



TOWARD A FRAMEWORK FOR
Assisted Dying in
Canada



CANADIAN
PHARMACISTS
ASSOCIATION

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PHARMACIENS
DU CANADA

Introduction

In February 2015, the Supreme Court of Canada struck down the ban on physician-assisted dying, ruling that it could be permissible for a competent adult under certain conditions. Recognizing the complexity of the issue, the Supreme Court suspended its ruling to allow governments the opportunity to consider the development of legislation and/or regulations.

The pharmacy profession is mindful of the current state of the law; specifically, although the Supreme Court declared that the criminal prohibition against physician-assisted dying is unconstitutional, that declaration is not effective until June 6, 2016. Until that date, it is illegal for anyone, including pharmacists, to counsel, aid, or abet a person to commit suicide (except in Quebec, which has enacted its own legislation). Between now and June 6, 2016, any patient who wants to access assisted-dying care must obtain a court order. It is anticipated that such orders will guide health care professionals as to what actions are necessary. After June 6, 2016, physician-assisted death will be legal in Canada, subject to any legislation and policies which may be introduced by the federal and/or provincial governments. These circumstances mean that it is a time of enormous change in the area of physician assisted death. The purpose of this policy is to contribute to the future legislative and policy frameworks which will be needed to govern this area.

Regardless of the legislative framework that is developed, there will be a role to play for pharmacists in multiple practice settings. In jurisdictions where assisted dying is legal, experience shows there are profound implications for pharmacy practice. In response to the Supreme Court's ruling, the Canadian Pharmacists Association (CPhA) has developed principles-based policy recommendations to guide the implementation of assisted dying in Canada.

Preamble

This document is not intended as practice guidance. It is a policy statement to provide information on the requirements of the pharmacy profession to government policymakers, other professional bodies, health care colleagues, patients, and the public in the development of legislation and/or regulations to govern assisted dying in Canada. Pharmacists play an important role as members of the health care team, and their role goes far beyond the provision of medication.

Procedure and practice will be developed depending upon the nature of federal and provincial legislation. Once legislation is passed, pharmacists will have a key role in developing suitable protocols and guidance with prescribers. CPhA will work closely with policymakers to ensure that any legislation and subsequent regulations give careful consideration to the principles outlined in this framework. This will ensure that pharmacists are supported in providing patients, their families and caregivers with the best possible care and guidance throughout the end-of-life process.



The Role of the Pharmacist

Pharmacists care first and foremost about the health and wellbeing of their patients. The pharmacy profession has the necessary expertise in drug therapy, patient counseling on medications, and drug dispensing to play an integral role in providing quality end-of-life care. In any legislative and regulatory framework, pharmacists will play an important role in assisted dying as both members of the interdisciplinary care team, and in the preparation and dispensing of lethal doses of medication.



The Role of the Pharmacist within the Assisted Dying Care Team

Pharmacists who choose to participate in assisted dying have a responsibility to ensure that patients receive the best possible care and guidance throughout the end-of-life process. Pharmacists should be knowledgeable about the protocols for assisted dying, including requirements for patient consent. Depending upon how assisted dying is provided for in legislation, protocols may require knowledge of medication management and pharmaceutical care, including pharmacology, dosage, adverse effects, onset of effect, preparation and stability, storage, and appropriate administration. Furthermore, the pharmacist has a responsibility to be familiar with all regulations and requirements of their licensing bodies as they relate to the management and dispensing of medications for the purpose of assisted dying.

The Role of Pharmacy Technicians in Assisted Dying

This document speaks to the role of pharmacists specifically within the assisted dying care team. It does not speak to the role of pharmacy technicians, who are represented differently across Canada.

Policy Drafting Process

As a first step toward the development of a policy on assisted dying, CPhA surveyed pharmacists across Canada to better understand the pharmacy community's views. With nearly 1000 responses received, the pharmacy community demonstrated its significant interest in this contentious and emotional issue. Responses from pharmacists representing every province and territory touched on a variety of issues, including protection of conscience, pharmacist participation, pharmacist counseling and drug information issues.

An expert Working Group was established with a cross-sector representation of pharmacists with a range of expertise including academic, regulatory, palliative, hospital, and community practice. Through a collaborative process, informed by emerging international best practices and the results of the survey, the Working Group developed nine guiding principles which inform CPhA's recommendations.



Acknowledgments

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Guiding Principles

The following principles guide CPhA's recommended approach to assisted dying in Canada:

Care

Patients should have access to comprehensive end-of-life care, including palliative care.

Conscience

Freedom of conscience for pharmacists must be respected; pharmacists must not be compelled to participate in assisted dying.

Choice

Patients, families, and caregivers have the right to receive unbiased information about assisted dying, and how to access end-of-life care.

Liability

Pharmacists who meet the standard of care should not be liable for their participation in assisted dying.

Access

Governments should ensure that prescribers and pharmacists have access to the most appropriate drugs in order to provide Canadians with the best possible end-of-life care.

Consent

Pharmacists must have knowledge of the purpose of any prescription intended for use in assisted dying, and have confirmation of consent.

Collaboration

Prescribing physicians must collaborate with pharmacists in accordance with best practices to facilitate the best possible end-of-life care.

Oversight

A national advisory panel of interdisciplinary health professionals, including pharmacists, should be established to guide the implementation of assisted dying in Canada, and review the practice as it develops.

Support

Governments should ensure that health care professionals are equipped with appropriate resources to provide end-of-life care, including assisted dying.

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Recommendations from CPhA

Based on these principles, the Supreme Court decision in *Carter v. Canada*, and a review of pharmacy's experiences in other jurisdictions, CPhA makes the following recommendations to assist in the development of federal legislation, and any policies and procedures to accompany the legislation:

Care: Patients should have access to comprehensive end-of-life care, including palliative care.

