

Medical assistance in dying (MAID) is still very new to the Canadian landscape and the respective roles and obligations of our health care professionals are still being considered and developed. This practice guideline has been developed to assist Registered Dietitians (RDs) in understanding what role, if any, they may have with a client who is considering or will be receiving MAID.

What is Medical Assistance in Dying?

Historically, the *Criminal Code* made it illegal to aid a person to die by suicide. It was also illegal for a person to consent to have death inflicted on them. Together, these prohibitions therefore made MAID illegal.

On June 17, 2016, the federal government amended the *Criminal Code* to create exceptions to these prohibitions and to establish a national framework for MAID in Canada. This law permits physicians and nurse practitioners (NPs) to provide MAID and allows other healthcare professionals to assist them.

For more detailed information on MAID, refer to the resources listed at the end of this document. The Government of Canada link provides the background on MAID and includes frequently asked questions. The process map for requesting MAID in Saskatchewan is outlined in the Government of Saskatchewan link and the specific policy and procedures being used in Saskatoon and followed in a number of locations in Saskatchewan is detailed in the Saskatoon Regional Health Authority link.

Role of Registered Dietitians in MAID

Determining Eligibility for MAID

The law sets out five criteria that a client must meet in order to be eligible for MAID. Only a physician or NP can determine whether a client meets all of the required criteria. RDs cannot undertake this assessment.

Client Inquiries

Under the *Criminal Code*, it is still illegal for anyone to counsel a person to die by suicide. However, health care professionals are allowed to provide information to a person regarding the lawful provision of MAID. If a client enquires about MAID, the RD should refer the client to their most responsible physician/NP for further information and discussion or other health care professional/department in accordance with applicable organizational policy.

Administering a Substance by a Physician or NP

The SDA does not, at this time, see a role for RDs to directly assist a physician or NP in administering a substance that causes death. Due to the specificity of MAID and considering the dietetic scope of practice, it is unlikely that RDs would be asked to aid a physician or NP to administer MAID.

Self-Administering a Substance

RDs may be asked to contribute their clinical nutrition expertise to assist a physician or NP in determining eligibility for a client to orally self-administer a substance to cause death. For example, an RD may be asked for their expertise in dysphagia assessment and management to determine whether a client is capable of swallowing a pill or liquid formulation prescribed by a physician or NP for self-administration. RDs may be asked to provide their recommendations for crushing pills into foods and/or thickening fluid requirement for liquid medications that have been prescribed to the client for effective self-administration of MAID.

The federal legislation contemplates the collection of information regarding MAID from physicians, NPs, and pharmacists. While RDs are not captured by those requirements, RDs are required to follow the institutional best practices with respect to documenting information when providing any assistance or input for MAID.

Discontinuing Treatment

When RDs are actively involved in the nutrition care of a client who has been deemed eligible (by their physician/NP) for MAID, it would be up to the RD to work with the client and their health care team to determine if/when withdrawal of nutrition treatment will take place. For comfort measures, it may be that the tube feeding or parenteral nutrition, for example, are continued up until MAID.

If a client and their health care team determine that it is in the client's best interests to discontinue nutrition care in advance of MAID, then this would be similar to discontinuing/withdrawing treatment for a client in any other circumstance. RDs would take measures to discontinue the client's treatment in the safest manner possible and note this withdrawal of treatment in the health record, along with the reason for doing so.

Conscientious Objection

It is not acceptable for an RD to discriminate against clients and discontinue treatment not related to MAID on the grounds that the RD conscientiously objects to MAID. RDs are required to continue to provide nutrition treatment to a client who is in the process of determining eligibility for MAID or who has been deemed eligible. An RD must remain client-centred and treat the client with respect and dignity, regardless of the RD's personal beliefs and values.

The law does not explicitly address the situation of health professionals who conscientiously object to MAID. However, there is currently no obligation for RDs to become involved with the provision of MAID and there are some conditions under which RDs may respectfully refuse becoming involved. For example, if an RD has been asked to provide their professional input on whether a client can swallow a pill/liquid safely for the purposes of determining whether the client can safely self-administer a drug to cause death, the RD may conscientiously object to this type of involvement.

If the RD conscientiously objects to assist with MAID, the RD should:

- Comply with any applicable organizational policies, including consulting with appropriate facility personnel;
- Remain client-centred and treat the client with respect and dignity, regardless of the RD's personal beliefs and values;
- Avoid expressing one's objections regarding MAID directly to the client;
- Refer the client to another RD or alternate health care provider (as applicable), in accordance with organizational policy and SDA standards; and
- Continue with the nutrition care plan until MAID is administered, or if necessary, care can be successfully transferred to another RD or alternate care provider.

SDA is monitoring the current cases facing the courts regarding MAID. If there are significant findings that would change this position statement, SDA will communicate to RDs accordingly. RDs should also familiarize themselves with organizational policies regarding MAID to determine what, if any, role they may have and to understand their own organization's expectations for health care professionals in relation to MAID.

References

1. Government of Canada. (2016). Medical Assistance in Dying . Available from: <https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>
2. Government of Saskatchewan (2017). Process guide for Medical Assistance in Dying in Saskatchewan. Available from: <https://www.ehealthsask.ca/services/resources/Medical%20Assistance%20in%20Dying%20Resources/MAID-Process-Guide.pdf>
3. Saskatoon Health Authority (2017). Policy: Medical Assistance in Dying. Available from: <https://www.saskatoonhealthregion.ca/about/RWPolicies/7311-60-033.pdf>