

POLICY CATEGORY: Governing the Membership
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New Brunswick College of Pharmacists Ordre des pharmaciens du Nouveau-Brunswick

POSITION STATEMENT: MEDICAL ASSISTANCE IN DYING (MAiD)

PURPOSE

This position statement is intended to assist pharmacy professionals in complying with legal and professional standards.

PHILOSOPHY

Pharmacy professionals' (indeed all health professionals') provision of MAiD to eligible patients is a major development in healthcare and Canadian society. Recent legislation (2016) and existing Standards of Practice published by NAPRA provide guidance to practitioners in their work with the healthcare team (which includes the patient and often their families) in the context of MAiD. The New Brunswick College of Pharmacists (the College/NBCP) aims to support practitioners in community, hospital and primary care practice in the provision of optimal care to patients receiving MAiD to ensure the public is served and protected.

INTRODUCTION

Federal Bill C-14 received royal assent on June 17, 2016, providing pharmacists and other members of the healthcare team with exemption from criminal prosecution in the provision of MAiD so long as it is provided with, "...reasonable knowledge, care and skill and in accordance with applicable provincial laws, rules or standards." (House of Commons of Canada, 2016)

The New Brunswick (NB) provincial government has not passed further legislation (as of July 17th, 2018) therefore pharmacy professionals are guided in their provision of medications and cognitive services by three documents:

1. An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) [LINK](#)
2. The New Brunswick College of Pharmacists (NBCP) / National Association of Pharmacy Regulatory Authorities (NAPRA) Standards of Practice [LINK](#)
3. NBCP Code of Ethics [LINK](#)

MAiD

DEFINITION:

[Section 241.1](#)

CRITERIA:

[Section 241.2](#)

First Approved:	December 5, 2016	Review Frequency: Every other year
Revised:	July 20, 2018	Review Method: Deputy Registrar monitoring
Reaffirmed:	September, 2018	Responsibility of: PPC

Other provincial pharmacy regulatory authorities and pharmacy organisations have also published helpful guidance. NB pharmacy professionals are encouraged to review these documents for direction in terms of best practice with respect to therapeutics, drug supply chain and documentation in providing MAiD. Particularly useful documents are included in [Appendix A: MAiD Resources](#).

CONSCIENTIOUS OBJECTION

Pharmacy professionals may determine that their personal philosophic, cultural or spiritual values conflict with providing MAiD. Those exercising their right to conscientious objection must inform their supervisor/manager of their objection so provision can be made well in advance of any patient presenting for MAiD to ensure care is provided in a timely manner by another pharmacist and/or pharmacy technician who philosophically supports MAiD. Objecting pharmacists in leadership roles are obligated to determine how to best address issues of conscience with their peers and/or the College. Members must complete a conscientious objection action plan to mitigate risk of adverse patient impact resulting from their belief conflicting with patient need. The College published the [Commentary: Conscientious Objection](#) as a companion document to the Code of Ethics to assist members in safely navigating any conscientious objection. Please refer to the [Code of Ethics](#) as a resource for navigating ethical concerns.

PHARMACY TECHNICIAN ROLE

Pharmacy technicians may be involved in the preparation of MAiD to the same degree as any pharmaceutical product.

PHARMACIST ROLE

Initial Patient Inquiries: Pharmacists should refer all initial inquiries regarding MAiD for a particular individual to a medical or nurse practitioner, to the NB Government informational webpage [LINK](#), or to either of NB's regional health authority (RHA) webpages (Horizon Health Network: [LINK](#), Vitalité Health Network: [LINK](#)). As a member of the patient care team, the pharmacist should liaise with the patient's primary health provider with the patient's consent.

Interprofessional Collaboration: Federal legislation now specifies only a medical or nurse practitioner can provide and prescribe MAiD and that pharmacists may provide pharmaceuticals, care and education to patients and their families regarding the intervention without fear of recourse. Pharmacists are collaborators on the patient care team however, as a supporting member rather than leading MAiD.

