



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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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*, NPs are accountable to follow their [standards of practice](#) and [code of ethics](#).

NP standards of practice require NPs to act in compliance with this practice guideline, as outlined in Standard 1.1:

- 1.1 Nurse Practitioners practise according to ethical, legal and professional standards, competencies and guidelines that reflect their increased level of responsibility, accountability and scope of practice.

This document provides guidance to nurse practitioners with respect to their accountabilities in providing care for clients who request medical assistance in dying (MAID). This includes information that will assist nurse practitioners in understanding:

- Eligibility criteria;
- Procedural safeguards;
- Documentation;
- Reporting guidelines that must be met regarding MAID;
- Professional expectations of NPs who are involved with MAID; and
- Specific legal requirements for MAID assessors and providers.

There is a separate practice support tool, **MAID Practice Guidelines for Licensed Practical Nurses and Registered Nurses**, which provides guidance to LPNs and RNs with respect to their accountabilities in caring for clients who request MAID.

NPs are encouraged to consult with the resources available through [Canadian Nurses Protective Society](#), the [Canadian Association of MAID Assessors and Providers](#), 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 NP to provide MAID care for clients, including assessing eligibility and providing MAID. 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.

- Nurse Practitioners must practice only within a scope for which they are appropriately educated, licensed, and competent.
- Nurse Practitioners who choose to assess eligibility for or provide MAID, must have sufficient education, experience, and qualifications to safely and competently do so in the circumstances of each case. This should include training in capacity assessment, trauma-informed care, and cultural safety and humility.

Pre-licensure nurse practitioner students

Pre-licensure nurse practitioner students can participate in providing nursing care in their current capacity as a registered nurse **but they cannot perform eligibility assessments for MAID nor provide MAID**. Only physicians and nurse practitioners have this authority. Pre-licensure nurse practitioner students can, however, learn about the MAID process through observation and discussion with their mentors. If they have questions about their accountabilities as a RN, they can consult the MAID Practice Guidelines for Licensed Practical Nurses and Registered Nurses.

Client Communication

NPs are accountable to:

- Take reasonable steps to ensure clients are informed of the full range of treatment options available to relieve suffering.
- Understand that not all clients that are potentially eligible for MAID are aware that MAID is legal and available in Canada.
- Determine whether MAID is consistent with the client's values and goals of care and if not consistent, do not advise the client of the potential for MAID.
- Share information and engage in discussions about the lawful provision of MAID with their clients if MAID is consistent with the client's values and goals of care.
- Respond to all reasonable questions from clients regarding MAID or make an effective transfer of care to another nurse practitioner, physician or NS Health MAID program known to be willing to discuss eligibility for MAID.

Effective transfer of care refers to a transfer made by a nurse practitioner or physician made in good faith to another nurse practitioner or physician who is available to accept the transfer, accessible to the person requesting MAID, and willing to provide MAID to that person if the eligibility criteria are met. - *Health Canada Model Practice Standard for Medical Assistance in Dying (MAID)*

NPs should be aware:

- When advising clients on their potential eligibility for MAID, they must take reasonable steps to ensure the client does not perceive coercion, inducement, or pressure to pursue or not pursue MAID.
- Advising clients of potential eligibility for MAID is distinct from counselling clients to consider MAID.
- They cannot act on a MAID request set out in a personal directive or similar document.

Responsibilities of Nurse Practitioners Unable or Unwilling to Participate in MAID

All nurses have the responsibility to recognize ethical conflicts that may arise over the course of providing nursing services. No NP can be compelled to prescribe or administer substances for the purpose of MAID. If MAID conflicts with the NP's moral beliefs and values, they may decline to participate in the aspect of client care connected to MAID and must promptly inform their employer or the client if they are self-employed.

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

- Must complete an effective transfer of care for any client seeking to make a request, requesting, or eligible to receive MAID;
- Must advise the client that they are not able or willing to assist with the request for an assessment for MAID or the provision of MAID;
- Must provide, with the consent of the person, all relevant and necessary health records to the nurse practitioner, physician, or the NS Health MAID program;
- Must continue to provide care and treatment not related to MAID if the client chooses; and
- Should make an effective transfer of care to another nurse practitioner if the person does not wish to remain in their care.
- NPs with an existing therapeutic relationship with a client must not refuse all other aspects of care based in their MAID request.

