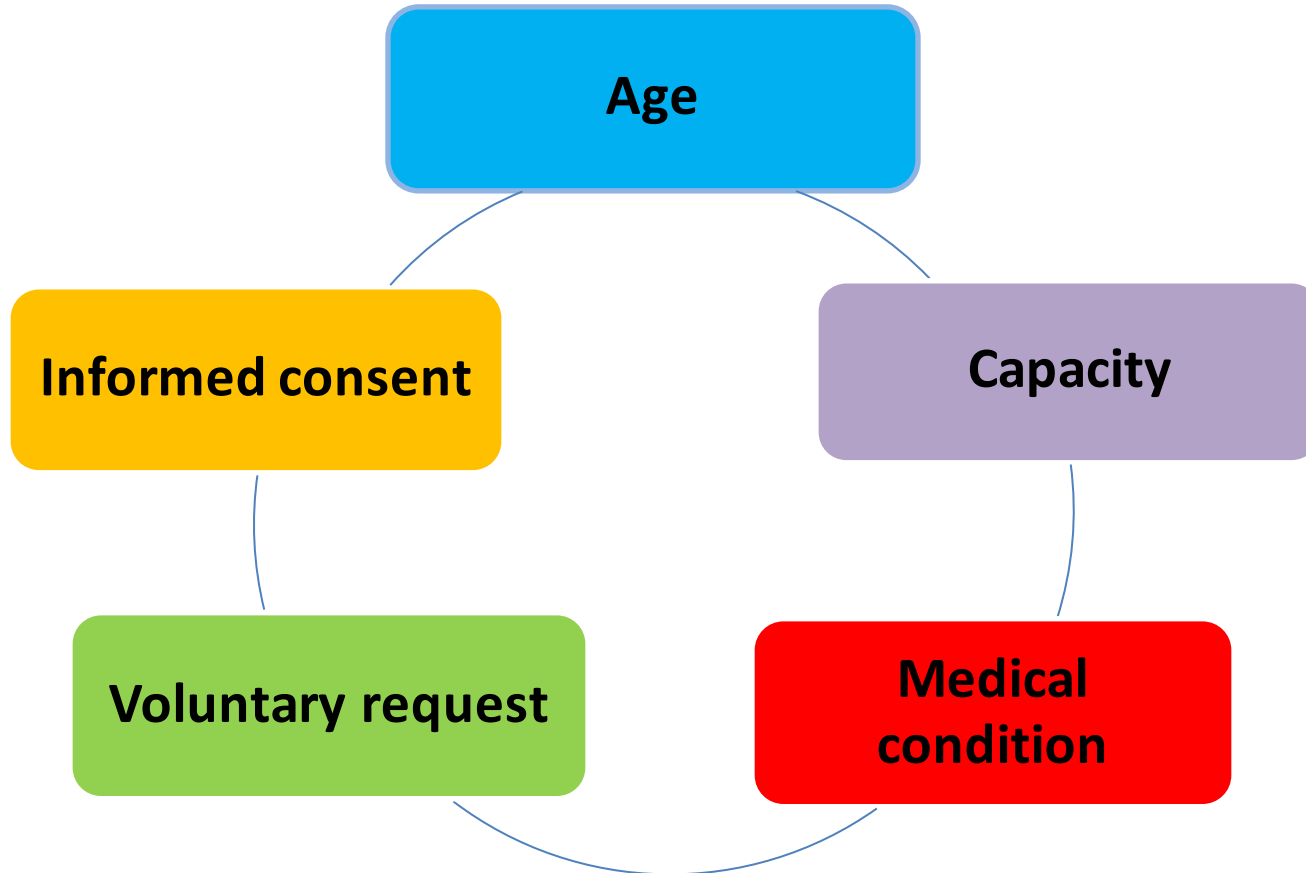
Stage two: Ensure safeguards are met

Stage three: Obtain consent

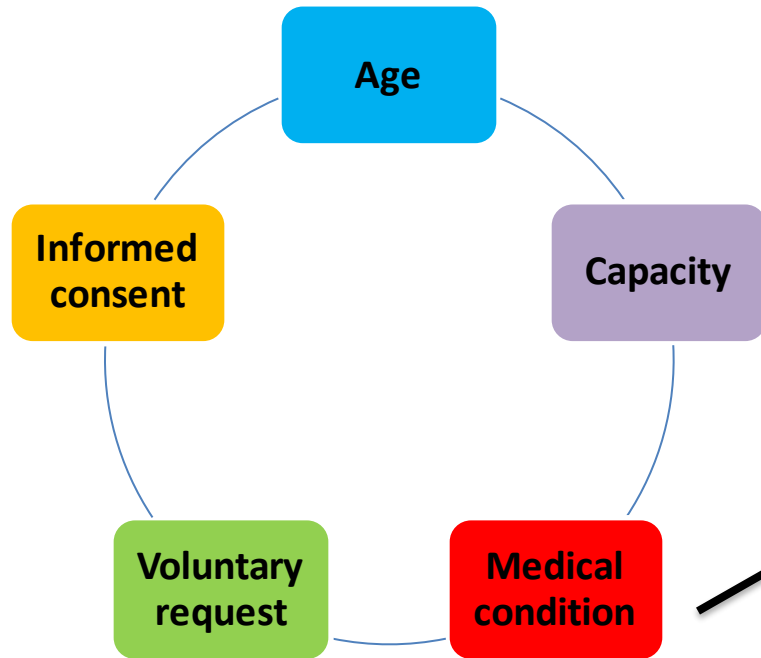
Stage four: Provide medical assistance in dying

