

Medical Assistance in Dying (MAiD): Nurses Supporting the Process and Aiding in the Provision of MAiD

Site Applicability

All VCH sites

Practice Level

Setting	Profession	Advanced Skill (requiring additional education)
All VCH sites	LPN, RPN	Aiding in the provision of MAiD Insert peripheral IV catheter
All VCH sites	RN	Aiding in the provision of MAiD Insert peripheral IV catheter Access central line

Education

Complete [MAiD](#) education prior to [aiding](#) in the provision of MAiD through training with the Assisted Dying Program's (ADP) Educator, or the PHSA Learning Hub MAiD courses ([Introduction](#) and [Roles and Responsibilities](#)) and review of this Decision Support Tool.

Requirements

A nurse who aids in the provision of MAiD **MUST**:

- Follow all procedures established in [Medical Assistance in Dying \(Responding to Requests\)](#) Policy and this MAiD Decision Support Tool and
- Practice in accordance with the BCCNM Scope of Practice Standards, Limits and Conditions for MAiD:
 - [Scope of Practice for RN: MAiD standards, limits and conditions](#)
 - [Scope of Practice for RPNs: MAiD standards, limits and conditions](#)
 - [Scope of Practice for LPNs: MAiD standards, limits and conditions](#)

Need to Know

This document is intended to provide guidance to nurses who may be [supporting a person's MAiD](#) request and/or aiding a medical or nurse practitioner in the provision of MAiD.

The primary role of a nurse is to support the needs of the [person-in-care](#) and family. Nurses aiding in the provision of MAiD are also responsible for general nursing care leading to MAiD including ensuring vascular access (e.g., initiate an IV, access central line if required) and after death care. It does not include preparing or administering IV or oral medications included in the MAiD protocol. **Nurses cannot prescribe, compound, prepare, dispense or administer any substance intended for the purpose of MAiD.**

Nurses have both a professional and legal obligation to provide a [person-in-care](#) with safe, competent and ethical care per British Columbia College of Nurses and Midwives (BCCNM) Standards of Practice [Duty to Provide Care](#). [Supporting a person who is seeking MAiD](#) includes considerations for a person's physical, mental, emotional, cultural, spiritual needs and wishes. Depending on the person's preference for confidentiality, care may additionally include the family or others.

The following are key points to remember regarding the legislation:

- A [capable person](#), under the Charter of Rights for Canadians, has the right to request MAiD to end their suffering with both dignity and respect and change their mind at any time.
- In British Columbia, only a medical practitioner or NP can determine eligibility and provide MAiD.
- A nurse may support and/or aid a medical or nurse practitioner in the provision of MAiD to persons who have been assessed by at least two independent medical or nurse practitioners and deemed eligible.
- Any nurse who has a family or personal relationship with a person who requests MAiD may NOT aid in the provision of MAiD in a nursing role.
- Nurses **DO NOT** complete the MAiD eligibility assessments, or document the administration of medications or pronouncement of a medically assisted death. These are the responsibility of the [MAiD assessing practitioner\(s\)](#).
- The nurse continues to provide usual care during and throughout all stages of the [person-in-care](#)'s MAiD journey. This may include discharge planning, involving spiritual care or social worker support, or other medical interventions available.

Equipment and Supplies

Suggested Inventory List for IV Insertion Equipment and Additional Supplies (see [Appendix A](#))

Guideline

The competencies for providing end of life care are within entry level practice for nurses. The following competencies guide MAiD related activities. Regardless of the stage the [person-in-care](#) is at, maintaining communication within the care team (e.g. physicians, nurse practitioners, direct supervisors, MAiD Care Coordination Service) in a culturally safe, trauma informed and person-centered manner supports the facilitation of MAiD. (see [Related Documents: VCH Intranet Page](#) for quick guides for conversation support)

Nurses will:

- Engage in end of life discussions around MAiD
- Act as a witness or [proxy](#)
- Alert [MAiD provider](#) if [person-in-care](#)'s capacity is changing
- Aid in the provision of MAiD (this does not include administering MAiD medications, which is done by trained medical or nurse practitioner)
- Provide post-death care

Engaging in discussions around MAiD

A nurse who responds to a person's end of life questions responds with empathy, confidentiality, and respect to uphold the dignity of the person. **Requests for information regarding MAiD must originate from the person seeking information and a nurse must not encourage, counsel, advise, recommend or in any way seek to influence a person to end their life by choosing MAiD.** These conversations occur within the context of the situation and are based on the nurse's assessment of the [person-in-care](#)'s knowledge and information need including:

- Asking exploratory questions to better understand what the person is meaning and wanting for their end of life
- Actively listening to the person and explore their motivation for MAiD (e.g., unmanageable pain, emotional or physical distress).
- Exploring additional palliative care, or other supports to address current care related needs.
- Providing general information and answering questions regarding the process of MAiD and other end of life options.