Documentation

NPs must document in the client record that all steps in this Guideline have been met including:

- All client discussions, related to MAID as a treatment option and what action was taken and the rationale for it;
- Assessment of eligibility; and
- Provision of MAID.

Documentation must comply with the [Documentation Guidelines](#) and NPs should be familiar with any applicable employer or government policy including compliance with:

- Guidelines established by the federal Minister of Health respecting information to be included on death certificates in cases where MAID has been provided, as well as related requirements from Nova Scotia Vital Statistics and the Nova Scotia Medical Examiner Service.
- All documentation and reporting requirements set out in any federal regulations.

Duties of NPs who are Assessors and Providers of MAID

The *Criminal Code of Canada* (section 241.2) has created a two-track approach to procedural safeguards based on whether or not a person's natural death is reasonably foreseeable (Track 1) or not reasonably foreseeable (Track 2). We will refer to these 2 distinct tracks in the remainder of the Guideline.

At least two practitioners (NPs or physicians) must be involved in the assessment of eligibility of a client requesting MAID.

Assessors and providers must:

- Be independent practitioners, which is a nurse practitioner or physician, who:
 - a. Is not a mentor to the other practitioner or responsible for supervising their work;
 - b. Does not know or believe that they are a beneficiary under the will of the client making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that client's death, other than standard compensation for their services relating to the request; and

Track One = Natural death is reasonably foreseeable

Track Two = Natural death is not reasonably foreseeable

- c. Does not know or believe that they are connected to the other practitioner or to the client making the request in any other way that would affect their objectivity.
- Not disclose that a client has requested a MAID assessment or provision without the consent to do so from the client.

Providers

- The NP must not provide MAID on the direction of anyone other than the person requesting MAID.
- Before providing MAID, the NP must assess eligibility and ensure that all procedural safeguards are met.
- The NP who prescribes or obtains a substance for the purpose of MAID must inform the pharmacist that the substance is intended for that purpose before the pharmacist dispenses the substance.
- NP's must ensure safe prescribing, use, storage, and return of substances related to the provision of MAID.

Assessors

NP assessing eligibility must:

- Not conduct an assessment for MAID on the direction of anyone other than the client requesting MAID.
- Provide a written opinion attesting to whether the client requesting MAID meets the eligibility criteria for MAID.

When natural death is not reasonably foreseeable (Track 2)

- Under the *Criminal Code* requirement both the assessor and the provider are required to discuss with the client requesting MAID the reasonable and available means to relieve the client's suffering and determine whether the client has considered those means.
- Where natural death is not reasonably foreseeable and a reduction in the 90 day period is being considered by the provider, NPs who are conducting an assessment must provide an opinion as to whether the loss of the client's capacity to provide consent to receive MAID is imminent.

While the NP assessor may discuss the means available to relieve the client's suffering for clients under Track 1, it is only a *Criminal Code* requirement that both the assessor and the provider do so for persons under Track 2.

Capacity

The *Criminal Code* of Canada requires that all clients requesting MAID have an assessment to determine if they have capacity to provide informed consent to request and receive this intervention. Under this federal legislation, only NPs and physicians are authorized to complete the capacity assessments required to confirm a client's eligibility for MAID. In addition, NP practice is further defined by provincial legislation set out in the *Personal Directives Act* that authorizes NPs to conduct capacity assessments.

To find a client eligible for MAID, the provider and assessor must be of the opinion that the client requesting MAID has capacity to make decisions with respect to MAID at the time of the MAID assessment.

When assessing for capacity to make decisions with respect to MAID, the provider and assessor must determine whether the client has the capacity to understand and appreciate:

- a. The history and prognosis of their medical condition(s);
- b. Their treatment options and their risks and benefits; and
- c. That the intended outcome of the provision of MAID is death.

As capacity is fluid and may change over time, nurse practitioners must be alert to potential changes in a client's capacity. Where appropriate, assessors and providers should undertake serial assessments of a client's decision-making capacity.

Where appropriate, assessors and providers should consult with clinicians with expertise in the assessment of decision-making capacity.

