



# Medical Assistance in Dying (MAiD) Guideline

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Effective: March 17, 2024

# Introduction

Federal legislation regarding medical assistance in dying (MAiD) first came into effect on June 17, 2016. Bill C-14 included changes to the Criminal Code, providing an exemption from culpable homicide for Nurse Practitioners (NP) and others involved in MAiD. “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, p. 35).

When MAiD first came into effect, only those persons whose natural death was “reasonably foreseeable” were eligible for the provision of MAiD. Following feedback from Canadians, experts, practitioners, stakeholders, Indigenous groups, provinces, and territories, Bill C-7 came into effect on March 17, 2021. The revised law expands eligibility requirements and changes some safeguards and reporting requirements. Under Bill C-7, persons requesting MAiD must meet the original criteria but are no longer required to have a foreseeable death. Safeguards were added, and reporting requirements were added to meet those changes. Bill C-7 has expanded the collected data to include factors such as race, Indigenous identity, and disability. The data will also be used to identify inequality or disadvantage in the context of MAiD.

In response to concerns raised by health care providers and the public, the federal Ministers of Justice and Health initiated an expert review to consider guidance, protocols, and safeguards for persons who have a mental illness and to make recommendations. The expert panel created a Model Practice Standard for MAiD with the intent that it be used by regulatory bodies, public authorities, and health professional organizations. It is intended to support a consistent approach to MAiD practice across Canada. The standard applies to all MAiD cases, including requests for MAiD where a mental illness is the sole underlying condition (MI-SUMC), when such requests become legal on March 17, 2027.

This document provides guidance to Registered Nurses (RN) and NPs who are involved with MAiD. Several sources were vital to creating this document, including The College of Registered Nurses of Saskatchewan ([The Registered Nurses Act, 1988](#)), the [Practice Standards and Entry-level Competencies for RNs and NPs](#)), The Saskatchewan Health Authority MAiD program, the Criminal Code, and the Model Practice Standard for MAiD.

## Regulatory Authority

*The Registered Nurses Act, 1988* (the “Act”) provides the legislative authority for RN practice in Saskatchewan. Section 15(2) of the Act enables the CRNS to create bylaws that:

- prescribe the powers and procedures of the Council;
- provide for a code of professional ethics;
- set the standards for professional conduct, competency, and proficiency of RNs and NPs; and,
- further specify categories of practice and the rights and privileges of those categories.

CRNS Bylaw IV details the privileges and obligations of practicing members. Obligations of practicing members include adhering to the *Code of Ethics*, *Registered Nurse Practice Standards* and *Registered Nurse Entry-level Competencies* that are incorporated by reference in Bylaws XIV and XV, respectively, which informs the standards for professional conduct, competency, and proficiency of RNs through the authority in the Act. Council creates and applies policies and procedures to approve standards and guidelines that set the expectations for registered nursing practice in Saskatchewan. The purpose of this guideline is to provide information to support the application of the standards and competencies for medical assistance in dying (MAiD).

Standards and Entry-Level Competencies that most specifically apply to MAiD include:

### ***Nurse Practitioner Practice Standards (CRNS, 2024)***

#### Standard 3 – Advanced Clinical Practice

3.14 Collaborates, consults, and/or refers to other health care professionals when required, by the diagnosis and/or treatment plan, or when the client care needs are beyond the legislated scope of NP practice and/or beyond the individual NP competence.

#### Standard 4 – Professional Relationships, Leadership, and Advocacy

4.2 Collaborates and proactively develops and sustains partnerships and networks to influence and improve health, outcomes, and health care delivery.

