

PRACTICE STANDARD

Registered Psychiatric Nurses: 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 role of registered psychiatric nurses may include:

- providing information
- acting as an independent witness, as described in the [Criminal Code of Canada](#)
- 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 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.

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.

Limits & conditions

1. Registered psychiatric nurses only aid in the provision of medical assistance in dying and do not act as an **assessor** or **assessor-prescriber** 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 of Canada* 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.
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.

Glossary

Additional education: 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.

Assessor: nurse practitioner or medical practitioner who is responsible for completing an assessment of the client's eligibility for medical assistance in dying.

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.

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.

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.*

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