If it has been determined that the person-on-care is seeking information about MAiD, the nurse should:

- Provide the [person-in-care](#) with the [VCH MAiD Brochure](#) (available in 6 languages)
- Connect with the unit Social Worker, if available
- Notify the Most Responsible Provider (MRP)
- Notify the MAiD Care Coordination Service (1-844-550-5556)
- Document request for MAiD information as per usual practice

Act as a witness or proxy

- A proxy signs and dates a formal request for MAiD under expressed conditions by the person-in-care with one [independent witness](#) who also signs and dates the request at that time.
- An [independent witness](#) or proxy can be a paid personal or professional care provider including a nurse.
- Prior to acting as an independent witness or proxy, the nurse confirms the requestor's identity per [Policy](#) using the 2-client ID process.

NOTE: Refer to organizational [MAiD policy](#) for specific limits that may be placed on a nurse acting as an "independent witness" to, or a "proxy" for, a person-in-care's request for MAiD. A nurse acting as a proxy or witness does not determine the person-in-care's eligibility for MAiD, this is the responsibility of the [MAiD assessing practitioners](#).

If a MAiD assessment is done by telemedicine, a nurse may act as a witness to this assessment (in certain circumstances, this may not be required due to public health regulations, e.g. during a pandemic).

- A nurse acting as a witness in a telemedicine assessment confirms the person-in-care's identity and ensures they are not being influenced by another during the assessment to the best of their clinical judgement.

Alert provider if capacity is changing

The person-in-care provides [consent](#) for MAiD to proceed. Capacity to consent is determined by the [MAiD assessing practitioners](#). For a person whose death is found to be reasonably foreseeable by the MAiD assessing practitioners and at risk for losing capacity to consent, the person can enter into a written arrangement to waive the requirement to provide final consent.

If a nurse becomes aware that the person-in-care may be at risk for losing capacity, notify the MAiD Care Coordination Service and/or MAiD assessing practitioner as soon as possible.

Aiding in the provision of MAiD

Nurses who aid a [MAiD provider](#) in the provision of MAiD act in accordance with current legislation, BCCNM Scope of Practice Standards, Limits and Conditions for MAiD and other relevant standards, and organizational policy relevant to MAiD. (e.g. [MAiD Policy](#), [Privacy and Confidentiality](#), [Documentation Policy](#))

Prior to aiding a [MAiD provider](#) in the provision of MAiD, nurses ensure that they are aware of the eligibility criteria, safeguards and organizational (employer) requirements for MAiD. Nurses who know or reasonably believe that the legal conditions for MAiD are not satisfied should immediately raise their concerns with the [MAiD provider](#) and their supervisor and discuss next steps. Nurses adhere to any applicable employer concern resolution policies and practices.

A nurse who aids in a MAiD provision may:

- Initiate or maintain vascular access. (See [Appendix B: IV Access for MAiD – Guiding Principles](#))
- Act as a proxy – sign for the person-in-care if they can [consent](#) but cannot physically sign their confirmation of consent immediately prior to the provision of MAiD.
- Upon the [MAiD provider's](#) request, record the times of medication administration on a spare piece of paper that will be discarded after the [MAiD provider](#) has recorded these medication times on the Provincial Medication Administration Record (MAR). It is the responsibility of the [MAiD provider](#) to document the medication administration times on the provincial MAiD MAR.
- Document the care they give in the usual place in the person-in-care's record.
- Assess and support the identified needs of the person-in-care and family/caregivers during the provision of MAiD.

Post Death Care

Following the death of the person who has received MAiD the nurse:

- Provides after death care as per the organizational policies and procedure [\[After Death Care\]](#)

Nurses do not pronounce death in MAiD. This is done by the MAiD Provider.

Note: Nurses are encouraged to debrief with all or any of those involved afterward, as appropriate in each situation and seek support as needed.

Conscientious Objection and Duty to Provide Care

Nurses who have a moral, religious or faith-based objection to [supporting a person's MAiD request](#) or assisting a [MAiD provider](#) in the provision of MAiD may inform their manager or direct supervisor in advance when it is known that a person-in-care is requesting or will receive MAiD, ensuring that quality and continuity of care for the person-in-care is not compromised.

If MAiD procedures are unexpectedly requested and no arrangements are in place for alternative providers, nurses inform those most directly involved of their conscientious objection and ensure a safe transfer of care to an alternate nurse that is continuous, respectful and addresses the unique needs of the person-in-care.

Example of Response to Person-in-care:

"I am not able to answer some of your questions. Let me find someone to answer your question about [medical assistance in dying](#). If you would like additional information about other end of life options and care please let me know."