## ***Nurse Practitioner Entry-level Competencies (CRNS, 2023)***

### Assessment

- 1.1 Establish the reasons for the client encounter to determine the nature of the services requested by the client.
  - a. Prior to assessment, review all available documented history to inform the practitioner and guide the assessment.
  - b. Perform an initial observational assessment of the client's condition.
  - c. Ask pertinent questions to establish the presenting issues.
  - d. Evaluate information relevant to the client's presenting concerns.
  - e. Prioritize routine, urgent, and emergent situations.
- 1.2 Obtain informed consent according to federal legislation and regulatory requirements.
  - a. Support the client to make informed decisions, discussing risks, benefits, alternatives, and consequences.
- 1.3 Use critical inquiry to analyze and synthesize information from multiple sources to identify client needs and inform assessment and diagnosis.
  - a. Establish a shared understanding of the client's culture, strengths, and limitations.
  - b. Integrate findings from past and current health history and investigations.
  - c. Apply current, credible, and reliable research, literature, and standards to inform decision-making.

### Diagnosis

- 1.5 Integrate critical inquiry and diagnostic reasoning to determine if the person's condition meets the criteria provided in federal legislation. This may require serial visits and consultation with specialists who have expertise in the person's condition.
  - a. Create a shared understanding of assessment findings, diagnoses, anticipated outcomes, and prognosis

### Management

- 1.6 Use clinical reasoning to create a shared management plan based on diagnoses, prognosis and the person's preferences and goals.
  - a. Examine and explore with the client options for managing the diagnoses.
  - b. Provide and seek consultation from other professionals and organizations to support client management.

## ***Registered Nurse Practice Standards (CRNS, 2019)***

### Standard 1: Professional Responsibility and Accountability

1. Being accountable and accepting responsibility for their own actions and decisions.

### Standard 3: Ethical Practice

28. Practicing a holistic client/family-centred approach, ensuring culturally safe client care.

## ***Registered Nurse Entry-Level Competencies (CRNS, 2019)***

### Clinician

1. Provides safe, ethical, competent, compassionate, client-centred, and evidence-informed nursing care across the lifespan in response to client needs.
  - 1.15 Incorporates knowledge about ethical, legal, and regulatory implications of medical assistance in dying (MAiD) when providing nursing care.

### Communicator

- 3.3 Uses evidence-informed communication skills to build trusting, compassionate and therapeutic relationships with clients.

### Advocate

- 7.12 Assesses the client's understanding of informed consent, as per federal legislation and implements actions when the client cannot provide informed consent.

Should an NP or RN have questions related to MAiD they should reach out to the SHA MAiD program and/or CRNS practice advice.

# MAiD and the Criminal Code

## Bill C-7

Bill C-7 received Royal Assent on March 17, 2021. Bill C-7;

- increases accessibility to MAiD for persons whose death is not foreseeable and who have a grievous and irremediable medical condition and have met all other criteria;
- allows for final consent to be obtained by an Advance Consent Arrangement in situations where the person's death is reasonably foreseeable, they are at risk of losing the capacity for decision-making and the person has a date for MAiD;
- requires that only one independent witness sign the written MAiD request;
- an independent witness can now be a professional personal or health care worker, this includes RNs and NPs; and,
- requires no reflection waiting period for a reasonably foreseeable death; and
- requires persons whose death is not reasonably foreseeable and are found eligible for MAiD are required under federal legislation to wait 90 clear days from the first assessment finding them eligible for MAiD.

## Medical assistance in dying defined

Medical assistance in dying (MAiD) is defined as:

**241.1 (a)** the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or (b) 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 (Criminal Code, 1985, p. 35).

While it is permitted to provide information about MAiD, it remains a criminal offence to counsel or aid a person to die by suicide.

## Counselling or aiding suicide

**241 (1)** Everyone is guilty of an indictable offence and liable to imprisonment for a term of not more than 14 years, whether suicide ensues or not;

**(a)** counsels a person to die by suicide or abets a person in dying by suicide; or,

**(b)** aids a person to die by suicide (Criminal Code, 1985, p. 35).

MAiD assessors and providers must ensure that the person's request for MAiD is consistent with the person's values and beliefs and is unambiguous and enduring. The assessors and providers must ensure it is rationally considered during a period of stability and not during a period of crisis.

