



MEDICAL ASSISTANCE IN DYING (MAID) PRACTICE GUIDELINE FOR LICENSED PRACTICAL NURSES AND REGISTERED NURSES

The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants.

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



The *Criminal Code* defines eligibility requirements for clients requesting MAID and outlines the safeguards that nurses must respect when caring for a client who requests MAID. In addition to following the provisions in the *Criminal Code*, LPNs and RNs are accountable to follow their [standards of practice](#) and [code of ethics](#).

RN and LPN standards of practice requires RNs and LPNs to act in compliance with practice guidelines, as outlined in the respective indicators:

- **RN Standard 5.1** - A registered nurse demonstrates this standard by: following current legislation, standards and regulatory documents relevant to their practice setting (regulatory documents includes NSCN practice guidelines, position statements, and policies).
- **LPN Standard 3.5** - LPNs understand and accept the responsibility of self-regulation by following the standards of practice, the code of ethics, and other regulatory requirements (other regulatory requirements is interpreted to include NSCN practice guidelines).

This document provides guidance to LPNs and RNs with respect to their accountabilities in caring for clients who request medical assistance in dying (MAID). There is a separate practice support tool, **MAID Practice Guidelines for Nurse Practitioners**, which provides guidance to NPs with respect to their accountabilities in providing and caring for clients who request MAID.

LPNs and RNs are encouraged to consult with the resources available through [Canadian Nurses Protective Society](#), their employers and relevant professional associations.

According to the Government of Canada, Canadians whose only medical condition is a mental illness, and who otherwise meet all eligibility criteria, will not be eligible for MAID until March 17, 2027. This includes conditions that are primarily within the domain of psychiatry, such as depression and personality disorders. It does not include neurocognitive and neurodevelopmental disorders, or other conditions that may affect cognitive abilities. This temporary exclusion will provide the Government of Canada with more time to study how MAID on the basis of a mental illness can safely be provided and to ensure appropriate safeguards are in place to protect those persons.

There are specific challenges related to the care of clients with intellectual disabilities and clients experiencing long-term incarceration that require additional recommendations from professional associations and community organizations working with clients with relevant lived experience. NSCN will review this guidance document in light of any such recommendations as appropriate.

Scope of Practice

It is within the scope of practice of the LPN and RN to provide care for clients who request MAID. LPNs and RNs may assist an NP or physician in providing care to a person requesting MAID but may not administer, prescribe or provide the substance that causes death. **Only a NP or physician may administer, prescribe or provide a substance, which causes death to an eligible client who is requesting MAID.**

The *Criminal Code* requires that MAID must be provided with reasonable knowledge, care and skill and in accordance with any applicable provincial laws, rules or standards. Nurses who fail to comply with the legal requirements of the *Criminal Code* may be convicted of a criminal offence. Nurses are required to follow employer policies, their standards of practice and this guideline in relation to caring for clients receiving MAID.

LPNs and RNs must practice only within a scope for which they are appropriately educated, licensed, and competent.

The scope of practice of the NP is defined in the **MAID Practice Guidelines for Nurse Practitioners**.

LPN and RN Accountabilities

Nurses always have and will continue to have a major role in providing care to clients and their families at end of life, including for those clients that have chosen MAID. As with any other nursing care, nurses must ensure they have the knowledge, skills and abilities to provide safe, competent, ethical and compassionate care to clients.

In order for LPNs and RNs to meet their standards of practice requirements, it is important to consider their accountabilities related to MAID in compliance with the *Criminal Code of Canada*.

The following section provides an overview of the LPNs and RNs accountabilities when working with clients inquiring and receiving MAID and the respective nursing standards that apply. Please refer to these standards in relation to the nursing accountabilities.

Client Discussions and Confidentiality (LPN Standard 2, 3, 4, RN Standard 3)

LPNs and RNs are accountable to:

- Provide information about the lawful provision of MAID when requested by a client.
- Share information and engage in discussions about the clients request for MAID in the context of a conversation about all other end of life care options including palliative care.
- Be aware that counselling suicide, in the sense of encouraging, soliciting or inciting suicide, is a criminal offence.
- Ensure client-centered conversation when answering questions.
- Promptly inform the client's primary care provider (NP or physician) and other appropriate members of the health care team as appropriate of the client's requests.
- Ensure client confidentiality is maintained in providing all aspects of nursing care for clients receiving MAID.

