

## PRACTICE STANDARD

# Nurse Practitioners: Medical Assistance in Dying

## Introduction

In accordance with the *Criminal Code of Canada* and other legislation, the BCCNM standards of practice, and provincial and organizational policies and procedures, nurse practitioners may provide a client with medical assistance in dying (MAiD).<sup>1</sup>

The purposeful and intended outcome of MAiD is to assist an eligible client explicitly requesting assistance in dying to end their life in a respectful, culturally appropriate, safe, ethical, legal and competent manner.

For more information on MAiD, visit the [BC Ministry of Health Medical Assistance in Dying website](#).

## Standards

1. Nurse practitioners participating in any aspect of MAiD comply with the *Criminal Code of Canada* and other applicable legislation, BCCNM standards of practice, and provincial and organizational policies and procedures related to MAiD.
2. Nurse practitioners use and follow the applicable provincial forms, prescriptions, and guidelines specific to MAiD.
3. Nurse practitioners acting as an **assessor** or **assessor-prescriber** for MAiD must have the **competence** appropriate to their role, including the competence to:
  - a. Diagnose or confirm the diagnosis of a grievous and irremediable medical condition and, if applicable, the prognosis of reasonably foreseeable death.
  - b. Assess the **client** against criteria in the *Criminal Code of Canada* related to MAiD.
  - c. Assess the capacity of the client to consent to MAiD and determine when it is necessary to refer for further capacity assessment.
  - d. Implement the provincial MAiD substances protocols and manage the intended and unintended outcomes.
4. Nurse practitioners acting as assessor or assessor-prescriber for MAiD apply the [Indigenous Cultural Safety, Cultural Humility, and Anti-Racism](#) standards in the context of MAiD, as applicable.

## DETERMINING ELIGIBILITY

5. When advising anyone about their potential eligibility for MAiD, nurse practitioners:

<sup>1</sup> NPs who aid in the provision of MAiD follow the Registered Nurses: Medical Assistance in Dying practice standard.

- a. Have a complete and full discussion with the person about MAiD that provides them with the information they need to make an informed decision, including the information required by the *Criminal Code of Canada* (sections 241.2(1)(e) and 241.2(3.1)(g)),<sup>2</sup> and
  - b. Take reasonable steps to ensure the person does not perceive coercion, inducement, or pressure to pursue or not to pursue MAiD.
6. Nurse practitioners acting as an assessor-prescriber must ensure clients requesting MAiD meet the eligibility criteria set out in the *Criminal Code of Canada* (section 241.2(1) and (2)).<sup>3</sup>
7. Nurse practitioners acting as an assessor or assessor-prescriber determine eligibility only when all the health information required is obtained and complete, including **collateral information** necessary for the completion of a MAiD assessment.<sup>4</sup>
8. Nurse practitioners acting as an assessor or assessor-prescriber must ensure that:
  - a. The client requesting MAiD has the capacity to give free and informed consent to MAiD. Consent cannot be given for MAiD through an alternate or substitute decision-maker or a personal advance directive.
  - b. Both assessors are satisfied that the client has the capacity to make a free and informed decision with respect to MAiD at the time of the request.
  - c. The client is referred to another practitioner with expertise in capacity assessment—such as a psychologist, psychiatrist, neurologist, geriatrician, or family physician/general practitioner with additional training and expertise—for a further capacity assessment if either assessor is unsure that the client has the capacity to consent to MAiD.
9. Nurse practitioners assess the cultural and spiritual needs and wishes of the client seeking MAiD and explore ways the client's needs could be met within the context of the care delivery.
10. Nurse practitioners ensure that the client requesting MAiD receives high quality, coordinated, and uninterrupted continuity of care and, if needed, safe transfer of the client's care to another health care provider.
11. Nurse practitioners ensure that the client's request for MAiD:
  - a. Aligns with the client's values and beliefs,
  - b. Is clear,
  - c. Is enduring, and
  - d. Is made during a period of stability rather than crisis.<sup>5</sup>
12. Nurse practitioners acting as an assessor or assessor-prescriber complete a suicide risk assessment for clients who are determined to be ineligible for MAiD and make appropriate referrals for suicide prevention supports and services based on the findings of the risk assessment.<sup>6</sup>

<sup>2</sup> Section 241.2(1)(e) sets out the requirement to inform any MAiD client of the means available to relieve their suffering, including palliative care. Section 241.2(3.1)(g) sets out additional, more specific requirements to ensure that a MAiD client whose natural death is not reasonably foreseeable is informed about available and appropriate counselling services, mental health and disability support services and community services, in addition to palliative care, and to ensure the client is offered the opportunity to consult with relevant professionals who provide those services or that care.

<sup>3</sup> Section 241.2(1) sets out the general eligibility criteria to receive MAiD. Section 241.2(2) set out the criteria for a "grievous or irremediable condition."

<sup>4</sup> This standard is adapted from standard 10.3.4.1 and 10.3.4.2 of Model Practice Standard for Medical Assistance in Dying (Health Canada, 2023).

<sup>5</sup> This standard is adapted from standard 11.1 of the Model Practice Standard for Medical Assistance in Dying (Health Canada, 2023). Serial assessments should be done as needed.

<sup>6</sup> This standard is adapted from standard 11.3 of the Model Practice Standard for Medical Assistance in Dying (Health Canada, 2023).

13. Nurse practitioners acting as an assessor or assessor-prescriber must be familiar with and adhere to any provincial or federal requirements relating to MAiD for clients who are being involuntarily treated under the *Mental Health Act* (Section 22) or who or are incarcerated at the time of requesting MAiD.

### PROCEDURAL SAFEGUARDS

14. Nurse practitioners acting as an assessor-prescriber must comply with all applicable procedural safeguards set out in the *Criminal Code of Canada* (section 241.2(3) and (3.1))<sup>7</sup> before prescribing, providing, or administering MAiD to a client.
15. Immediately before providing MAiD, the nurse practitioner acting as an assessor-prescriber must give the client an opportunity to withdraw their request and ensure that the client gives express consent to receive MAiD, unless they meet the criteria in the *Criminal Code of Canada* for waiver of final consent (section 241.2(3.2) or (3.5)).<sup>8</sup>

### VIRTUAL ASSESSMENT

16. Nurse practitioners acting as an assessor or assessor-prescriber may provide their assessment virtually if they comply with the following conditions:
  - a. Nurse practitioners ensure that during the virtual assessment, another regulated health professional is physically present with the client to act as a witness to the assessment, unless no other regulated health professional is reasonably available to attend in person.
  - b. Virtual assessments must meet the requirements set out in federal legislation and all other standards and expectations that apply to in-person assessments.
  - c. Virtual assessments must include video of sufficient quality to ensure expected safeguards are in place.

### ADMINISTERING MAiD

17. Nurse practitioners acting as an assessor-prescriber must receive the substances for MAiD directly from the dispensing pharmacist and must inform the dispensing pharmacist that the substances are intended for MAiD.
18. Nurse practitioners acting as an assessor-prescriber must personally attend the client during the self-administration or personally administer the substances for MAiD and must remain in attendance until death is confirmed. This responsibility must not be delegated or assigned to any other person.
19. Nurse practitioners acting as an assessor-prescriber are responsible for ensuring that any unused substances are returned to the pharmacy as soon as reasonably feasible, and within 72 hours of confirmation of the client's death.
  - a. If a nurse practitioner acting as an assessor-prescriber is not reasonably available to return unused substances to the pharmacy themselves, they may ask another nurse practitioner, or a licensed practical nurse, registered nurse, registered psychiatric nurse, physician, or pharmacist to return the substances to the pharmacy. The nurse practitioner must document the name of the person assigned to return the substances in the client record.

<sup>7</sup> Section 241.2(3) establishes the procedural safeguards when death is reasonably foreseeable. Section 241.2(3.1) establishes the procedural safeguards when death is not reasonably foreseeable.

<sup>8</sup> Section 241.2(3.2) sets out criteria for a waiver of final consent for clients whose death is reasonably foreseeable. Section 241.2(3.5) sets out criteria for advance consent for clients who choose to self-administer a MAiD substance.

**DOCUMENTATION AND REPORTING**

20. Nurse practitioners communicate with the client requesting medical assistance in dying, and document in the medical record with a copy provided to the client:
  - a. The client's diagnosis and prognosis,
  - b. Feasible alternatives to relieve suffering (including palliative care, pain control, and other services and supports),
  - c. Option to withdraw the request for medical assistance in dying at any time, and
  - d. Risks of taking the prescribed substances intended to cause death.
21. Nurse practitioners acting as an assessor-prescriber who prescribe<sup>9</sup> or administer the substances to be used in MAiD must do so in the client's name using the provincial MAiD prescription form.
22. Nurse practitioners acting as an assessor-prescriber complete the medical certificate of death. The medical certificate of death must indicate that the manner of death involved MAiD and that the cause of death is the underlying illness/disease causing the grievous and irremediable medical condition.
23. Nurse practitioners comply with information or medical record requests made by a provincial agency tasked with a review of MAiD.
24. Nurse practitioners comply with reporting requirements established for the oversight or monitoring of MAiD. The required information must be submitted to the B.C. Ministry of Health using the applicable provincial forms and within the established timeframes for reporting.<sup>10</sup>
25. Nurse practitioners must ensure the following information is present in the client's medical record:
  - a. All applicable provincial forms for MAiD, including the B.C. Medical Assistance in Dying Prescription form and Medication Administration Record.
  - b. Copies of all relevant medical records from other medical practitioners/health care professionals involved in the client's care supporting the diagnosis and prognosis of the client's grievous and irremediable condition, disease, or disability.
  - c. Documentation of all requests for MAiD with a summary of the discussion.
  - d. Confirmation that the assessor-prescriber and the second assessor discussed and determined which practitioner would prescribe and/or administer the substance used for MAiD.
  - e. Confirmation by the assessor-prescriber that all the requirements have been met including the steps taken and the substance prescribed.
  - f. Confirmation that after the completion of all documentation, and just prior to administration, the client was offered the opportunity to withdraw their request, or that the client waived final consent and did not demonstrate refusal or resistance to the administration of MAiD by words, sounds, or gestures.

<sup>9</sup> When prescribing substances for MAiD, nurse practitioners also follow the Nurse Practitioners: Prescribing Drugs practice standard.

<sup>10</sup> Timeframes for reporting are dependent on the information being submitted. Refer to the BC Ministry of Health Medical Assistance in Dying website for more information.

## Limits & conditions

1. To be eligible to act as an assessor, nurse practitioners must have completed the following in order to acquire the needed competencies for eligibility assessment for MAiD:
  - a. **Additional education** (e.g., Canadian Association of MAiD Assessors and Providers (CAMAP) Canadian MAiD Curriculum (CMC), health authority education, etc.); and
  - b. A preceptorship under the guidance of a qualified practitioner with expertise in MAiD.
2. To be eligible to act as an assessor-prescriber, nurse practitioners must have completed the following in order to acquire the needed competencies for both eligibility assessment and the provision of MAiD:
  - a. Additional education (e.g., CAMAP CMC, health authority education, etc.); and
  - b. A preceptorship under the guidance of a qualified medical practitioner or nurse practitioner with expertise in MAiD.
3. Nurse practitioners do not participate as an assessor or assessor-prescriber in MAiD for themselves, their family members, or anyone else with whom they have a close personal relationship that may result in an actual, potential or perceived conflict of interest.<sup>11</sup>

## Glossary

**Additional education:** structured education (e.g. workshop, course, program of study) designed so that nurse practitioners can attain the competencies required to carry out a specific activity as part of nurse practitioner practice. Additional education builds on the entry-level competencies of nurse practitioners, identifies the competencies expected of learners on completion of the education, includes both theory and application to practice, and includes an objective, external evaluation of learners' competencies on completion of the education. The term does not refer to a course or program approved by BCCNM for BCCNM certified practice.

**Assessor:** nurse practitioner or medical practitioner who is responsible for completing an eligibility assessment of the client.

**Assessor-prescriber:** nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying by prescribing and (when applicable) administering the substance to be used in MAiD. This role may be referred to by other regulatory colleges as the "prescribing nurse practitioner".

**Client:** individual receiving nursing care or services from a nurse.

**Collateral Information:** information provided about a person by the person's treating team, family members, or significant contacts (Federal Model Standards, 2022).

**Competence:** integration and application of knowledge, skills and judgment required for safe and appropriate performance in an individual's practice.

---

<sup>11</sup> See the Nurses: Conflict of Interest ethics standard for additional guidance.

## Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

Effective April 1, 2026, this practice standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

Pub no.: 1001

NOT YET IN EFFECT