



RNAO's Response to Bill 84:
Medical Assistance in Dying Statute
Law Amendment Act, 2016

Speaking Notes

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Thank you Mr. Chair.

Good morning to you all.

My name is Doris Grinspun. I am a registered nurse and the CEO of the Registered Nurses' Association of Ontario or as we are most commonly known, RNAO. With me today is Cheryl LaRonde-Ogilvie, a registered nurse and nursing policy analyst with RNAO. As the professional association representing registered nurses, nurse practitioners and nursing students in Ontario, we thank you for the opportunity to provide advice regarding Bill 84.

Nurses have a unique therapeutic relationship with individuals and their families which positions us well to ensure continuity of care that is responsive to the needs and wishes of our patients. Because of this, we are often the eyes and ears for patients, for the health system, and are likely to play a key role in assisting patients in their end of life journey.

RNs and NPs are also leaders in the design and delivery of palliative and end of life care and their full utilization can strengthen access to quality services for Ontarians. However, access to palliative care continues to be a challenge across the province. While NPs are authorized to prescribe medications to a client for self-administration, in Ontario, NPs are still not authorized to prescribe controlled substances despite federal regulations being amended in 2012. The College of Nurses of Ontario (CNO) and provincial government are now moving to remedy this

gap with the regulatory and by-law changes. Until that happens, this needless limitation of access to end-of-life care, including medical assistance in dying (MAID), will continue.

Although the criminal code does not permit RNs to administer the medications for MAID, RNs play a significant role providing nursing care and aiding an NP or physician to provide a person with medical assistance in dying in accordance with the law.

Our first recommendation asks for RNs to be included in the language of the Bill to protect their participation in MAID by amending all sections of the various Acts, including section 2(1) and 13.8(1)(2) of the *Excellent Care for All Act, 2010*.

Our second recommendation is to proceed with giving nurse practitioners the authority to prescribe all controlled substances in accordance with federal regulations to ensure access to MAID.

Medical assistance in dying is a very sensitive topic. The debate had been sharpened by health professionals taking sides in favour or against MAID. For RNAO, MAID is no longer a topic of debate. MAID is now law and part of our publicly funded health system. It is a service that must be available across Ontario and delivered in accordance with the law. Thus, while RNAO respects the right of health professionals and institutions not to be forced into providing assisted death services, we are of the strong view that in cases of conflict of beliefs or “conscientious

objection” there must be a duty to refer that applies to individual physicians and/or nurse practitioners, as well as to health organizations.

Our third and last, recommendation is that a section be added to include the duty to refer by physicians and nurse practitioners who have a conscientious objection.

In conclusion, RNAO is pleased to provide input to the Standing Committee on Finance and Economic Affairs regarding amendments to Bill 84. We believe the recommendations specified in our written submission and our presentation today will strengthen this bill and advance health service delivery that gives all Ontarians equitable and timely access to medical assistance in dying while protecting health providers from litigation.