

PRACTICE STANDARD FOR BCCNM REGISTERED PSYCHIATRIC NURSES

# Registered Psychiatric Nurse: Medical Assistance in Dying

## Introduction

The *Registered Psychiatric Nurse: Medical Assistance in Dying (MAiD)* standards, limits, and conditions apply to registered psychiatric nurses when they are aiding a physician or a nurse practitioner to provide MAiD. Registered psychiatric nurses **do not** assess clients for the eligibility to receive MAiD. Registered psychiatric nurses **do not** administer or prescribe MAiD or provide substances to a person at their request for their self administration of MAiD.

The [Criminal Code](#) allows a person, under limited circumstances, to request and receive a substance intended to end their life (sections 241.1 – 241.4).

Only two forms of MAiD are permitted under the *Criminal Code*:

- The administering by a medical practitioner or nurse practitioner of a substance to a person at their request that causes their death
- The prescribing or providing by a medical practitioner or a nurse practitioner of a substance to a person at their request, for their self-administration that in doing so cause their own death

The role of registered psychiatric nurses may include:

- Providing information
- Acting as an independent witness, as described in the [Criminal Code](#)
- Acting as a proxy for a mentally capable client who is physically unable to sign a request for medical assistance in dying
- Acting as a witness in a virtual assessment
- Aiding a medical practitioner or nurse practitioner in the provision of medical assistance in dying

Registered psychiatric nurses cannot prescribe, compound, prepare, dispense, or administer any substance intended for the purpose of medical assistance in dying. Registered psychiatric nurses can record information for reference use by the assessor-prescriber<sup>1</sup> as needed, but the assessor-prescriber is responsible for documenting the substance they administer or provide in the client's record and medication administration record.

Registered psychiatric nurses approached about aiding in the provision of medical assistance in dying should speak with their employer for further information about their role in MAiD. Employers may also further limit the role of registered psychiatric nurses in MAiD.

The purposeful and intended outcome of medical assistance in dying is to assist a person explicitly requesting assistance in dying to end their life in a respectful, culturally appropriate, safe, ethical, legal, and competent manner. Palliative care is care that improves the day-to-day quality of life for a person experiencing a life-limiting illness.

Registered psychiatric nurses have important roles in providing high quality client-centred end-of-life care. These activities include advocating for clients, providing information, participating in decision-making, caring for and supporting clients and their families, and collaborating with members of the health-care team to ensure that clients have their care and information needs met.

The *Criminal Code* requires that any person requesting medical assistance in dying is informed of the means that are available to relieve their suffering, including palliative care. More specifically, when the client's natural death is not reasonably foreseeable, the *Criminal Code* requires that this must include information, where appropriate, about counselling services, mental health and disability support services, community services, as well as palliative care, and that the client must be offered the opportunity to consult with professionals who provide those services or that care. This ensures that the person requesting medical assistance in dying is able to make a fully informed decision about their health care options for end-of-life care and palliation.

Directing, counselling, or recommending a client to end their life remains an offence under the *Criminal Code*. However, health professionals are permitted to provide information about medical assistance in dying.

## Independent witness for MAiD requests<sup>2</sup>

The *Criminal Code* requires that a client's request for MAiD must be made in writing, in the presence of an independent witness who must sign the request.

The role of the independent witness is to provide confirmation of the client's signing and dating of their request for MAiD, and that the client understands what they are signing.

An independent witness must be at least 18 years of age and must understand what it means to request MAiD.

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<sup>1</sup> A nurse practitioner or medical practitioner who is responsible for completing both an eligibility assessment and providing medical assistance in dying.

<sup>2</sup> Health Canada. (Last modified October 28, 2024). Medical assistance in dying: Overview. <https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html>

An independent witness can be a paid professional personal or health-care worker, other than a nurse practitioner or medical practitioner who completes a required eligibility assessment for the client.

To be considered independent means that the witness **cannot**:

- Know or believe that they are a beneficiary under the client's will, or that they will benefit in any other way from the client's death
- Be an owner or operator of a health-care facility where the client lives or is receiving care
- Be a caregiver for the client, unless that is their primary occupation for which they are paid

To be eligible to act as a proxy, a person must:

- Be at least 18 years of age
- Understand what it means to request MAiD
- Not know or believe that they are a beneficiary under the client's will or that they will benefit in any other way from the client's death

## Acting as a witness to a virtual assessment

The medical assistance in dying standards for nurse practitioners and medical practitioners also require the physical attendance of a regulated health professional at a virtual assessment of eligibility, to act as a witness to the assessment. Registered psychiatric nurses can act in this role, even if they are providing care to the patient. Registered psychiatric nurses should seek clarification from their employer before acting in the formal role of an independent witness, acting as a proxy for signing any forms related to medical assistance in dying, or acting as a witness to a virtual assessment.