Assessors and providers must document the reasoning and evidence upon which their assessment of capacity was based.

All capacity assessments must be conducted in accordance with clinical standards and legal criteria. For more information, please see our [Practice Support Tool: Assessing Capacity](#).

Eligibility

Criteria

Nurse practitioners who provide MAID are responsible for establishing the client's eligibility for MAID. The NP must ensure that a person who wishes to receive MAID meets all of the following eligibility criteria:

- The client is eligible, or, but for any applicable minimum period of residence or waiting period, would be eligible for health services funded by a government in Canada;
- The client is at least 18 years of age and capable of making decisions with respect to their health;
- The client has made a voluntary request for MAID that, in particular, was not made as a result of external pressure¹;
- The client has given informed consent to receive MAID after having been informed of the means that are available to relieve their suffering, including palliative care;
- The client has a grievous and irremediable medical condition . These criteria are met only where the provider and assessor are of the opinion that:
 - a. The client has a serious and incurable illness, disease, or disability;
 - b. The client is in an advanced state of irreversible decline in capability; and
 - c. The illness, disease, or disability or that state of decline causes the client enduring physical or psychological suffering that is intolerable to the client and cannot be relieved under conditions that the client considers acceptable.

To find a client eligible for MAID, nurse practitioners must be satisfied that the client's decision to request MAID has been made freely, without undue influence (contemporaneous or past) from family members, health care providers, or others.

'Grievous and irremediable medical condition' is not standard clinical terminology, however, it is defined in the *Criminal Code*.

Grievous and Irremediable Medical Condition - Definition

To find a client eligible for MAID, the provider and assessor must be of the opinion that the client has a 'grievous and irremediable medical condition'.

A client has a 'grievous and irremediable medical condition' if:

- a. They have a serious and incurable illness, disease, or disability; (see below for criteria)
- b. They are in an advanced state of irreversible decline in capability; (see below for criteria)
- c. And, that illness, disease, or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.

a) Serious and incurable illness, disease, or disability

To find a client has a grievous and irremediable medical condition, the provider and assessor must be of the opinion that the client has a serious and incurable illness, disease, or disability.

¹ Assessors and providers must be familiar with and adhere to any provincial requirements relating to MAID for persons who are involuntarily hospitalized or under a Community Treatment Order. Similarly, they must be familiar with and adhere to any provincial or federal requirements regarding MAID for persons who are being held under a Not Criminally Responsible order or are incarcerated.

- ‘Incurable’ means there are no reasonable treatments remaining where reasonable is determined by the clinician and client together exploring the recognized, available, and potentially effective treatments in light of the client’s overall state of health, beliefs, values, and goals of care.

b) An advanced state of irreversible decline in capability

To find a client has a grievous and irremediable medical condition, the provider and assessor must be of the opinion that the client is in an advanced state of irreversible decline in capability.

- Capability refers to a client’s functioning (physical, social, occupational, or other important areas), not the symptoms of their condition. Function refers to the ability to undertake those activities that are meaningful to the client.
- Advanced state of decline’ means the reduction in function is severe.
- ‘Irreversible’ means there are no reasonable interventions remaining where reasonable is determined by the clinician and client together exploring the recognized available, and potentially effective interventions in light of the client’s overall state of health, beliefs, values, and goals of care.

c) Enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.

To find that a client has a grievous and irremediable medical condition, the provider and assessor must be of the opinion that the client’s illness, disease, or disability or state of decline causes the client enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable.

For the purposes of forming the opinion that the suffering criterion for MAID is met, assessors and providers:

- Must explore all dimensions of the client’s suffering (physical, psychological, social, existential) and the means available to relieve them;
- Must explore the consistency of the client’s assessment of their suffering with the client’s overall clinical presentation, expressed wishes over time, and life narrative;
- Must be of the opinion that it is the client’s illness, disease, or disability and/or state of decline in capability that is the cause of the client’s suffering;
- Must be of the opinion that the suffering is enduring; and
- Must respect the subjectivity of suffering.

Informed Consent

Nurse practitioners who are acting as providers must obtain informed consent directly from the client requesting MAID, not the substitute decision-maker of an incapable client.