- Patients should receive the best palliative care as early as possible. Pharmacists have a key role to play in this aspect of patient care, including pain and symptom management.
- Patients should have the right to make informed decisions about their individual care.
- Patients who meet the criteria of eligibility, and whose decision has been made freely and without coercion, should have access to assisted dying without undue delay.
 - Pharmacists should act in good faith, not discriminate against a patient requesting assistance in dying, and not impede or block access to a request for assistance in dying.
- The privacy and confidentiality of patients must be respected at all times.

Conscience: Freedom of conscience for pharmacists must be respected; pharmacists must not be compelled to participate in assisted dying.

- Pharmacists should not be obligated to participate in assisted dying.
- A pharmacist who does not wish to participate in assisted dying should ensure continuity of care for the patient.

- To ensure that freedom of conscience is respected, pharmacists should not be compelled to refer the patient directly to another pharmacist who will fulfill the patient's request.
 - This is an important consideration for pharmacists who view referral as morally equivalent to personally assisting a patient to die.
- To provide equal protection of pharmacists' right to conscientious objection, and patients' right to access, CPhA recommends the creation of an independent information body with the capacity to refer to a participating pharmacist.
- There should be no discrimination against a pharmacist who chooses not to participate in assisted dying (included, but not limited to, by employers, corporate bodies and/or health care institutions).

Choice: Patients, families, and caregivers have the right to receive unbiased information about assisted dying, and how to access end-of-life care.

- Patients' access to end-of-life care should not be impeded.
- While a pharmacist should not be obligated to directly refer a patient or physician, pharmacists should assist patients and physicians in accessing an independent information body with the capacity to refer to a participating pharmacist.
- Pharmacists should have knowledge of how patients can access these services.

Liability: Pharmacists who meet the standard of care should not be liable for their participation in assisted dying.

- Pharmacists should be exempt from criminal prosecution for participating in assisted dying.

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- Pharmacists should be protected from civil liability for acts or omissions done in good faith and without negligence in providing or intending to provide assisted dying.
- Federal legislation should recognize that existing policies and practice may be inconsistent with assisted dying, and should reconcile these inconsistencies where appropriate.

Access: Governments should ensure that prescribers and pharmacists have access to the most appropriate drugs in order to provide Canadians with the best possible end-of-life care.

- Assisted dying is a new and evolving practice, and the types of drugs used will depend on how assisted dying is provided for in legislation. For example, the type of drugs used will differ if they are administered by injection by a physician, or provided directly to patients by a community pharmacist for oral administration.
- As no drugs are currently approved for the indication of ending a person's life, Health Canada should ensure that prescribers and pharmacists have access to the most appropriate drugs for use in assisted dying.
 - As lethal doses of the most appropriate medications are not currently approved in Canada, Health Canada has a responsibility to ensure timely approval of indications and doses, and adequate supply of the appropriate drugs.

Consent: Pharmacists must have knowledge of the purpose of any prescription intended for use in assisted dying, and have confirmation of consent.

- The pharmacist must have all necessary information in order to participate in assisted dying, including confirmation of patient authorization; pharmacists will not be the health professional who obtains informed consent to assisted dying.

- Regardless of how assisted dying is provided for in legislation (for example, administered by injection by a physician; oral drugs provided directly to patients by a community pharmacist, etc.), clear guidelines should be in place to ensure that pharmacists have the information required to dispense appropriately. For instance, in Quebec, the following guidelines apply:
 - The patient's medication record must include: the physician's prescription; a copy of the patient's signed request for assisted dying (if the patient gives permission for inclusion); the original copy of the medication administration record.
 - The pharmacist must also enter into the medication record: the date and time the prescription was provided to the physician or patient; any discussion with the physician or patient; and the patient's date of death.

Collaboration: Prescribing physicians must collaborate with pharmacists in accordance with best practices to facilitate the best possible end-of-life care.

- Physicians should work closely with pharmacists in the provision of assisted dying.
- Physicians should notify the pharmacist in a health care institution or community pharmacy (in person or by telephone) that he or she will be receiving a prescription for assisted dying.
- Physicians should determine in consultation with the pharmacist which medication regimen (drugs and dosages) is most appropriate for a particular patient.
- Given the types of medications used, a certain interval between the time the pharmacist receives the medication order from the physician and the delivery of the medications is to be expected. The physician and pharmacist must agree on the length of this interval.

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- Accountability procedures should be in place between the physician and the pharmacist to ensure that unused products are returned to the pharmacy.
 - For example, in Quebec, physicians must return any unused medications to the pharmacist in person. This allows any remaining products to be destroyed, in accordance with federal and provincial regulations.

Oversight: A national advisory panel of interdisciplinary health professionals, including pharmacists, should be established to guide the implementation of assisted dying in Canada, and review the practice as it develops.

- Assisted dying is a new and evolving practice; therefore, CPhA recommends that any federal and provincial legislation be evaluated on an ongoing basis.
- Monitoring and review should be conducted by a national advisory panel of interdisciplinary health professionals, including pharmacists.

Support: Governments should ensure that health care professionals are equipped with appropriate resources to provide end-of-life care, including assisted dying.

- Governments should provide the resources required to ensure that pharmacists, as members of the interdisciplinary care team, are fully equipped to provide appropriate end-of-life care to their patients.
- Pharmacists should be provided with education, training and appropriate resources in order to participate in assisted dying.
- Organizations involved in the education and training of pharmacists should be key participants in the development and delivery of certification and support programs.
- Pharmacists who choose to participate in assisted dying should have access to psychological and other support services as needed.

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