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POSITION STATEMENTS

Medical Assistance in Dying: Position Statement

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Canadian Society of Hospital Pharmacists

Société canadienne des pharmaciens d'hôpitaux

Medical Assistance in Dying: Position Statement

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Statement

The Canadian Society of Hospital Pharmacists (CSHP) is committed to patient care through the advancement of safe and effective medication use and the promotion of best practices and interprofessional collaboration. The Criminal Code of Canada allows for the provision of medical assistance in dying in Canada. In accordance with the laws and ethics that govern and guide pharmacists in every Canadian jurisdiction, CSHP advocates for respect of the rights and autonomy of the patient. CSHP also supports each healthcare professional's right to conscientious objection, provided that continuity of care is not compromised.

To safeguard both individual patients and society at large, CSHP recommends that the following essential conditions be met within the healthcare system:

- availability and provision of palliative care and psychosocial care, in accordance with current best practices;
- ongoing protection of vulnerable people from coercion;
- creation of a national interprofessional panel, including at least one pharmacist and pharmacy technician, reporting to the federal government and providing policy guidance to ensure that best and leading practices are followed;
- availability of a local interprofessional team, including a pharmacist and pharmacy technician, dedicated to the provision of medical assistance in dying (i.e., voluntary euthanasia and medically assisted suicide);
- in any specific case of medical assistance in dying, direct access by the pharmacist to the patient's documented consent, to the physician's or nurse practitioner's assessment that the patient has decisional capacity and meets all other requirements, and to all other patient-specific information needed to evaluate the appropriateness of the prescription;
- education on medical assistance in dying;
- ideally, have the presence of a physician (or nurse practitioner authorized to prescribe controlled substances) during medical assistance in dying, to manage the patient's journey to death (e.g., to handle side effects, to ensure efficacy for the intended outcome, and to provide supportive care);
- securing of any unused medications dispensed for the purpose of medical assistance in dying; and
- ongoing psychosocial care of interprofessional teams who care for patients who seek medical assistance in dying.

Background

On February 6, 2015, the Supreme Court of Canada released its judgment in the case of *Carter* v. *Canada*.[1] In its ruling, the Court deemed 2 sections of the Criminal Code to be void to the degree that "they prohibit physician-assisted death for 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."[1] On June 17, 2016, a law allowing 2 types of medical assistance in dying came into effect for eligible adults: direct administration of a substance by an authorized physician or nurse practitioner to cause death (also known as voluntary euthanasia) and self-administration of a drug prescribed or given by an authorized physician or nurse practitioner to cause death (also known as medically assisted suicide).[2]

In keeping with the Court's decision[1] and the legislation[3] anyone who has a "grievous and irremediable medical condition" should be offered all appropriate, available options, including psychosocial and palliative care, based on best and leading practices, early in the disease process. This approach would be in keeping with the first ethical principle of doing no harm to patients (nonmaleficence). In addition, people who pursue medical assistance in dying should provide consent that is truly voluntary and free of external pressure. Their goals should be persistently demonstrated through a documented history of intent. Pharmacists, along with other members of the health care team, should be aware of real or potential situations that could unduly influence a decision to request (or withdraw from) medical assistance in dying. The health care team should take the necessary precautions to safeguard people who are in these positions, most notably vulnerable people—for example those persons with cognitive, sensory or physical impairments, or who face cultural barriers.

In its 2015 ruling, the Court acknowledged inherent risks in permitting medical assistance in dying, but stated that these risks "can be limited through a carefully designed and monitored system of safeguards."[1] Such a system is needed and should be built "with kindness, with wisdom and with integrity."[4]

The Court also stated that "a physician's decision to participate in assisted dying is a matter of conscience and, in some cases, of religious belief" while emphasizing "that the Charter rights of patients and physicians will need to be reconciled."[1] In keeping with the Court's decision, the Criminal Code states that "nothing … compels an individual to provide or assist in providing medical assistance in dying."[3]

Although the law states that only physicians and nurse practitioners (in provinces/territories where nurse practitioners have the necessary prescriptive authority) may provide medical assistance in dying, others may help in providing the service without risk of being charged with a criminal offence, provided they abide by the rules set out in the Criminal Code[2] and by the relevant health-related rules set out in the provincial/territorial legislative framework. Such persons may include pharmacists and pharmacy technicians, healthcare providers who help a physician or nurse practitioner, and family members or other people identified by the person receiving medical assistance in dying.[2,3,5]

Participation on an interprofessional team that is involved in medical assistance in dying must be completely voluntary. Pharmacists and pharmacy technicians, like all other members of the interprofessional team, must adhere to their professional and personal principles of medical ethics, which include autonomy, nonmaleficence, beneficence, and justice[6] within the patient–clinician relationship. It is essential that the autonomy of both parties be respected, without coercion from others outside that relationship. Respect for individual autonomy and justice requires that pharmacists, along with other members of the team, including pharmacy technicians, students, residents, and other trainees, be free to voluntarily withdraw their participation at any time for reasons of personal conscience. This requirement is based on the principle of conscientious objection. CSHP supports the creation of a system that would allow for access by patients to medical assistance in dying and involvement
or noninvolvement of healthcare professionals in medical assistance in dying without discrimination.

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