



PRINCE EDWARD ISLAND
COLLEGE OF PHARMACY

Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

MEDICAL ASSISTANCE IN DYING (MAID)

GUIDANCE FOR PHARMACISTS AND PHARMACY TECHNICIANS

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Purpose

The purpose of this document is to provide pharmacy professionals with guidance in meeting legal obligations and expectations with respect to participation in MAID under federal legislation, Standards of Practice and the Code of Ethics.

Background

On February 6, 2015, the Supreme Court of Canada (SCC) in *Carter v. Canada* struck down the provisions in the *Criminal Code* of Canada (“the Code”) prohibiting physician-assisted dying. The Carter decision dealt with the right of individuals to request physician-assisted death under specific conditions and did not explicitly address the involvement of the overall health team in this process. Under the Carter decision, only physicians were exempted from criminal liability when participating in physician-assisted death. The SCC suspended the application of the decision for a period of 12 months to allow the federal government to pass legislation that would accommodate the decision.

On July 17, 2016 the federal government enacted Bill C-14, which included amendments to the Code setting out the circumstances under which MAID is permitted. The legislation defined eligibility criteria and safeguards and provided exemptions from prosecution under the Code for medical practitioners, nurse practitioners and pharmacists.

As a consequence of further litigation, on March 17, 2021 Parliament passed Bill C-7 *An Act to amend the Criminal Code (medical assistance in dying)*, making amendments to the legislation which had previously been enacted. The new legislation makes important changes regarding the persons who may be eligible to obtain MAID and the process used for assessment of eligibility.

This enactment includes, among others, the following amendments:

- (a) it repeals the previous provision that required a person’s natural death to be reasonably foreseeable in order for them to be eligible for MAID;
- (b) it specifies that persons whose sole underlying medical condition is a mental illness are ineligible for MAID;
- (c) it creates two sets of safeguards that must be respected before MAID may be provided to a person, depending on whether the person’s natural death is or is not reasonably foreseeable;
- (d) it permits MAID to be provided to a person who has been found eligible to receive it, whose natural death is reasonably foreseeable and who has lost the capacity to consent before MAID is provided, on the basis of a prior agreement between the person and the medical practitioner or nurse practitioner; and

- (e) it permits MAID to be provided to a person who has lost the capacity to consent to it as a result of the self-administration of a substance that caused their own death, where the substance was provided to them under the provisions governing MAID.

Terminology

Medical Assistance in Dying (MAID)

- 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.

Medical Practitioner

a person who is entitled to practice medicine under the laws of a province.

Nurse Practitioner

a registered nurse who, under the laws of a province, is entitled to practice as a nurse practitioner -or under an equivalent designation - and to autonomously make diagnoses, order and interpret diagnostic tests, prescribe substances and treat patients.

Pharmacist

a person who is entitled to practice pharmacy under the laws of a province

Pharmacy Technician

a person who is entitled to practice pharmacy, registered as a pharmacy technician, under the laws of a province

Ethical Considerations

Providing a medication for the purposes of MAID raises important ethical issues. The federal legislation does not address the manner in which health care providers may conscientiously object to participation in the delivery of MAID. However, pharmacists and pharmacy technicians need to be prepared for their response when presented with a patient requesting MAID. Where a pharmacist or pharmacy technician has a conscientious objection to providing MAID, they are required to comply with the PEICP Code of Ethics and ensure that the patient receives a referral to a non-objecting provider in a timely manner.

The following ethical principles from PEICP's Code of Ethics are highlighted for pharmacists and pharmacy technicians to consider:

Principle 1: Always put the patient first.

Application 1.1 Treat those in your care with respect and dignity.

1.1.1 Always consider, and act in, the best interests of the patient.

1.1.2 Respect and value the autonomy and dignity of patients.

1.1.3 Practice patient-centered care acting with integrity and treat patients with sensitivity, caring, consideration and respect.

1.1.8 Respect diversity in the cultural systems, beliefs and value-systems of others and always act with sensitivity and understanding.

1.1.10 Make arrangements in practice so that the care of patients will not be jeopardized when exercising conscientious objection.

Principle 4: Communicate effectively and collaborate with colleagues.

Application 4.3 Work collaboratively with colleagues.

4.3.2 Work cooperatively with colleagues and other healthcare professionals.

4.3.3 Refer patients to other healthcare professionals or healthcare resources when appropriate.

Principle 5: Maintain knowledge, skills and competence.

Application 5.1 Maintain and develop professional knowledge, skills and competence

5.1.2 Practice only within your scope of practice, recognize your limitations and, when necessary, refer the patient to a colleague or other healthcare professional.