Reporting requirements that occur at any stage

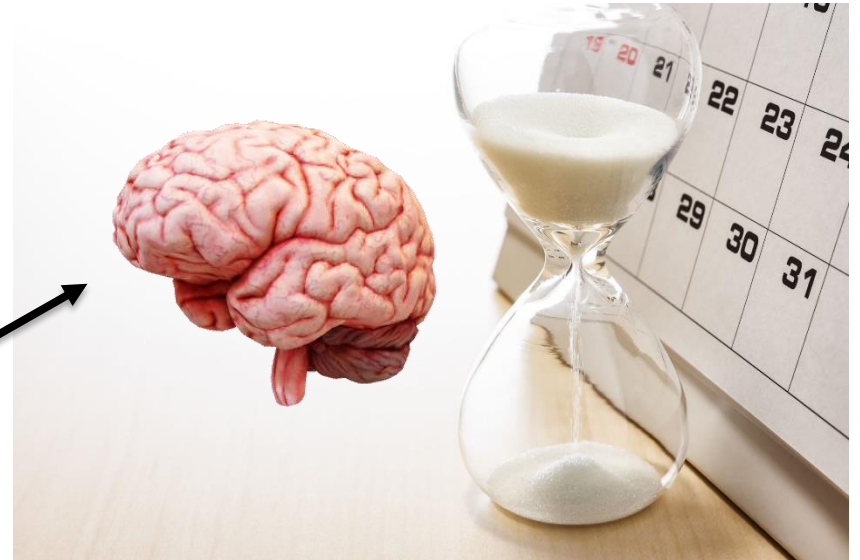
Stage 1: Determining Eligibility



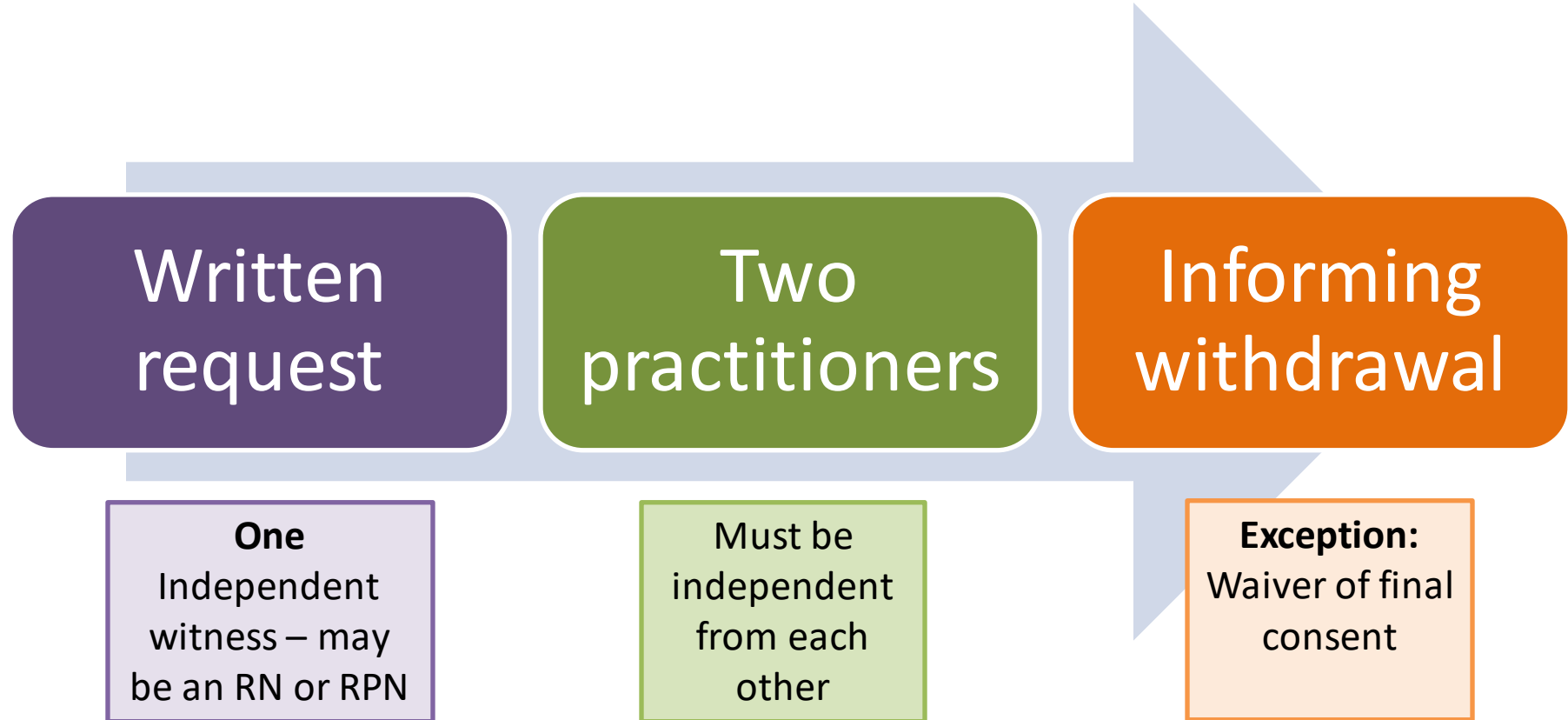
Mental Illness



Mental Illness as a sole medical condition



Stage 2: Ensuring Safeguards

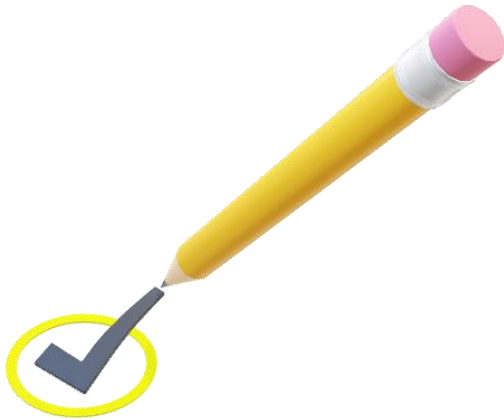


Safeguards for Non-RFND

Practitioners are accountable for ensuring:

- 90 clear days
- Informing patient of available services and consultations
- Discussing reasonable and available means to relieve suffering and patient has given serious consideration
- At least one practitioner has expertise in the condition causing the patient's intolerable suffering **or** they have consulted with an expert

Stage 3: Obtaining Consent



- ✓ As with any procedure/activity, consent is always required as per HCCA
- ✓ **Bill C-7 permits the waiver of final consent** requirement in specific circumstances
- ✓ Practitioner must agree to provide MAID on the scheduled day if the person has lost capacity, on the basis of the prior written consent

Advanced Consent Agreement

An “advanced consent agreement”:

- Allows a patient who may lose capacity before their preferred date to waive the requirement of final consent **(if certain conditions are met)**
- Applies to patients whose natural death is reasonably foreseeable



Waiver of Final Consent

Exception to final consent -- applies to both tracks:

- A back-up plan in case self-administration fails and results in a loss of capacity.
- An agreement with the practitioner that will be present at the time of self-administration, who will administer MAID if the patient loses capacity.