A nurse who has a conscientious objection to aid in MAiD should also refer to the [MAiD Policy](#) and [BCCNM Duty to Provide Care Practice Standard](#) for more information on conscientious objection.

Documentation

Nurses document in the person-in-care's health record all care they delivered throughout the MAiD process, in accordance with the BCCNM Documentation Practice Standard and with organizational policies and procedures.

Related Documents

British Columbia College of Nurses and Midwives:

[Scope of Practice for RNs - MAiD](#) (April 2021).

[Scope of Practice for RPNs - MAiD](#) (April 2021).

[Scope of Practice for LPNs - MAiD](#) (April 2021).

[BCCNM Duty to Provide Care Practice Standards for RNs, RPNs and LPNs](#)

[Scope of Practice for NPs: Standards, Limits and Conditions for Medical Assistance in Dying](#) (April 2021).

[BCCNM MAiD Frequently Asked Questions](#)

Canadian Nursing Protective Society:

[MAiD: What every nurse should know](#) (2021).

College of Physicians and Surgeons of British Columbia:

[Practice Standard for Medical Assistance in Dying](#) (updated April 2021).

[Medical Assistance in Dying FAQs](#) (April 2021).

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Government of Canada:

[Health Canada, Medical assistance in dying](#) (updated March 18, 2021)

[Legislative Background: Medical Assistance in Dying \(Bill C-14\)](#) (2016)

[Canada's new Medical Assistance in dying \(MAiD\) law](#) (2021)

VCH MAiD Intranet Page:

[Quick reference guides](#) (i.e. Bringing up MAiD)

Definitions**Aiding:**

To provide help or assistance to a medical or nurse practitioner in the provision of MAiD. (e.g. initiating vascular access, assisting at time of provision)

Capable Person:

Person at least 18 years of age who is deemed by the MAiD assessing practitioners to have the capability to make a free and informed decision at the time they request MAiD, during the eligibility assessments (including signing of a [waiver](#) of final consent, if applicable) and at the time MAiD is provided.

Consent:

The voluntary agreement to a particular medical treatment or care after having been given all of the information needed to make that health care decision. Information that must be provided includes: diagnosis, prognosis, available forms of treatment and the benefits and side-effects of those treatments. Informed consent also requires that the person be capable of understanding the relevant information and the consequences of their choices.

Conscientious Objection (CO):

When a specific type of care, treatment or procedure, conflicts with a person's moral or religious beliefs and values. When a healthcare provider has a conscientious objection, it is the health care providers responsibility to ensure the conscientious objection does not impact the continuity of care or compromise the ability of the person-in-care to receive high quality, safe, ethical and competent care. (See section 6.0 for further information).

Independent Witness:

A person who is at least 18 years of age and understands the nature of the request

An independent witness can be a paid professional personal or health care worker. To be considered independent, the witness cannot know or believe that they are a beneficiary under the will of the

requestor, or a recipient, in any other way, of a financial or material benefit resulting from the requestor's death. For example, be an owner or operator of a healthcare facility where the requester lives or receives care, or be an unpaid care provider.

A nurse or family member can witness a person-in-care's request if none of these circumstances apply to them. Confirmation of no benefit is required if family member is the independent witness.

Medical Assistance in Dying (MAiD):

MAiD is defined under the Criminal Code as the following:

- 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.

MAiD assessing practitioner:

A medical or nurse practitioner who formally assesses a person's eligibility for Medical Assistance in Dying using provincial MAiD documents and processes

MAiD provider:

The medical or nurse practitioner who prescribes and administers the medications intended to cause the person-in-care's death, or prescribes and provides the medications to the person-in-care for self-administration. The MAiD provider is responsible for confirming that all of the mandatory eligibility criteria and safeguards have been met. In British Columbia, the MAiD provider must personally attend the person-in-care during the administration or self-administration of MAiD and must remain in attendance until death is confirmed.

Person-in-care:

The patient, resident and client.

Proxy:

If the person requesting MAiD is unable to sign and date their request, or their confirmation of consent immediately prior to MAiD, another person - who is at least 18 years of age, who understands the nature of the request for MAiD and who does not know or believe that they are a beneficiary under the will of the person making the request, or a recipient in any other way, of a financial or other material benefit resulting from that person's death - may do so in the person's presence, on the person's behalf and under the person's express direction. (Proxy not permissible for [waiver](#) of final consent.)

Supporting the MAiD Process

This may include providing information about MAiD, witnessing the signing of a request or assessment for MAiD, acting as a proxy, referring to/communicating with other care providers or a MAiD Coordination Service, and facilitating the MAiD process for a person-in-care in addition to general nursing care.

Waiver of Consent

A written arrangement between an eligible person-in-care and the MAiD provider(s) to waive the requirement to provide final consent for MAiD under certain circumstances (i.e. death is reasonably foreseeable and the person is at risk for losing capacity).