Guidance

This guidance document provides general information for pharmacists and pharmacy technicians when providing medications for MAID. It is important for members to determine if their employer also has policies on the provision of medications for MAID purposes.

- It is important the pharmacists do not perform, or are not perceived to be performing, any activity that may imply they are leading physician-assisted death including the following activities:
 - Advising patients on physician-assisted death. Always refer the patient to a medical or nurse practitioner when asked about physician-assisted death;
 - Assessing if the patient’s condition is grievous or irremediable;
 - Collecting consent for physician-assisted death; or
 - Dispensing drugs intended for physician assisted death for general use in a physician’s office i.e. “in-office use”.
- Pharmacists should refer all requests or inquiries from patients, families, individuals or groups for information concerning MAID, to a physician or nurse practitioner. If the patient does not have a primary care provider, they may contact 811 for more information.
- Pharmacists are not responsible for assessing whether a patient meets MAID eligibility criteria, or for collecting/obtaining a patient’s consent or request for MAID. Pharmacists need to be assured that the patient’s medical practitioner or nurse practitioner has affirmed that they have met the eligibility requirements and have consented to receiving MAID.
- Medical practitioners and nurse practitioners are required to notify pharmacists of a MAID request in advance of transmitting a prescription for MAID. Pharmacists are encouraged to work collaboratively with medical practitioners and nurse practitioners as early as possible to ensure patients have access to MAID in a timely manner. The pharmacist and practitioner should discuss the following issues:
 - The MAID protocol selected;
 - The scheduled time for the administration of MAID;
 - The time required to prepare the drugs by the pharmacist;

- The date after which the drugs should not be administered;
 - The procedures for returning any unused drugs to the pharmacy; and
 - Any other relevant information required by the pharmacist
- If a pharmacist receives a prescription for MAID prior to being notified in advance by the medical or nurse practitioner, the pharmacist shall not proceed until they have been in contact with the practitioner.
 - Prescriptions for MAID must meet the following criteria:
 - They must meet the requirements for a prescription in accordance with applicable legislation; and
 - The prescription must be patient specific and cannot be dispensed for general physician use in their office (i.e. not “for office use”).
 - Pharmacists must not adapt or therapeutically substitute a prescription for MAID. Should a MAID prescription require adjustments, the medical or nurse practitioner should be contacted.
 - The pharmacist or pharmacy technician may prepare and label a MAID medication but only the pharmacist shall release the medications for MAID.
 - Prior to their release, MAID medications must be stored in a secure area.
 - The pharmacist shall release the MAID medication(s) only:
 - to the medical or nurse practitioner. It is not appropriate to release MAID medications to a patient or family member; and
 - on or after the date specified by the physician or nurse practitioner
 - The pharmacist shall ensure that the medical or nurse practitioner has information on the MAID medications relating to the stability, storage, and any other details supporting the administration and efficacy of the medications.

Documentation and Reporting

Pharmacists are expected to appropriately document the provision of medications for MAID on the patient record, as required under the *Pharmacy Act General Regulations*.

Pharmacists who dispense medication for the provision of MAID are required to report to Health Canada via the [Canadian MAID Data Collection Portal](#) within 30 days.

Under section 241.31 of the Code, a pharmacist who knowingly fails to comply with the requirement could face a maximum term of imprisonment of two years.

Please note that there are no new/additional reporting requirements as a consequence of the passage of Bill C-7. New requirements will not come into effect until the current federal *Regulations for the Monitoring of Medical Assistance in Dying* are amended and enacted. There will be no pharmacy technician reporting requirements until these amendments are in force.

Conscientious Objection

A pharmacist may decide to exercise conscientious objection and not participate in MAID. In these circumstances, the pharmacist must:

- Inform the pharmacy management of their objections at the earliest opportunity;
- Advise the physician or nurse practitioner at the earliest opportunity upon receiving notification of a request for MAID medication;
- Provide the physician or nurse practitioner with a referral to another pharmacist who will accept the referral to participate in MAID; and
- Not directly convey or express any disapproving or other judgmental opinions regarding the decision or beliefs of those involved in MAID.

Appendix A- Resources

[An Act to amend the Criminal Code and to make related amendments to other Acts \(medical assistance in dying\) \(Bill C-14\)](#)

[An Act to amend the Criminal Code \(medical assistance in dying\) \(Bill C-7\)](#)

[Regulations for the Monitoring of Medical Assistance in Dying \(SOR/2018 166\)](#)

[PEI College of Pharmacists Code of Ethics](#)