## Conscientious objection

An RPN may have beliefs and values that differ from those of a client. Nothing in the *Criminal Code* compels RPNs to aid in the provision of medical assistance in dying. The *Duty to Provide Care* practice standard addresses conscientious objection. The practice standard requires RPNs with a conscientious objection to take all reasonable steps to ensure that the quality and continuity of care for clients seeking or receiving medical assistance in dying are not compromised.

The *Duty to Provide Care* practice standard also requires RPNs with a conscientious objection to notify their organization well before the client is to receive medical assistance in dying. If medical assistance in dying is unexpectedly proposed or requested and no arrangement is in place for alternative providers, that practice standard further requires RPNs to inform those most directly involved of their conscientious objection, and to ensure a safe transfer of care to an alternate provider that is continuous and respectful and addresses the unique needs of a client.

## Standards

1. Registered psychiatric nurses ensure that a client has access to the information that the client requires to understand all their options and to make informed decisions about medical assistance in dying and other end-of-life options such as palliative care.
2. Registered psychiatric nurses assess the cultural and spiritual needs and wishes of the person seeking medical assistance in dying and explore ways the person's needs could be met within the context of the care delivery.
3. Registered psychiatric nurses work with their organizations and other members of the health care team to ensure that the person requesting or receiving medical assistance receives high-quality, coordinated, and uninterrupted continuity of care and, if needed, safe transfer of the client's care to another health-care provider.
4. Registered psychiatric nurses who participate in medical assistance in dying, follow legal, legislative, regulatory, and organizational requirements for aiding in the provision of medical assistance in dying.
5. Registered psychiatric nurses may return unused substances intended for the purpose of providing medical assistance in dying to the pharmacy when asked by the assessor-prescriber. When asked to carry out such a request, registered psychiatric nurses ensure the drugs are stored securely until transported and are returned to the pharmacy within 72 hours of the MAiD procedure, and they sign any forms normally signed by the assessor-prescriber to note the return of the substances.

## Glossary

**Additional education:** Additional education is structured education (e.g., workshop, course, program of study) designed for the nurse to attain the competencies required to carry out a specific activity. Additional education:

- Builds on the entry-level competencies,
- Identifies the competencies expected of learners on completion of the education,
- Includes both theory and application to practice, and
- Includes an objective evaluation of learners' competencies on completion of the education.

**Decision support tools (DSTs):** Evidence-based documents used by nurses to support clinical judgment and decision-making by guiding the assessment, diagnosis, and treatment of client-specific clinical problems. DSTs come in various forms and are created by organizations or specialists in a specific area of health care.

## BCCNM limits and conditions for registered psychiatric nurse: Medical assistance in dying (MAiD)

1. Registered psychiatric nurses only aid in the provision of medical assistance in dying and **do not** act as an assessor or assessor-prescriber<sup>3</sup> or provide medical assistance in dying to a person (i.e., they **do not** prescribe, compound, prepare, dispense, or administer any substances specifically intended for the purpose of providing medical assistance in dying, nor document the provision of medical assistance in dying).
2. Registered psychiatric nurses **do not** receive substances specifically intended for the purpose of providing medical assistance in dying from a pharmacist.
3. Registered psychiatric nurses **do not** direct or counsel clients to end their lives.
4. Registered psychiatric nurses participate in activities related to medical assistance in dying only as permitted under the *Criminal Code* and other legislation, regulations, regulatory college standards, and provincial and organizational policy and procedures.
5. Registered psychiatric nurses **do not** act as an independent witness if they:
  - a. Provide health care services or personal care to the client, unless they are a paid personal or health-care worker who provides those services as their primary occupation
  - b. Own or operate any facility where the client requesting medical assistance in dying resides or is receiving treatment
  - c. Know or believe that they are a beneficiary under the client's will, or that they will otherwise receive any financial or other material benefit as a result of the client's death
6. Registered psychiatric nurses **do not** act as a proxy for signing any forms related to medical assistance in dying if they know or believe that they are a beneficiary under the will of the client making the request, or that they will receive, in any other way, any financial or other material benefit resulting from the client's death.
7. Registered psychiatric nurses who aid in the provision of medical assistance in dying successfully complete additional education.
8. Registered psychiatric nurses who aid in the provision of medical assistance in dying follow the B.C. provincial decision support tool, in accordance with employer policy.

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<sup>3</sup> Assessor: A nurse practitioner or medical practitioner who is responsible for completing an assessment of the client's eligibility for medical assistance in dying.

Assessor-Prescriber: A 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".

9. Registered psychiatric nurses ***do not*** aid in the provision of medical assistance in dying for a family member.
10. Registered psychiatric nurses ***do not*** pronounce death related to medical assistance in dying.

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