MAiD assessors and providers must consider making a referral for suicide prevention support and services for persons ineligible for MAiD if, in the assessor's opinion, the finding increases the individual's risk of suicide.

## Exemptions to the Criminal Code for MAiD

There are exemptions in the Criminal Code that enable NPs and medical practitioners to administer MAiD:

### Exemption for medical assistance in dying

**227 (1)** No medical practitioner or nurse practitioner commits culpable homicide if they provide a person with medical assistance in dying in accordance with section 241.2 (Criminal Code, 1985, p. 34).

There are exemptions in the Criminal Code for health professionals who aid in MAiD. RN practice falls within these exemptions as long as the RN complies with the requirements in the Criminal Code, *Code of Ethics*, *Registered Nurse Practice Standards* and *Registered Nurse Entry-level Competencies*. RNs cannot administer the substance that causes death.

### **Exemption for person aiding practitioner**

241 (3) No person is a party to an offence under paragraph (1) (b) if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying in accordance with section 241.2 (Criminal Code, 1985, p. 35).

### **Exemption for person aiding the patient**

241 (5) No person commits an offence under paragraph (1)(b) if they do anything, at another person's explicit request, for the purpose of aiding that other person to self-administer a substance that has been prescribed for that other person as part of the provision of medical assistance in dying in accordance with section 241.2 (Criminal Code, 1985, p. 35).

## **Requesting MAiD**

Persons with questions about MAiD should contact the SHA Provincial MAiD program for information and guidance about the MAiD process. In discussions about end-of-life care, the person's physician, NP, or other health care professional may assist the person to access the program by providing them with contact information found on the SHA website.

Initial requests for MAiD may be made verbally or in writing. Requests may also be initiated by a health care professional or a person's family with the person's knowledge of the request being made. The SHA Provincial MAiD Program will ensure that the person is at the forefront of any discussions by completing an intake and information session with the person and their close contacts if the person chooses. If following this intake and education session, the person wants to continue with the process, they will be offered a written MAiD request form by the Program. All forms required for the MAiD process are only available through the Program.

If a person wishes to request MAiD and cannot sign their request themselves, they can have someone else sign the request on their behalf. The person writing the request needs to be at least 18 years of age, must understand what it means to request MAiD on behalf of another person, and cannot profit or benefit from the person's death. In both instances, the request must be signed and dated before an independent witness who must also date and sign the request. An independent witness can be a professional personal, or health care worker paid to provide health care services. Bill C-7 allows for RNs and NPs to be independent witnesses. The independent witness cannot benefit from the person's death, they cannot be the operator of a health care facility where the person lives or receives care, and they cannot be an unpaid caregiver.

## **Eligibility for MAiD**

As of March 17, 2021, the eligibility criteria for all persons who wish to receive MAiD are as follows:

- The person needs to be 18 years or older and has the capacity to make decisions about their health.
- The person needs to be eligible for health services funded by a government in Canada.
- The person must make a voluntary request for MAiD, without any external pressure.
- The person must give informed consent to receive MAiD after having received all information, treatment options, and access to palliative care.
- The person must have a serious, incurable illness, disease, or disability, excluding mental illness as the sole underlying condition.
- The person is in an advanced state of irreversible decline in capacity.
- The person whose death is reasonably foreseeable and is at risk of losing capacity and decision-making capability can request an Advance Consent Arrangement. An Advance Consent Arrangement is not allowed for a person with a non-foreseeable death.
- The person has enduring and intolerable physical or psychological suffering that cannot be alleviated under conditions that the person finds acceptable.

Come, March 17, 2027, persons whose sole underlying medical condition is mental illness (MI-SUMC) will be able to seek MAiD.

