

Physician-Assisted Death **Interim**
Guidance
for Nursing
in Ontario

March 17, 2016



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

INTRODUCTION

Physician-assisted death refers to when a client requests aid to terminate his or her life, and a physician, with clear consent from the client, provides or administers medication that intentionally brings about the client's death.

In the absence of federal and provincial legislation, this document provides nurses with interim guidance about their professional accountabilities related to physician-assisted death. It is intended to support nurses until the federal and provincial governments provide direction through an established legislative and policy framework.

The College of Nurses of Ontario continues to watch for updates and information about physician-assisted death from the federal and provincial governments. For up-to-date regulatory supports and requirements related to physician-assisted death, nurses are advised to regularly check the College's website.

BACKGROUND

On February 6, 2015, the Supreme Court of Canada in *Carter v. Canada* ruled that physician-assisted death should not be prohibited as a crime in Canada when specific criteria have been met.

The criteria are that the individual must:

- be a competent adult
- clearly consent to the termination of life
- have a grievous and irremediable medical condition (including an illness, disease or disability), and
- be experiencing enduring suffering that is intolerable to the individual in the circumstances of his or her condition.

The Supreme Court of Canada postponed the application of this decision to give the government time to make appropriate legislation.

CURRENT STATUS

The federal and provincial governments now have until June 6, 2016 to create laws related to physician-assisted death in Ontario.

Until June 6, 2016, individuals may apply to the Ontario Superior Court of Justice for permission to proceed with physician-assisted death. For more information about the application process, read the [practice advisory](#) released by the Superior Court.

Until June 6, 2016, no health care professional may provide assistance in dying in Ontario except by order from the Ontario Superior Court of Justice.

Nurses who are asked to participate in physician-assisted death before June 6, 2016 should:

- ask to see the authorizing order of the Ontario Superior Court of Justice
- review the order carefully, and
- seek legal counsel, if necessary.

Without authorization from the Ontario Superior Court of Justice, nurses must not participate in any aspect of the physician-assisted death process. This includes activities of care such as (but not limited to):

- injecting or administering medication to the client that will cause death, or
- pronouncing the death of a client whose death has been physician-assisted.

In addition, NPs must not:

- prescribe a medication for the purpose of ending a client's life, or
- complete the death certificate of a client whose death was physician-assisted.

Even with an appropriate court order from the Ontario Superior Court of Justice, some nurses may have conscientious objections to participating in physician-assisted death. Both the Special Joint Committee on Physician-Assisted Dying of the Parliament of Canada and the Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying have recommended that health care professionals who have conscientious objections should refer or transfer a client to another health care provider. If no other caregiver can be arranged, you must provide the immediate care required.

At this time, clients who ask about or request initiation of physician-assisted death should be referred to a physician for further consultation and follow-up.

Nurses must continue to:

1. practise in accordance with the nursing scope of practice statement, which says that:
The practice of nursing is the promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function (Nursing Act, 1991).
2. use their individual knowledge, skill and judgment
3. practise according to the College's standards and guidelines
4. collaborate with clients and the team
5. respect client wishes
6. act in the client's best interest, and
7. keep up to date with changes in legislation.

ADDITIONAL COLLEGE RESOURCES:

- [Professional Standards](#)
- [Ethics](#)
- [Decisions About Procedures and Authority \(Decision Tree on page 10\)](#)
- [Therapeutic Nurse-Client Relationship](#)
- [Refusing Assignments and Discontinuing Nursing Services](#)
- [Conflict Prevention and Management](#)
- [Consent](#)

REFERENCES

NOTE: Information in these sources may not be legally binding, so refer to the order from the Superior Court of Justice and seek legal advice as necessary.

Canada. Parliament. House of Commons. Special Joint Committee on Physician-Assisted Dying. (2016). *Medical Assistance in Dying: A Patient-Centred Approach*. 42nd Parliament, 1st Session. Retrieved from:
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