Stage 4: Providing MAID

Practitioners must:

- Use evidence to inform decision-making
- Ensure safe disposal of medications
- Communicate the process
- Collaborate with healthcare team
- Ensure final consent

*Practitioners can be both assessors or providers

RNs and RPNs may:

- Insert intravenous access for administration of medications
- Educate patients and families about the process
- Provide comfort and support to patients and families



Reporting Requirements



- Health Canada
- Office of the Chief Coroner

Bill C-7 allows for the collection of information on all assessments following a person's request for MAID

Conscientious Objection

For greater certainty, nothing compels an individual to provide or assist in providing medical assistance in dying.



The Importance of Debriefing

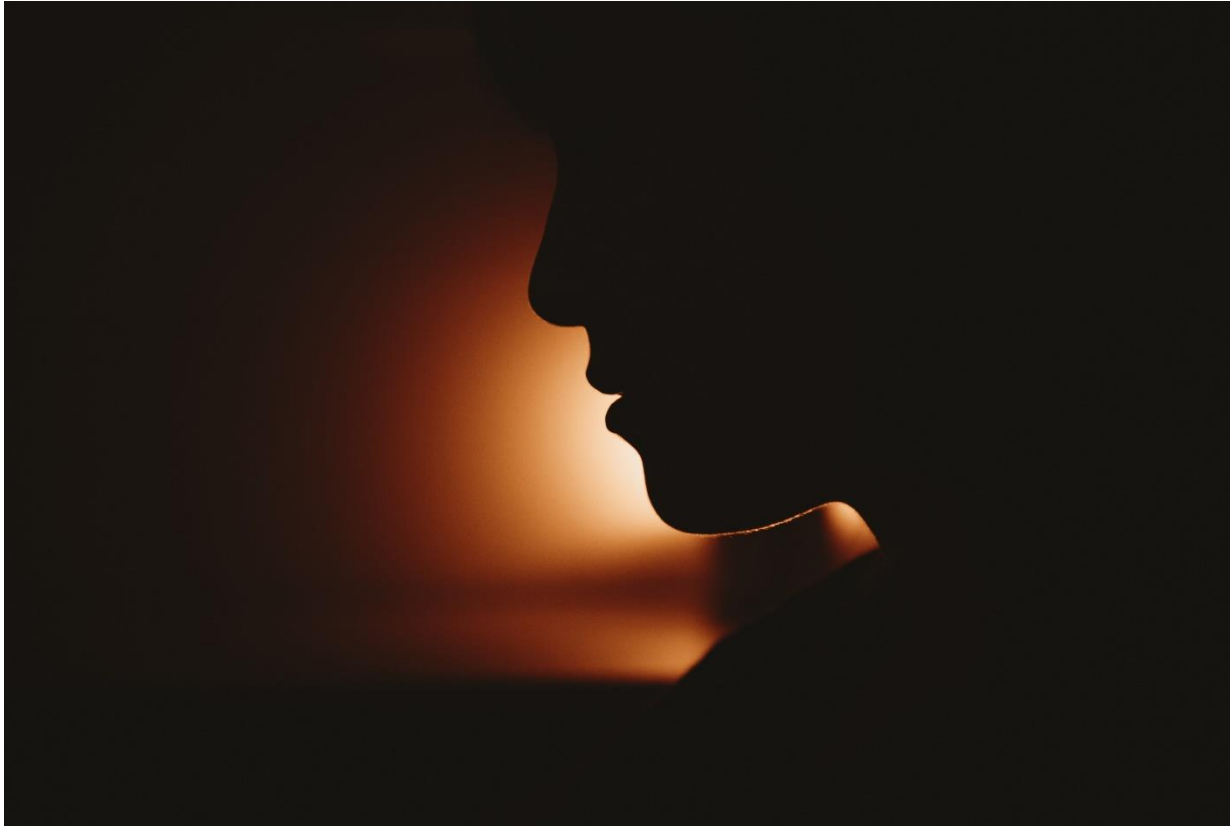


An NP's Practice Experience



Diane Gwartz,
NP

Practice Experience



- Calm and peaceful
- Practice issues
- Professional community

Provision Processes

- Preparation
- Medication administration
- After-care



The Importance of Self-Care



- Supports
- Decompressing after a provision
- Emotions, advocacy & ethics

Questions

- Please submit your questions by typing them into the Zoom Chat Feature
- Direct questions to Co-Host: *Amanda Laird*
- Indicate who your question is for: CNO Staff or Diane
- If we don't get to your question today, please contact the Practice Quality Team at practicesupport@cnomail.org





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