# Safeguards for MAiD

## Reasonably Foreseeable Natural Death

There are safeguards in place for persons whose **natural death is reasonably foreseeable**. The safeguards are as follows:

- The NP or medical practitioner must ensure that a signed and dated request for MAiD is made after a person has been informed by an NP or medical practitioner that they have a grievous and irremediable medical condition. The person must request MAiD in writing and one independent witness must sign the request. A person whose occupation is providing health or personal care services and who is paid to provide the service to the person may be a witness.
- Two independent assessments must be completed to confirm that the person meets all eligibility criteria for the administration of MAiD. These assessments can be completed by an NP or medical practitioner. The person needs to be informed that they can withdraw their request for MAiD at any time during the process.
- The person must be informed of all available and appropriate means to relieve their suffering. Services include counselling services, mental health and disability support services, community services, and palliative care services. These services must be offered in consultation with professionals who provide these services.
- The person and practitioners must have discussed reasonable and available means to relieve suffering and agree that the person has seriously considered the options discussed.
- The person must be given an opportunity to withdraw consent and must confirm their consent for the administration of MAiD immediately before they receive the substance that will cause death.

## Not Reasonably Foreseeable Death

Safeguards are in place for the person whose **natural death is not reasonably foreseeable**.

The safeguards are as follows:

- The NP or medical practitioner must ensure that a signed and dated request for MAiD is made after an NP or medical practitioner has informed a person that they have a grievous and irremediable medical condition. One independent witness must sign the request. A person whose occupation is providing health or personal care services and who is paid to provide the service to the person may be a witness.
- Two independent assessments must be completed to confirm that the person meets all eligibility criteria for the administration of MAiD. These assessments are to be completed by an NP or medical practitioner. If the two practitioners who are assessing the person for eligibility to receive MAiD do not have expertise with the medical condition the person is suffering from, they must consult with a practitioner who does have the necessary expertise to assess the person. Practitioners with expertise are consulting the assessor and provider, not a MAiD eligibility assessment.
- The person needs to be informed that they can withdraw their request for MAiD at any time during the process.
- The person must be informed of all available and appropriate means to relieve their suffering. Services include counselling services, mental health and disability support services, community services and palliative care services. These services must be offered in consultation with professionals who provide these services.
- The person and practitioners must have discussed reasonable and available means to relieve suffering and agree that the person has seriously considered the options discussed.
- There must be at least 90 days between the first assessment for eligibility and administration. If the person is losing the capacity to make health care decisions, the time period can be shortened as long as both assessments of the person have been completed.
- Immediately before the administration of MAiD, the person must be given an opportunity to withdraw their request.

## Self-Administration

Currently, MAiD is only administered intravenously and there is no mechanism for self-administration in Saskatchewan.

## Consent for MAiD

The person must give informed consent for MAiD after they have been informed of all the available forms of treatment and options to relieve their suffering. This includes palliative care, counselling, disability support, home care, etc.

A person must give informed consent at the time of their request for MAiD and immediately before MAiD is provided if they still have decision-making capacity.

If a person has been assessed as eligible for MAiD, has a reasonably foreseeable death and is at risk of losing capacity before MAiD can be administered, they should be provided with the opportunity to complete an Advance Consent Arrangement. This should be provided by one of the assessors, either the NP or medical practitioner who completed the assessment for MAiD. A completed and signed Advance Consent Arrangement provides consent for the person to receive MAiD on or before the scheduled day if the person has lost the capacity to provide consent at the time of administration. If the person expresses refusal by words or gestures, MAiD will not be provided despite the Advance Consent Arrangement being in place.

It is imperative that the NP or medical practitioner ensure that informed consent for MAiD is obtained verbally or through an Advance Consent Arrangement immediately before the provision of MAiD. If the NP or medical practitioner is unsure of the person's capacity to provide informed consent and an Advance Consent Arrangement is not in place, the NP may seek out the services of another health care professional who has the expertise to assess the person's capacity to support the decision-making of the NP or medical practitioner. The person must also be given an opportunity to withdraw consent.