When seeking informed consent, NPs must:

- Discuss all reasonable, accepted, and available treatment options with the client requesting MAID, including the associated benefits, risks, and side effects, which include informing the client of the means that are available to relieve their suffering, including palliative care;
- Inform the client whose natural death is not reasonably foreseeable (track 2) of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services, and palliative care and offer consultations with relevant professionals who provide those services or that care;
- Inform the client that they may, at any time and in any manner, withdraw their request for MAID, and that they will be given an opportunity to withdraw their request immediately before MAID is provided (except where there is a valid final consent waiver (track 1) or advance consent in the case of self-administration (track 1 and 2));
- Inform the client requesting MAID of any possible complications associated with provider-administered and self-administered MAID, including the possibility that death may not occur; and

- Inform the client who is indicating a preference for self-administered MAID that if the client’s death is prolonged or not achieved, it will not be possible for the provider to intervene and administer a substance causing their death unless the client is capable and can provide consent immediately prior to administering, or the client has entered into a written arrangement providing advance consent for the nurse practitioner administered MAID.

Procedural Safeguards

Track 1: refers to the procedural safeguards applicable to a request for MAID made by a person whose natural death is reasonably foreseeable.

Before providing MAID to a client whose natural death is reasonably foreseeable (Track 1), taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining, the NP provider must:

- Be of the opinion that the client meets all of the eligibility criteria for MAID;
- Ensure that the clients request for MAID was
 - a. Made in writing and signed and dated by the client (or by another client as permitted by law); and
 - b. Signed and dated after the client was informed by a physician or nurse practitioner that the client has a grievous and irremediable medical condition;
- Be satisfied that the request was signed and dated by the client, or by another client as permitted by law, before an independent witness who then also signed and dated the request;
- Ensure that the client has been informed that they may, at any time and in any manner, withdraw their request;
- Ensure that another nurse practitioner or physician has provided a written opinion confirming that the client meets all of the eligibility criteria for MAID;
- Be satisfied that they and the assessor are independent of each other;
- Take all necessary measures to provide a reliable means by which the client may understand the information that is provided to them and communicate their decision if the client has difficulty communicating; and
- Immediately before providing MAID, give the client an opportunity to withdraw their request and ensure that the client gives express consent to receive MAID, unless the conditions for a waiver of final consent or advance consent – failed self-administration have been met.

If the client requesting MAID is unable to sign and date the request, 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 client making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that client’s death — may do so in the client’s presence, on the client’s behalf and under the client’s express direction.

Waiver of final consent

A waiver of final consent is an arrangement in writing between the client whose natural death is reasonably foreseeable (Track 1) and their provider. It allows for the waiving of the requirement that the client give express consent immediately prior to the provider administering MAID. A NP may administer MAID based on a waiver of final consent under the following conditions:

- a. Before the client loses the capacity to consent to receiving MAID,
 - (i) They have been assessed and approved for MAID,
 - (ii) They entered a written arrangement with a nurse practitioner that the nurse practitioner would administer a substance to cause their death on a specified day if they lost their capacity to consent to MAID at that time;
 - (iii) They were informed by the nurse practitioner of the risk of losing the capacity to consent prior to the specified day, and

- b. The client has lost the capacity to consent to receiving MAID;
- c. The client does not demonstrate, by words, sounds or gestures, refusal to have the substance administered or resistance to its administration (reflexes and other types of involuntary movements, such as a response to touch or to the insertion of a needle, do not constitute refusal or resistance); and
- d. The substance is administered to the person in accordance with the terms of the written arrangement.

For more information on the use of waivers of final consent, please refer to [Canadian Association of MAiD Assessors and Providers Guidelines](#).

Track 2: refers to the procedural safeguards applicable to a request for MAID made by a person **whose natural death is not reasonably foreseeable**.

