

April 4, 2016

The SRNA is seeking clarification of the role of RNs* in physician-assisted death, and will provide updates as new information is available.

Background

On February 6, 2015, the Supreme Court of Canada struck down sections 14 and 241(b) of the *Criminal Code* pertaining to physician-assisted death (Supreme Court Judgments, 2015, February 6). Known as the *Carter* decision, it was determined that the “blanket prohibition on assisted suicide was unconstitutional” since it denies “competent adult person[s]” with “a grievous and irremediable medical condition,” “the right to make decisions about their bodily integrity and medical care,” and is “an infringement of their liberty” (Canadian Nurses Protective Society, 2015, February 13, para 4).

Although the Supreme Court initially gave the Federal government one year to prepare for this change, it granted an extension to June 6, 2016 given the recent Federal Election, to allow the new federal government further time to decide its response (CNPS, 2016, February 17, para 1). In the meantime, while “physician-assisted death remains generally prohibited by the *Criminal Code*,” those seeking physician-assisted death are able to apply to Court for individual authorization (CNPS, 2016, February 17, para 1).

Preparation for June 6, 2016

A Special Joint Committee on Physician-Assisted Dying was appointed as a result of motions that were passed in the House of Commons and the Senate on December 11, 2015. The purpose of this Committee was to prepare “a Legislative Response to *Carter v. Canada*”, and make recommendations that respect “the Constitution, the Charter of Rights and Freedoms, and the priorities of Canadians” (House of Commons, 2015, December 11, p. 55). The report contains 21 recommendations derived from broad consultation, such as conscientious objection, informed consent, and capacity of the individual (Special Joint Committee on Physician-Assisted Dying, 2016, February 25). The Provincial-Territorial Expert Advisory Group on Physician-Assisted

Dying (2015), with its 43 recommendations, also informs work at national and provincial levels in preparation for June 6, 2016.

Implications for RN Practice

While the *Carter* decision specifically references physicians so they are able to practice without criminal prosecution, it does not clearly define the role of RNs. Legislative and policy amendments are needed to provide clarity to RNs regarding the legal protection they will need in relation to physician-assisted death.

While the SRNA seeks clarification of the role of the RN in physician-assisted death, the following points support RNs in their practice:

- Individuals who wish to seek physician-assisted death may apply to a judge for authorization.
- RNs should not be involved in any activities that could be seen as assisting or counselling in physician-assisted death.
- Any questions from people seeking physician-assisted death must be directed to a physician.
- The role of the RN is to continue to provide safe, competent, ethical nursing care to their patients according to the SRNA *Standards and Foundation Competencies for Registered Nurses* as well as the Canadian Nurses Association *Code of Ethics*.

Related Links

- [Canadian Nurses Protective Society](#)
- [College of Physicians and Surgeons of Saskatchewan](#)
- [Criminal Code \(Carter Decision\)](#)
- [Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying](#)
- [Special Joint Committee on Physician-Assisted Dying](#)

*Throughout this document, RN represents RN (registered nurse) and RN(NP) [registered nurse, (nurse practitioner)].

Work in Progress

The SRNA will be working in collaboration with its members, public representatives, employers, the Ministry of Health, the College of Physicians and Surgeons of Saskatchewan (CPSS), the Registered Psychiatric Nurses Association (RPNAS), the Saskatchewan Licensed Practical Nurses (SALPN) and, the Saskatchewan College of Pharmacy Professionals to ensure a broad collaborative approach to physician-assisted death in Saskatchewan. Specific next steps include:

- The SRNA working in collaboration with RPNAS and SALPN to develop a joint document and resources for their members regarding physician-assisted death.
- The SRNA anticipates working with the Ministry of Health as one of the key stakeholders in establishing a provincial approach to physician-assisted death.

The SRNA is committed to understanding the impact of this ruling on registered nursing practice and will continue to update our members as further information becomes available. Please direct questions to practiceadvice@srna.org.

References

- Canadian Nurses Protective Society. (2015, February 13). A "right to life" is not a "duty to live." Retrieved from <http://www.cnps.ca/index.php?page=280>
- Canadian Nurses Protective Society. (2016, February 17). Physician-assisted death: What does this mean for nurses? Retrieved from www.cnps.ca/index.php?page=327
- House of Commons. (2015, December 11). *Messages from the House of Commons. Journals of the Senate of Canada, 1st session, 42nd Parliament, (6), 46-58.* Retrieved from www.parl.gc.ca/content/sen/chamber/421/journals/pdf/006jr_2015-12-11.pdf
- Special Joint Committee on Physician-Assisted Dying (2016). *Medical assistance in dying: A patient-centred approach.* Library of Parliament. Ottawa, ON. Retrieved from <https://www.documentcloud.org/documents/2721231-Report-of-the-Special-Joint-Committee-on.html>
- Supreme Court Judgments. (2015, February 6). *Carter v. Canada (Attorney General).* Retrieved from <http://scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do>

SRNA Key Points: April 4, 2016 – Physician-Assisted Death

- 1) The *Criminal Code* is changing with regard to physician-assisted death, and will be in effect June 6, 2016 in Canada if the law is not amended prior to that date. Individuals who are eligible to seek physician-assisted death may apply to the Court prior to this date.
- 2) An eligible candidate for physician-assisted death is a competent adult person who "(1) clearly consents to the termination of life and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition" (Supreme Court Judgments, 2015, February 6, para 4).
- 3) While physicians are protected, RNs are not protected from criminal prosecution, with the current legislation associated with physician-assisted death.
- 4) A Special Joint Committee on Physician-assisted Dying was appointed to make recommendations to the House of Parliament, and the report was produced on February 25, 2016. RN involvement in physician-assisted death has been considered in this report.
- 5) The SRNA is seeking clarification regarding RN and RN(NP) involvement in physician-assisted death, and will post updates as information is available. The SRNA is seeking to work collaboratively to establish a provincial approach. Questions should be directed to an SRNA Practice Advisor at practiceadvice@srna.org.