



FREQUENTLY ASKED QUESTIONS (FAQs): MAiD

[PART A: Pharmaceutical care/medication management in the context of MAiD](#)

[PART B: Provision of medication for MAiD](#)

[PART C: Additional information](#)

PART A: Pharmaceutical care/medication management process in context of MAiD

Pharmacist-patient relationship

Providing effective and safe care of patients is predicated on establishing a meaningful therapeutic relationship with the patient.¹ The National Association of Pharmacy Regulatory Authorities (NAPRA) “Model Standards of Practice for Canadian Pharmacists (2009) while not explicitly describing this relationship does include a standard that is inextricably linked to the establishment of these relationships²:

4. Professionalism and Ethics

General Standard	Model Standard of Practice
Pharmacists demonstrate professionalism and apply ethical principles in their daily work.	<p>Pharmacists regardless of the role they are fulfilling:</p> <ol style="list-style-type: none">1. treat others with sensitivity, respect and empathy2. demonstrate personal and professional integrity (3.3)3. accept responsibility for their actions and decisions (3.3)4. adhere to applicable laws, regulations and policies applicable to pharmacy practice (3.1) <p>Pharmacists, when providing patient care:</p> <ol style="list-style-type: none">5. demonstrate a caring, empathetic, professional attitude (1.1)6. maintain professional boundaries (3.3)7. maintain the patient’s best interest as the core of all activities (3.2)8. protects the patient’s privacy when collecting and using relevant information¹⁴9. educate and enable patients to make informed choices, involving them in decision-making (1.4 and 3.2)10. educate patients to support their ability to provide self-care11. ensure confidentiality of patient information is maintained (3.2)¹⁴

The irrevocable outcome of Medical Assistance in Dying (MAiD) mandates that pharmacy professionals ensure they know their patient who is undertaking MAiD so that all components (described next) of the patient care process can be performed. Ideally (but not always possible), the practitioner will have a previously-established therapeutic relationship with the patient however. Where this is not the case, the pharmacist must consider whether the circumstances merit forming a relationship with the patient or the patient’s agent. Consideration as to how to best form a new therapeutic partnership is paramount as the patient should experience it as authentic

1 CIPOLLE, ROBERT J., ROBERT J. CIPOLLE, PETER C. MORLEY, AND ROBERT J. CIPOLLE. 2012. PHARMACEUTICAL CARE PRACTICE. NEW YORK: MCGRAW-HILL

2 NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES. 2009. MODEL STANDARDS OF PRACTICE FOR CANADIAN PHARMACISTS. OTTAWA

and serving a purpose for the patient and the healthcare team involved. There may be instances where a pharmacist could provide good quality pharmaceutical care in MAiD through chart review, team meetings and/or discussions with the patient's agent only. Practitioners should describe and document the relationship that was established with the patient and explain how that relationship allows the practitioner to maintain the patient's best interest in the provision of MAiD.

Assessment

Assessing a patient for drug therapy issues includes identification of whether:

- there is an indication for which a medication is required
- there is a medication for which there is no valid indication
- a drug is not effective either due to it not being administered at an effective dose or because it does not have the intended effect even at the proper dose (i.e., it is not a drug with the best evidence to support)
- there is a safety concern with a drug, either because it's administered at an incorrect (in this case probably too low) dose or because it has unintended adverse effects
- the patient is unable to take the drug because of route or administration issues

Achieving a comprehensive assessment is best done through collaboration with the health care team providing patient care. The pharmacist should be able to access information from the team, the patient chart and the patient themselves to conduct a thorough assessment. The purpose is not to duplicate the findings of the team but to consider those findings in determining drug-related issues (and planning to best address them).

The first type of drug-related issue in the context of MAiD should be identified by the physician or nurse practitioner (NP) as the *Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* (federal Act) states only these two types of professionals are exempt from prosecution if they lead MAiD discussions.

The pharmacist must consider all the other types of drug-related issues to ensure the safety and efficacy of the MAiD regimen in the particular patient undergoing the intervention.

The second category, determination of indication, deserves particular consideration. MAiD is considered the indication rather than the underlying disease state that has resulted in the decision to receive the intervention. The patient and physician/NP have determined the indication as MAiD and there is no need for the pharmacist to confirm any diagnoses other than MAiD. The physician or NP and independent second practitioner must clearly document this indication as well as their finding that the patient has the capacity to consent and has done so. The prescriber must, according to the federal Act, provide the indication along with the prescription for MAiD.