Appendices

- [Appendix A: Sample Inventory List for IV Insertion Equipment and Additional Supplies Required by Practitioner for Medication Administration](#)
- [Appendix B: IV Access for MAiD – Guiding Principles](#)

Appendix A: Sample Inventory List for IV Insertion Equipment and Additional Supplies Required by Practitioner for Medication Administration

(check with organizational requirements)

Medical Assistance in Dying		
Inventory List (Per Kit) – IV Regimen		
Quantity	Equipment	Initials
2	Blue pad	
2	22 gauge IV cannula	
3	24 gauge IV cannula	
2	IV extension set with positive pressure cap	
3	Securement dressing (e.g., IV StatLock®, 3M™ Tegaderm™ I.V. Advanced)	
2 of each	Gloves – large, medium and small	
2	Tourniquet	
6-10	Alcohol swab	
4	Chlorhexidine with alcohol swabs	
1	Local anesthetic cream (e.g., Emla™)	
4	Transparent film dressing (e.g., Tegaderm™)	
4	2x2 gauze	
1 roll	Tape	
1	Scissors	
9	Sodium chloride 0.9% 10 mL pre-filled syringe	
1	Sodium chloride 0.9% 50 mL minibag*	
6	10 mL syringe (for sodium chloride)*	
6	Blunt fill needle*	
2-10	Syringe caps	
1	Garbage bag (small paper bedside one, hospital type)	
1	Small sharps container	
Additional Supplies required by Practitioner for Medication Administration (Per Kit) – IV Regimen		
Quantity	Equipment	Initials
Syringes		
3	60 mL syringe	
5	30 mL syringe	

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2	20 mL syringe	
1	3 mL syringe	
Needles		
11	18G needle	
Accessories		
1	Vented dispensing pin (for proPOFol only)	
1	Ampoule breaker (for phenobarbital IV only)	
1	Filter disc (5 microns) (for phenobarbital IV only) – if available	
11	syringe label (for identifying medication and sequence)	
1	10x10 plastic bag	
2	6x10 plastic bag	
5	5x8 plastic bag	
Additional Supplies required by Practitioner for Medication Administration (Per Kit) – Oral Regimen		
Quantity	Equipment	Initials
Syringes		
2	3 mL syringe	
Needles		
2	18G needle	
2	25G needle (for SC administration)	
Accessories		
2	Alcohol pad	
2	syringe label (for identifying medication and sequence)	
1	5x8 plastic bag	
3	4x4 plastic bag	

Appendix B: IV Access for MAiD – Guiding Principles

Adapted with permission from VIHA MAiD Program and Vascular Program

Nurses start IVs that support patients who have chosen an assisted death. Core vascular access competencies & confidence are needed, along with some special considerations.

Care Principles that are heightened when “Aiding with MAiD”

- person-centered care: aim for maximum comfort
- empathy and compassion: this person is at the end of their life
- IV purpose holds significance; all involved may be extra sensitive or anxious
- competent care: meeting BCCNM Standards of Practice requires additional education before starting an IV for the specific purpose of MAiD. See MAiD coordinator for details

Pre-planning:

- Have a conversation / huddle with the MAiD Provider just prior to
 - review case
 - who will be present
 - establish, review of vascular needs
 - review plan for presence of RN or Provider's wish/needs
- Alert Provider if the patient has a pacemaker
- If you have a conscientious objection, let your supervisor/manager know ahead of time

Technical:

- Same day IV start (reliable). Verify functioning – consider two RNs if needed
- One IV line only (Note: some MAiD providers want two IVs started)
- No running IV needed
- A 22 gauge is ideal; possibly a 24 but medication administration will be slow. Evidence suggests that a 20 gauge is NOT necessary; causes vessel failure in fragile veins and increases chance of the vein blowing. Avoid using a butterfly needle set
- Ideal site is fore arm vein or ACF (antecubital fossa)
- If pre-existing, use a patient's PICC line or port-a-cath
- Never use an AV fistula as an access point (no cannulation)
- If nurse only available to start IV: remain until IV drug administration begins and stay at least 10 minutes to ensure the IV is stable. The MAiD provider will administer medications IV push and may flush with saline between. A RN does not handle the medications or flushes
- Be mindful of patient centered support during procedure: positioning and family access

Documentation:

- If MAiD provider would like, may record time of each medication administered on a worksheet/piece of paper (not on the Provincial MAR)
- Document the care you provided following organizational policy

Post MAiD death:

- Debrief with MAiD Provider and other involved care team members
- Support and debrief with family
- Seek out other supports as needed, ex. spiritual care, EFAP program

Vascular Access Support:

- Skilled IV staff in facility/paramedic (in some locations)

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