To reduce the risk of allegations of counselling, within the meaning of the *Criminal Code*, it would be prudent for nurses to avoid the preparation of any written request for MAID made by the patient. Nurses whose employment requires them to participate in intake processes for MAID requests should seek guidance from their employer on how to conduct the intake in compliance with the requirements of the *Criminal Code*.

Client Eligibility (LPN Standard 1, RN Standard 4)

LPNs and RNs who are assisting in MAID as a member of the health care team are not permitted to determine the client's eligibility.

LPN and RN accountabilities when in providing care to persons receiving MAID include:

- Discussing the client's request for assisted dying with other members of the healthcare team
- Review the client record
- Reviewing the client's written request for assisted dying. This could be indicated in a standardized form or order set completed by the nurse practitioner or physician indicating that all required criteria have been met
- Following any employer or agency policy regarding your participation in MAID

If the LPN or RN know or reasonably believe that the client does not meet the eligibility criteria, they must immediately raise the concerns with the healthcare team, manager or others as necessary.

Witnessing a Written Request for MAID (LPN Standard 1, RN Standard 2)

Clients wishing to receive MAID must submit a written, signed and dated request to their providing NP or physician after they have received their diagnosis and condition. Clients may ask nurses to witness their signature and they may act as a witness as long as they:

- Recognize that the document is a formal request for MAID
- Are not or do not reasonably believe that they are not a beneficiary under the client's will or will receive a financial or other material benefit from the client's death
- Are not an owner or operator of a health care facility where the client is being treated or any facility in which the client resides
- Are paid to provide nursing care

Documentation of Nursing Discussions and Care Provided (LPN Standard 1, RN Standard 2)

LPNs and RNs are accountable to document clearly and comprehensively while following any employer or agency policy and applicable documentation guidelines. Additionally they should include in their documentation:

- Who initiated the conversation
- Questions asked and information provided
- Verification that the NP or physician determined the eligibility criteria and safeguards were met
- The identity of the persons present during MAID
- The name of the provider that administers the medication, where applicable

Conscientious Objection (LPN Standard 4, RN Standard 5)

All nurses have the responsibility to recognize ethical conflicts that may arise over the course of providing nursing services. No nurse can be compelled to participate in the aspects of client care connected to MAID. Nurses are accountable to fully understand the employer obligations in providing services that may be a moral conflict to the nurse and addressing these with their employer. If the nurse chooses not to participate on these grounds, they must promptly inform the employer or the client if they are self-employed.

Nurses who are unable or unwilling to participate in MAID practice:

- May decline to participate in the aspect of client care connected to MAID if MAID is in conflict with the nurses' moral beliefs and values.
- Must not refuse all other aspects of care based in their MAID request if they have an existing therapeutic relationship with a client.
- Must respond to all reasonable questions from clients regarding MAID, consulting a nurse practitioner, physician or the NS Health MAID program to discuss eligibility for MAID.
- The nurse must continue to provide safe, competent, ethical, and compassionate care until alternative arrangements can be made to meet the client's needs or wishes.

Administration of MAID Medication (LPN Standard 1, RN Standard 5)

LPNs and RNs are not authorized to administer the medication that causes the client's death under any circumstances, even if requested by the providing NP/Physician and/or the client.

LPNs and RNs may assist in the administration of the medication, including engaging in the following activities, at the direction of the NP/Physician where the safeguards have been met:

- Insert an intravenous line that will later be used to administer the medication
- Be present during the administration of the medication to provide holistic nursing interventions to meet the needs of the client and their family during the dying process

LPNs and RNs should refrain from any activities that may be viewed as the actual administration of the medication, such as placing oral medication in the client's mouth, passing oral medication to the client, or pushing the medication into the client's intravenous line.

Conclusion

Nurses are required to follow agency and employer policies for MAID. If nurses have a practice concern related to legalities and interpretation of the MAID provisions in the *Criminal Code*, they are encouraged to reach out to their liability providers. Licensed practical nurses can contact [Lloyd Sadd](#) and RNs may contact the [Canadian Nurses Protective Society](#).

Nurses who fail to comply with their standards of practice and/or code of ethics could be subject to a regulatory complaint and be subject to disciplinary sanctions by NSCN. If you would like to speak with an NSCN Practice Consultant related to MAID or your accountabilities under the standards of practice and/or code of ethics, please contact us at practice@nscn.ca.