## Withdrawal of Consent for MAiD

The person must be informed that they have the right to withdraw their request for MAiD at any time. A person is not obligated to proceed with MAiD even if they have been found eligible to receive MAiD. Immediately before the administration of MAiD, the person has a final opportunity to withdraw their consent for MAiD. A person who has lost the capacity to consent can indicate a refusal to continue with MAiD through words or gestures. At that point, the Advance Consent Arrangement is invalidated, and MAiD will not be carried out.

## Conscientious Objection

There is no legal or regulatory requirement for an RN or NP to participate in MAiD. The Code of Ethics for Registered Nurses, (2017), states:

“If nursing care is requested that is in conflict with the nurse's moral beliefs and values but in keeping with professional practice, the nurse provides safe, compassionate, competent and ethical care until alternative care arrangements are in place to meet the person's needs or desires. But nothing in the Criminal Code compels an individual to provide or assist in providing medical assistance in dying. If nurses can anticipate a conflict with their conscience, they notify their employers or persons receiving care (if the nurse is self-employed) in advance so alternative arrangements can be made” (p. 17).

Appendix B, in the *Code of Ethics for Registered Nurses* (2017) provides information on “Steps in Declaring a Conflict with Conscience.”

## The Role of the NP in MAiD

The SHA Provincial MAiD program employs NPs and medical practitioners who work collaboratively to support eligible residents of Saskatchewan who are exploring MAiD as an option. NPs and medical practitioners connect with persons who are interested in learning more about MAiD and support them in navigating MAiD. These NPs and medical professionals are responsible for assessing a person's eligibility for MAiD and administering the substance that causes death. The Model Practice Standard for MAiD (2023) states that "NPs who choose to assess eligibility for or provide MAiD must have sufficient training, experience, and qualifications to safely and competently do so in the circumstances of each case. This should include training in capacity assessment, trauma-informed care, and cultural safety and humility" (p. 5). Assessors and providers must not disclose that a person has requested a MAiD assessment or provision without consent to do so from the person.

Pathways and forms have been created and are available through the SHA Provincial MAiD program. It is the responsibility of the NP or medical professional to ensure that the person meets all eligibility criteria and all safeguards before proceeding to provide MAiD. Immediately before administration of the substance that will cause death, the NP or medical professional confirms the person's consent directly with the person or through an Advance Consent Arrangement and then administers the substance. At all times, the NP or medical professional provides safe and ethical care to the person and their family.

Documentation at all points in the process is essential. The NP or medical practitioner should document all who were in attendance during the administration of MAiD. Included in the documentation should be that the client was given an opportunity to withdraw their consent and that they confirmed that they wanted to proceed with MAiD.

The SHA Provincial MAiD Program provides NPs and medical professionals with all pertinent forms related to MAiD which are required to be returned when completed. The SHA program is responsible for reporting MAiD data to the federal government as outlined in the legislation.

## The Role of the RN in MAiD

RNs may be involved with MAiD in various ways. RNs can discuss MAiD with clients who have questions and are seeking information. RNs who receive a request for MAiD from a client need to connect the client with an NP or medical practitioner for further discussion. This may be done by connecting the person with the provincial program. RNs document their discussions with the client regarding MAiD objectively. See the [CRNS Documentation Guideline](#) for further guidance.

The role of the RN during a medically assisted death is to provide holistic nursing care before, during, and after to support the client and family. RNs may initiate an intravenous line to administer MAiD and may be present when administering the substance. RNs may assist with drawing up medication if requested.

NPs and RNs "must ensure safe prescribing, use, storage, and return of substances related to the provision of MAiD" (Model Practice Standard, 2023, p. 9).

## Conclusion

Bill C-14 enabled changes to the Criminal Code that allow persons with a grievous and irremediable medical condition to seek MAiD to end their suffering. Changes brought about by Bill C-7 have increased access to MAiD. These changes allow more Canadians who experience unbearable suffering to access MAiD and end their suffering. Under federal legislation and through a collaborative approach, RNs and NPs can support persons seeking MAiD.

For more information about the provincial MAiD program, see the Saskatchewan Health Authority, Medical Assistance in Dying webpage or contact 1.833.473.6243.



## References

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