The third category, effectiveness of a chosen regimen, is an opportunity for the pharmacist to consider patient factors such as opioid tolerance, body weight or other factors that have an impact on the amount of drug that will be effective for ending life. In addition, there are drugs of choice for MAiD that are used preferentially. Any deviation from these first-line regimens should be identified and justified to ensure the best outcome for the patient.

The fourth category, safety-related drug issues, is a consideration where the recipient has pre-existing allergies to a particular agent (i.e., a contraindication) or where the timing of the administration of various agents may not permit adequate sedation and analgesia prior to a paralytic being administered.

Finally, an inability for a particular regimen to be administered should be considered in patients where an oral regimen has been prescribed but the patient may have issues with swallowing. Likewise, if IV administration is complicated by the failure of a line or IV syringe or inadvertent loss of drug (dropped or expelled), there should be a back-up supply immediately available so that the procedure is not interrupted.

Planning Care

Q. How do I ascertain regimens of choice in terms of drug regimens for MAiD?

A. As mentioned in the New Brunswick College of Pharmacists (NBCP) Position Statement: Medical Assistance in Dying (MAiD), the “New Brunswick Regional Health Authorities have collaborated....to establish MAiD prescriptions” which contain current first-line therapeutic options for this indication. If you are participating in MAiD, please contact the office of the NBCP to access the most current information that pertains to these drug regimens. Variation from these first-line regimens must be supported by evidence and justification for the deviation carefully documented. Practitioners are strongly advised to adhere to established protocols.

Q. To what degree am I expected to participate in the provision of MAiD?

A. Please refer to the section entitled “Conscientious Objection” in the NBCP Position Statement: (MAiD)” for more information. If a pharmacist or pharmacy technician decides to participate in the provision of MAiD, it is important to remember that pharmacy professionals do not **lead** the MAiD process at any time. *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* provides protection to health care providers other than physicians and nurse practitioners who are **aiding** in the MAiD process. Pharmacy professionals collaborate with the health care team to ensure the intervention is achieved effectively and safely through the patient care process.

Q. What is done with the unused medication and what documentation is required?

A. As mentioned in the NBCP Position Statement: MAiD, “administration documentation (from the medical or nurse practitioner provider) should be retained so that the pharmacy professional can determine how much medication is expected for return to the pharmacy for destruction”. It is expected that the medical or nurse practitioner and/or the patient’s agent liaise with the pharmacy professional to ensure a plan is in place and is followed for the retrieval and destruction of any unused medication.

Q. What if the patient no longer requires medications for MAiD (death, change of plan) but I’ve already prepared the product?

A. In the event that the product(s) required for MAiD have been prepared but not used, they must be returned to pharmacy inventory (if they have not left the pharmacy and have not been mixed or compounded) or transported to the originating pharmacy for destruction (if dispensed from the pharmacy), following all usual and applicable regulations.

Follow up

The **quality of MAiD** (process and outcome) must be shared (documents and debriefing) within the health care team so that pharmacy professionals:

- Can ensure any left-over drug is returned to the pharmacy for disposal in a safe, legal and environmentally sound manner
- Complete documentation
- Evaluate MAiD in the context of quality improvement of pharmacy services
- Have an opportunity to reflect on the experience. Through reflection and discussion, the professional mitigates the personal and professional stress potentially associated with providing care in the context of MAiD.

Documentation

According to the Standards of Practice and NBCP Regulations, pharmacists must document appropriate information on the patient record including information regarding assessment, plan of care, record of consent and pertinent patient (or agent) dialogue. A record of interactions with health care professionals within the circle of care should also be retained, as should documentation of follow-up (see above).

The federal government has indicated its intention to create a formal oversight and reporting body that would collect data on MAiD. Regulations outlining the types of data that will be collected and by whom, have not been developed to date.

Until such regulations are in force, the federal government has committed to working collaboratively with the provinces and territories on a protocol for the collection of MAiD data. The College will keep members abreast of any developments in this regard.

PART B: Provision of Medication for MAiD

Q. I'm working an evening shift and a patient presents a prescription for some medications that look like a regimen used for MAiD. What do I do?