Before providing MAID to a client whose natural death is not reasonably foreseeable taking into account all of their medical circumstances (Track 2), the provider must:

- Be of the opinion that the client meets all of the eligibility criteria for MAID;
- Ensure that the client’s request for MAID was:
 - a. Made in writing and signed and dated by the client or by another client as permitted by law; and
 - b. Signed and dated after the client was informed by a physician or nurse practitioner that the client has a grievous and irremediable medical condition;
- Be satisfied that the request was signed and dated by the client — or by another client as permitted by law — before an independent witness who then also signed and dated the request;
- Ensure that the client has been informed that the client may, at any time and in any manner, withdraw their request;
- Ensure that another physician or nurse practitioner has provided a written opinion confirming that the client meets all of the eligibility criteria for MAID;
- Ensure that they or the assessor consults with a nurse practitioner or physician who has that expertise and shares the results of that consultation with the other practitioner **if neither they nor the assessor has expertise in the condition that is causing the client’s suffering, (see section on implementing safeguards for further content on ‘expertise’)**;
- Be satisfied that they and the assessor are independent of each other;
- **Ensure that the client has been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services, and palliative care and has been offered consultations with relevant professionals who provide those services or that care;**
- **Ensure that they and the assessor have discussed with the client the reasonable and available means to relieve the client’s suffering and they and the assessor agree with the client that the client has given serious consideration to those means;**
- **Ensure that there are at least 90 clear days between the day on which the first eligibility assessment for the current request begins and the day on which MAID is provided to them or — if the assessments have been completed and they and the assessor are both of the opinion that the loss of the client’s capacity to provide consent to receive MAID is imminent — any shorter period that the provider considers appropriate in the circumstances;**
- Take all necessary measures to provide a reliable means by which the client may understand the information that is provided to them and communicate their decision if the client has difficulty communicating; and
- Immediately before providing MAID, give the client an opportunity to withdraw their request and ensure that the client gives express consent to receive MAID, unless the conditions for an advance consent – self-administration have been met.

Implementing the Procedural Safeguards

Track One and Two

Before an NP provides MAID, they must be of the opinion that the client meets all of the eligibility criteria set out in the *Criminal Code* and the assessor must have provided a written opinion confirming the client meets the eligibility criteria.

NPs acting as assessors and providers must only provide opinions on MAID eligibility that are within their scope of practice.

When providing opinions on MAID eligibility, NPs should respect existing ethical norms as found in the [Canadian Nurses Association's Code of Ethics](#), and the [NP Standards of Practice](#).

Forming an opinion about MAID eligibility may require the NP as either the provider or assessor to undertake certain actions:

- Obtaining health records
 - a. The NP must attempt to obtain all health records and personal data that is necessary for the completion of a MAID assessment.
 - b. Where a capable client refuses consent to obtaining health record and personal data necessary for the completion of a MAID assessment, the NP must explain that, without such information, the assessment cannot be completed and therefore the client cannot be found to be eligible.
- Gathering collateral information (including from treating team, family members, and significant contacts)
 - a. NPs must attempt to obtain all collateral information necessary for the completion of a MAID assessment. This may include information known to the current or previous treating team and/or family members and/or significant contacts.
 - b. NPs must have received consent from the capable client prior to gathering collateral information.
 - c. Where a capable client refuses consent to obtaining collateral information necessary for the completion of a MAID assessment, then the NP must explain that without such information, the assessment cannot be completed and therefore the client cannot be found to be eligible.

Involvement of other healthcare professionals

- NPs acting as assessors and providers should involve medical specialists, subspecialists, and other healthcare professionals for consultations and additional expertise where necessary and with the consent of the client requesting MAID.
- Where a capable client refuses consent to the involvement of other health care practitioners that is necessary for the completion of a MAID assessment, then the NP must explain that without such involvement, the assessment cannot be completed and therefore the client cannot be found to be eligible.

In addition to the above implementation considerations, Track Two cases must:

Means available to relieve suffering

Before a NP provides MAID, they must ensure that the client has been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services, and palliative care and has been offered consultations with relevant professionals who provide those services or that care.

- a. 'Community services' must be interpreted as including housing and income supports.
- b. 'Means available' must be interpreted as available means that are reasonable and recognized.

Informing and offering of consultations may be achieved by the NP or by others with relevant knowledge (e.g., social workers, the client's family physician or most responsible provider) about the means of relieving suffering (e.g., community services). The provider must confirm that the requester has been informed of the means available and consultations with the relevant professionals have been offered.

Serious consideration of the reasonable and available means to relieve the client’s suffering

Before a NP provides MAID, they must ensure that they and the assessor have discussed with the client the reasonable and available means to relieve the client’s suffering and they and the assessor agree with the client that they have given serious consideration to those means.

