

# **Parliamentary Review of Medical Assistance in Dying**

Submission to the Special Joint Committee on Medical  
Assistance in Dying (AMAD)

May 2022

# Introduction

The Canadian Nurses Association (CNA) has been actively involved in work related to medical assistance in dying (MAID) for several years. Nurses and nurse practitioners are an integral part of its delivery and they have acquired significant knowledge and experience from nearly six years of MAID in practice. In fact, nurses are the most consulted health care professionals when MAID practitioners seek to inform their assessments.<sup>1</sup> Nurses are often the first contact through coordination services and hence do the initial triage and intake. The role of nursing is critical, and it is even more so in light of the legislative changes brought by Bill C-7 and the consideration of special population groups.

## Key considerations

### Access to palliative, health and social care services

- Nurses continue to highlight that palliative care, as well as other important alternative treatments, such as mental health care, are not available or accessible to many Canadians.
- No patient should opt for MAID because of the lack of access to the health or social services they need.
- When patients are not offered or educated on palliative care as an option, there is a risk that many may seek MAID under the impression it is their only option.
- Nurses must be fully confident that MAID is not chosen by patients because of lack of access to necessary health and social care.
- There must be very clear guidelines about what treatments and services must be available, offered, and documented in the patient's chart prior to proceeding with a MAID assessment.

### Special populations

- Nurses highlighted the importance of establishing strong safeguards, as well as the requirement for consulting with experts, should MAID be expanded. A balance is needed so that this requirement does not become a barrier, but also to ensure nurses feel confident that the patient meets the requirements.
- A key concern is that more practitioners may become discouraged to provide MAID due to potential legal risks and moral dilemmas. Educational and clinical practice consultation in addition to trauma-informed resources should be available to nurses.
- Any changes to the Criminal Code need to be clear and consider the point of view of nurses who participate in and deliver MAID. This will help nurses interpret and safely implement the provisions in the Criminal Code.
- Nurses expressed concerns about challenging cases such as people with dementia. For example: what measures must be taken if a patient is resisting the procedure due to an altered state of mind?
- Patient and family-centered care are foundational in nursing. Assessment of family perspectives and impacts on care need to be considered for MAID.

- **Mental health as a sole diagnosis**
  - Adequate access to mental health services must be a priority.
  - Meaningful engagement with mental health experts is essential. If a practitioner does not have enough expertise on the patient’s mental health condition, another specialist with appropriate expertise needs to be consulted.
- **Mature minors**
  - Determining capacity for consent is a challenge. There are, however, other treatments and procedures that already manage consent of mature minors.
  - Pediatric expertise is essential throughout the MAID process, including during implementation of any changes to legislation.
  - Psychological and grief support for the family is a need identified by nurses.
- **Advanced requests**
  - Regularly scheduled reviews of advanced directives throughout the patient’s disease progression are necessary.
  - Very clear and explicit descriptions and parameters are needed when writing advanced requests, including pre-determined triggers for re-evaluation of the request. This will help ensure there is clear communication of the patient’s wishes.

## Recommendations

- **Expand access to palliative care** in Canada for those approaching end of life or for those who are living with chronic and life-limiting conditions. **Expanding access to mental health care** is equally important.
- **MAID and advance care planning:** amend subsection 241(5.1) of the Criminal Code to stipulate that health professionals do not commit an offence if they provide information on the lawful provision of MAID, *whether or not they initiate the discussion*. Patients often approach nurses to discuss or explore sensitive topics, and MAID is no different. Nurses said, in certain cases, that patients told them it would have been helpful to have information about MAID. These nurses said MAID was not raised by them because of concerns related to legal challenges due to the unclear way the law is written.
- **Additional review of the act:** Given the new changes brought by Bill C-7, CNA recommends establishing an additional review of MAID by a committee of Parliament in five years. This will allow a new opportunity to examine these new provisions.
- **Strong safeguards and oversight body:** Clear, explicit, and strong safeguards must be developed in conjunction with experts and practitioners for the special population groups, should MAID be expanded. CNA recommends creating a multi-disciplinary oversight committee that can review complex cases and help determine eligibility conditions.
- **Conscientious objection of MAID:** Some nurses will object to providing MAID to patients whose death is not foreseeable or where mental health is the sole diagnosis. There must be strong safeguards to protect their ability to conscientiously object to delivering and participating in MAID, and clear articulation of their rights and responsibilities.
- **Leverage virtual care:** Canada must rely upon digital technologies to help ensure that patients get access to specialties that are only available in urban centers.

- **More funding is needed to support nurses** participating in and delivering MAID. One of the main barriers is the time it can take for a MAID assessment, creating distress for patients. There needs to be adequate funding so that teams and systems are well resourced.
- **Data collection:** The new provisions in Bill C-7 regarding data collection may create barriers as it can lead to increased administrative burden without providing helpful data. Preliminary assessments must be clearly defined to ensure role clarity.

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<sup>1</sup> <https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2020.html>