A. This presentation is a worst-case scenario. Prescribers must, according to the Act, ensure that the presentation of prescription is not the first time a pharmacist or pharmacy technician is informed that the patient has elected to receive MAiD. Interprofessional collaboration is vital to the efficient, safe and effective provision of this intervention. Physicians and Nurse Practitioners must contact the pharmacist well in advance of MAiD so that the pharmacy team can complete their patient care and dispensing process in the provision of MAiD. The pharmacist should not proceed until this conversation has occurred. This process is explored in greater detail below. Conversation considerations:

Timing of MAiD
Duplicate doses

Follow-up plan for return of meds for disposal
Transport/security of kit

Drugs stability
Administration equipment required
Documentation requirements

Sterility
Alternative plan in case complications arise
Post-MAiD team debrief

Q. What requirements must a prescription for MAiD meet?

A. MAiD prescriptions are subject to the same regulations as any other prescription medication (Regulations 17.10 – 17.12 of the *Regulations of the New Brunswick College of Pharmacists*). In addition to the basic prescription content, prescribers (MD or NP) must document:

Indication (MAiD)	Date of patient consent
Patient eligibility	A second independent practitioner confirmation of above
Expected date of MAiD	

Note: Before filling the prescription, the pharmacist must assess the patient and prescriptions for MAiD as per PART A of these FAQ's.

Q. How long is a prescription for MAiD valid?

A. There is no specific timeline of validity, however this prescription is time sensitive. There must be 10 clear days (unless compelling reasons for a shortened wait time exist) between the patient signing off on their request for MAiD and the day it is provided. Pharmacists should discuss with the prescribing MD or NP whether there is a specific date after which the prescription should not be dispensed. Also, if considerable time has passed since the presentation of the prescription, the pharmacist may decide to consult the prescriber to ascertain whether the status of the patient has changed. If any doubt that too much time has lapsed, or that the patient status may have changed, the pharmacist must enter into discussions with the prescriber.

Q. Who is permitted to receive the prepared MAiD medication kits?

A. The pharmacist or pharmacy technician should liaise with the prescriber to determine how the sealed medication kits will be transported or provided to the recipient. The provision of medication could occur in the pharmacy, hospital unit, practitioner's office or patient's home. For IV regimens, due to the stability of the medications, ideally the prescriber should meet with the pharmacist for transfer. In cases where an **oral regimen** is selected, the plan for transfer to the patient **should** be discussed with the prescriber. It is possible that the patient or his/her agent could collect the sealed oral regimen kit in person.

Q. What constitutes a kit?

A. Kits should contain medications in as close to ready to use forms as practical. Discussion between the administering medical professional and the pharmacist regarding administration supplies should occur. Duplicate doses may be requested in the event of administration error (e.g., dropped doses etc.) or a requirement for a higher dose. There may be a need for a practitioner to follow an oral regimen (if unsuccessful or prolonged onset of effect) with an IV protocol. These potential "Plan B" scenarios should be discussed and agreed upon. These kits should provide reinforcement of verbal education (to medical professional and patient) in the form of written instructions. They should be sealed or locked to increase security.

Q. How should the medications be prepared?

- A. Medications should be prepared according to product monographs, pharmacy standards, MAiD prescriptions (discussed previously) and professional judgment.

PART C: Additional Information

Q. Where can I turn for support and information regarding my personal well-being in the context of the participating in the provision of MAiD?

- A. The Pharmacist at Risk /LifeWorks program offered by the New Brunswick Pharmacists' Association and the New Brunswick College of Pharmacists is designed to assist members and their immediate families in resolving issues that affect their personal lives and, in some cases, their job performance. The program offers confidential and bilingual personal support over the telephone, in person or online.

Speak to a caring LifeWorks consultant any time at 1-877-207-8833. TTY: 1-877-371-9978

Visit www.lifeworks.com or access via Ceridian LifeWorks Mobile. User ID: pharmacy Password: wellness.

Q. Are there particular pharmacists in New Brunswick who can advise me in providing care to patients and collaborating with the team engaged in MAiD?

- A. We have limited experience with MAiD in New Brunswick. Please contact the office of the NB College of Pharmacists for additional support and expertise in the provision of MAiD.

For more information, please refer to the New Brunswick College of Pharmacists *Position Statement: Medical Assistance in Dying (MAiD)* document.