

May 5, 2016

Mr. Anthony Housefather, M.P.  
Chair, Standing Committee on Justice and Human Rights  
Sixth Floor, 131 Queen Street  
House of Commons  
Ottawa, Ontario K1A 0A6

Via: Mr. Michael MacPherson, Clerk of the Committee  
Email: [JUST@parl.gc.ca](mailto:JUST@parl.gc.ca)

**Re: Submission regarding Bill C-14, *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)***

Dear Mr. Housefather,

The National Association of Pharmacy Regulatory Authorities (NAPRA) wishes to provide the Standing Committee on Justice and Human Rights with comments on the content of the Bill currently being studied. Although we realize that our submission arrives after the deadline specified we respectfully ask that our input on this important Bill be considered by the Committee members.

NAPRA is a not-for-profit organization representing all provincial and territorial pharmacy licensing authorities whose mandate is the protection of the public. Our membership also extends beyond traditional geographic borders to include the Canadian Forces Pharmacy Services. Our members play a key role in ensuring that optimal regulatory practices are in place for a safe practice environment for the benefit of all Canadians. Over 40,000 pharmacists are licensed by our members to practice pharmacy across the country and operate within specific regulatory practices and requirements. Furthermore, most of our members have started to regulate pharmacy technicians as a new profession.

NAPRA believes that it is essential that legislation on medical assistance in dying be in place for June 6, 2016 in order to avoid a gap when the *Carter v. Canada* decision takes effect. With the public interest in mind, it is important that a federal framework be in place to ensure that healthcare professionals such as pharmacists and pharmacy technicians are enabled to participate in the process, while not being prevented from exercising a “conscientious objection” to participate in line with their professional code of ethics. Overall, NAPRA supports the majority of elements of the Bill but sees a need to either further clarify or amend the following sections to eliminate confusion or inapplicability.

- It is noted that the term “substance” was used in the Bill instead of “drug” as defined in the *Food and Drugs Act*. NAPRA respectfully suggests that the word “substance” be defined in the Bill or changed to reflect the terminologies used in federal legislation to describe “drug”.

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**Members/Membres**

Alberta College of Pharmacists  
Canadian Armed Forces – Pharmacy Services Division  
College of Pharmacists of British Columbia  
College of Pharmacists of Manitoba

New Brunswick College of Pharmacists  
Newfoundland and Labrador Pharmacy Board  
Government of the Northwest Territories  
Nova Scotia College of Pharmacists  
Government of Nunavut

Ontario College of Pharmacists  
Ordre des pharmaciens du Québec  
Prince Edward Island College of Pharmacists  
Saskatchewan College of Pharmacy Professionals  
Community Services - Government of Yukon

- Section 241 (4) Exemption for Pharmacist - NAPRA is pleased to see a specific exemption for pharmacists, however this exemption does not seem to address all of the situations covered in the rest of the Bill. The Bill refers to the ability of a medical practitioner or nurse practitioner to “obtain” drugs and then administer or “provide” them to the patient, in addition to their ability to prescribe drugs for the patient [e.g. 241.1 (b), 241.2 (8) ]. The Bill appears to allow medical or nurse practitioners to obtain the necessary drugs from the pharmacist without having to issue a prescription for a particular patient, for example via an “office use” prescription. However, the exemption for pharmacists as written does not appear to allow pharmacists to dispense drugs for the purpose of medical assistance in dying directly to a medical or nurse practitioner. As such, NAPRA suggests that the exemption for pharmacist be broadened to include this possible situation, if that is the true intent of the Bill. If the intent is to require that medical practitioners and nurse practitioners issue a patient-specific prescription, as we believe that it should, other sections of the Bill will need to be amended to clarify.

Pharmacy technicians are now regulated in many jurisdictions of Canada and are independently responsible for certain aspects of the dispensing process. It is not clear if pharmacy technicians will be exempt from criminal liability for their role in dispensing drugs for medical assistance in dying under section 241 (3) - Exemption for person aiding practitioner. If not covered under section 241 (3), it is suggested that pharmacy technicians be added to the Exemption for pharmacist in section 241 (4).

- Section 241.1 Definitions – the definitions of pharmacist in English and French do not have the same meaning. Therefore, we suggest that the definition in English be amended to add after the word practice “as a pharmacist” and to delete the word “pharmacy”.
- Section 241.2 Safeguards - (3)(h) requires that the medical practitioner or nurse practitioner immediately before providing the medical assistance in dying, give the person an opportunity to withdraw their request and ensure that the person gives express consent to receive medical assistance in dying. NAPRA believes that this requirement must be rethought to ensure that it could be operationalized in the context of self-administration by the person (definitions 241.1 medical assistance in dying (b)). In our view, this and other provisions of the Bill do not align well with the context of medical assistance in dying as expressed in part (b) of the definition.
- Section 241.2 Informing pharmacist (8)- NAPRA is glad to see that there is a provision for the medical practitioner and nurse practitioner to inform the pharmacist that the substance prescribed is intended for the purpose of medical assistance in dying. A multi-disciplinary health team approach to medical assistance in dying is important and therefore, NAPRA respectfully suggests that the pharmacist be informed not only verbally, but in writing. The Bill can be amended to add “in writing ” after the word inform.

Furthermore, NAPRA believes that inter-professional collaboration would be enhanced if the medical practitioner or nurse practitioner were required to provide the pharmacist with a copy of the patient consent form and the written opinion of the second independent practitioner. This would provide another level of safeguard to ensure that the required steps under section 241.2 have been carried out.

On a more general level, we wish to reinforce the need for the federal government to ensure that drugs that would be required for providing medical assistance in dying be available and authorized for this purpose in Canada. Furthermore, we encourage the federal government to continue to study a few other subjects such as mature minors, people who suffer only from mental illness and advance requests in the context of medical assistance in dying.

We trust that the above-mentioned comments will be helpful to the Committee work. We remain available for any questions the Committee members may have regarding our submission or any assistance that may be deemed necessary.

In closing, we wish to assure you that NAPRA members have already developed interim guidance documents for pharmacists on the topic of medical assistance in dying (previously called physician assisted death) and are continuing to work with other health care practitioner groups and governments in their respective jurisdictions in order to be ready for the implementation of medical assistance in dying.

Sincerely yours,



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cc: Provincial/territorial pharmacy regulatory authorities  
NAPRA President