Serious consideration must be understood to mean:

- a. Exercising capacity, not merely having it;
- b. Exhibiting careful thought;
- c. Not being impulsive.

Practitioner with expertise – consulting (where neither assessor has expertise in the condition causing suffering)

If neither the NP provider nor the assessor has expertise in the condition that is causing the client’s suffering, the NP provider must ensure that they or the assessor consult with a nurse practitioner or physician who has that expertise and share the results of that consultation with the other practitioner.

- A ‘practitioner with expertise’ is not required to have a specialist designation. Rather, expertise can be obtained through nurse practitioner or physician education, training, and substantial experience in treating the condition causing the client’s suffering.
- The ‘practitioner with expertise’ under this provision of the *Criminal Code* is providing a consultation to the assessor and provider, not a MAID eligibility assessment.
- Nurse Practitioners must ensure that they have the expertise necessary to provide the consultation. In doing so, they must work within their scope of practice.

A review of the clients’ prior health records (including past specialist consultation reports) can be an important part of a complete MAID eligibility assessment. However, such a review does not constitute ‘consultation’, as this type of consultation requires direct contemporaneous communication with the practitioner with expertise.

Additional Considerations Relating to Eligibility Assessments and Procedural Safeguards

Suicidality

NP assessors and providers must take steps to ensure that the clients’ request for MAID is consistent with their values and beliefs, and is unambiguous and enduring. They must ensure it is rationally considered during a period of stability, and not during a period of crisis. This may require serial assessments.

NP assessors and providers must consider making a referral for suicide prevention supports and services for clients who are found to be ineligible for MAID if, in the opinion of the assessor, the finding increases the individual’s risk of suicide.

Challenging Interpersonal Dynamics

NP assessors and providers must be alert to challenging interpersonal dynamics such as threatening behaviours of MAID requesters or their family members. If these challenging dynamics compromise the ability to carry out the assessment in accordance with professional norms, NP assessors and providers should seek information and/or advice from mentors and colleagues, and potentially discontinue involvement in the assessment process. More information can be found in our [Duty to Provide Care Practice Guideline](#).

Telenursing- Virtual Care

NPs may assess a client’s request for MAID and obtain consultations in relation to MAID virtually.

When assessing a client for MAID eligibility virtually NPs must:

- a. Confirm the client agrees with the assessment proceeding virtually;
- b. Determine that a valid conclusion can be drawn about the client’s eligibility for MAID; and
- c. Ensure that the assessment aligns with the [Telenursing Practice Guidelines](#).

Advance Consent - Self Administration

Eligible persons who choose to pursue MAID through self-administration are allowed to make arrangements with their practitioner to waive the need for final consent, to allow for an NP or physician to follow through with providing MAID to the person should self-administration produce complications and cause the individual to lose decision-making capacity. This type of waiver of final consent is available for all eligible persons, regardless of their prognosis.

The NP may administer a substance to cause the death of that person if:

- a. Before the person loses the capacity to consent to receiving MAID, they and the NP enter into a written arrangement providing that the NP would:
 - Be present at the time the person self-administered the first substance, and
 - Administer a second substance to cause the person's death if, after self-administering the first substance, the person lost the capacity to consent to receiving MAID and did not die within a specified period;
- b. The person self-administers the first substance, does not die within the period specified in the arrangement and loses the capacity to consent to receiving MAID; and
- c. The second substance is administered to the person in accordance with the terms of the arrangement.

Monitoring Regulations

The revised *Criminal Code of Canada* section 241.31 (3) regulations for the monitoring of MAID outline the reporting requirements for health care providers, including NPs, who participate in any aspect of MAID and include:

- Allowing for the collection of data on all assessments following a person's request for MAID; and
- Modifying the Minister of Health's regulation-making power to:
 - Expand data collection related to race, Indigenous identity and disability
 - Seek to determine the presence of individual or systemic inequality or disadvantage in the context of or delivery of MAID

Conclusion

NPs are required to follow agency and employer policies for MAID. If NPs 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 provider, the [Canadian Nurses Protective Society](#).

NPs 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.