MEDICATION THERAPY MANAGEMENT/PHARMACEUTICAL CARE

The patient care process (assessment, plan and follow-up) ensures patients receive comprehensive care by a pharmacist. The high-stakes nature of MAiD demands pharmacists fully engage in all steps in the process.

Documentation

Patient care can be documented in various formats and should adhere to general standards of practice. **An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)** includes safeguards that pharmacists should document as being satisfied.

Provider and independent reviewer document patient has:

1. Met all criteria for MAiD
2. Capacity for and provided consent for MAiD

In addition to patient care documentation, Health Canada has developed the Canadian MAiD Data Collection Portal (the Portal) to collect data on the request and provision of MAiD. The pharmacist who dispenses a substance in connection with the provision of MAiD will be required to document information listed under [Schedule 7](#) of the [Regulations](#) for the monitoring of medical assistance in dying to the federal Minister of Health through the Portal within 30 days of dispensing the substance. Along with the Portal, Health Canada is expected to publish guidance documents and undertake outreach and engagement activities prior to the date of enforcement. These regulations are to come into force November 1, 2018.

PROVISION OF PRESCRIPTION MEDICATION FOR MAiD

NB RHAs have collaborated with government, the College, ambulatory care agencies and internal risk management to establish MAiD prescriptions. These detailed prescriptions include medications, routes of administration and doses determined as first-line therapy for MAiD. The patient care team is encouraged to use these forms to ensure consistency and completeness of the MAiD regimen. While they are prescriptive, they do not preclude adjustment for patient-specific factors. In addition, these documents specify how medications should be securely provided to the patient (or professional administering the medicines) and how unused portions are returned to the originating pharmacy.

MAiD is not considered an urgent intervention. The patient care team should be aware that procurement of these medicines requires time (days to weeks), as they may not be in routine inventories. A reasonable timeline should be established with the team to facilitate planning of care.

Due to the high-risk nature of the medications used in MAiD, administration documentation (from the medical or nurse practitioner) should be retained so that the pharmacy professional can determine how much medication is expected for return to the pharmacy for destruction.

CONCLUSION

This position statement is meant to provide long-term guidance to pharmacy professionals. Pharmacy practice, as it relates to MAiD, will develop and change and practitioners are advised to consult current publications such as those listed in Appendix A. For further information, please contact the College directly (info@nbpharmacists.ca or call 506 857-8957).

Appendix A: MAiD RESOURCES

1. Regional Health Authorities' guidance document and prescriptions (By request from: info@nbpharmacists.ca)
2. [Section 14 of the Criminal Code 2016 \(Canada\)](#)
3. Nurses Association of NB: [Practice Guidelines for Registered Nurses and Nurse Practitioners](#)
4. Collège des médecins du Québec, Ordre des pharmaciens du Québec, Ordre des infirmières et infirmiers du Québec : Medical Aid in Dying 11/2015 Practice Guideline.
By request from: accesdocument@cmq.org
5. Ontario College of Pharmacists: [Guideline and FAQs](#)
6. College of Pharmacists of British Columbia: [Guidance for MAiD](#)
7. Nova Scotia College of Pharmacists: [Standards of Practice: Medical Assistance in Dying 2016](#)
8. Canadian Pharmacists Association: [Toward a Framework for Assisted Dying in Canada 2016](#)
9. Canadian Medical Association: [Principles-based recommendations for a Canadian approach to assisted dying](#)
10. [Canadian Association of MAiD Assessors and Providers \(CAMAP\)](#)
11. New Brunswick College of Pharmacists' messages sent to members on [June 16](#) and [May 25](#), 2016 (Login required)

List of acronyms

Bill C-14	Received royal assent on June 17, 2016, and is now referred to as An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)
CME	Continuing Medical Education
CPhA	Canadian Pharmacists Association
PAD	Physician Assisted Death
MAiD	Medical Assistance in Dying
RHA	Regional Health Authority
NBCP	New Brunswick College of Pharmacists

MONITORING FREQUENCY:
MONITORING METHOD:
REVIEW FREQUENCY:
RESPONSIBILITY: