

Background

In June 2016, the federal government amended the Criminal Code and passed Bill C-14, providing legal protection for persons who aid physicians and nurse practitioners who provide services for medical assistance in dying (MAID). This new legislation includes paramedic practitioners.

Under the *Health Professions Act*, the Alberta College of Paramedics (College) is mandated to carry out its governance responsibilities in a manner that protects and serves the public interest. The College develops and enforces the regulation of paramedicine practitioners through a Code of Ethics and Standards of Practice, in addition to the requirements set out in the Act and the Paramedics Profession Regulation.

This practice guideline applies to all three paramedicine designations – Emergency Medical Responder (EMR), Primary Care Paramedic (PCP) and Advanced Care Paramedic (ACP) – regulated by the College and applies to all practice settings.

Definitions

Medical assistance in dying is defined as:

- a) *the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or*
- b) *the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their death.*

Bill C-14 defines a medical practitioner as a person who is entitled to practice medicine under the laws of the province (e.g. physician).

Liability

Only physicians or nurse practitioners are enabled to determine and confirm that a patient is eligible for the MAID program. The patient must meet all the criteria in order to receive MAID¹:

- Be eligible (or would be after a waiting period) for government funded health services in Canada
- Be at least 18 years old and capable of making independent healthcare decisions
- Have a voluntary request for MAID, without outside pressure or influence
- Give informed consent to receive medical assistance in dying and includes information about the medical diagnosis, available treatment, and available options to relieve suffering, including palliative care

¹ Criminal Code, Section 241.2

Paramedics are categorized alongside other healthcare professionals and are provided further protection under sections 241 (5.1) and 227 (2) of the Criminal Code:

241(5.1) For greater certainty, no social worker, psychologist, psychiatrist, therapist, medical practitioner, nurse practitioner or other healthcare professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying.

227(2) No person is party to a culpable homicide if they do anything for the purpose of aiding a medical practitioner or nurse practitioner to provide a person with medical assistance in dying in accordance with section 241.2

Guidelines

Given the nature of paramedicine practice, it is anticipated paramedic practitioners will be called to assist with a MAID event. In these circumstances, it is expected that the practitioner practises within their defined scope of practice and in accordance with all College Standards, the Code and all legislation, in addition to their employer protocols.

Examples:

1. An example of assisting in a MAID event would be starting an IV that was ordered by a physician or nurse practitioner for the intent of MAID. This is considered acceptable practice.
2. If a paramedic practitioner is asked by a physician, nurse practitioner, the patient or a family member to administer the medication for the intent of dying, this is considered unacceptable. (Only a nurse practitioner or physician can be directly involved with the administration of medication.)

Paramedic practitioners are encouraged to request proof of the patient's MAID status if required to assist a physician or nurse practitioner. If a physician or nurse practitioner does not comply, the paramedic practitioner is not covered by the Criminal Code exemption. In this case, the paramedic practitioner may be held accountable for their involvement. In a situation where a paramedic practitioner is unsure of the MAID status, the paramedic practitioner must work within their scope of practice and employer protocols.²²

In a situation where a patient has received the MAID medication and decides to withdraw their consent, the patient is able to seek medical attention to support their request. Treatment cannot be based on the requests of family members. This support may be requested of a paramedic practitioner, who is able to provide appropriate interventions up to the limitation of their scope of practice. As defined by Bill C-14 only the individual can withdraw their consent.

The College recognizes the MAID program may conflict with an individual practitioner's belief or value system. The College encourages discussions between the practitioner and employer to ensure suitable

² Criminal Code sec. 241.2

Criminal Code sec. 227 (1) *No medical practitioner or nurse practitioner commits culpable homicide if they provide a person with medical assistance in dying in accordance with section 241.2.*

arrangements can be made. Paramedic practitioners are expected to take all reasonable steps to make certain that the continuity and quality of care is not compromised.

The College recognizes the complexity of MAID and encourages the use of this guideline in conjunction with all legislation, current regulations and employer based policies to ensure practice is within the Criminal Code specifications.

Questions and/or concerns should be directed to the college at practice@abparamedics.com

Resources:

- *Alberta College of Paramedics Code of Ethics and Standards of Practice*
- *Legislative Background: Medical Assistance in Dying (Bill C-14) –Addendum*
- *Supreme Court Carter vs Canada*
- *Alberta Health Services (2017). Medical Assistance in Dying*
- *Alberta Health. Ministerial Directive*
- *Alberta Health*
- *Legislative Background: Act to Amend the Criminal Code (MAID) (Bill C-7) –Addendum*