



**RNAO submission to the College
of Nurses of Ontario regarding
*Guidance on Nurses' Roles in
Medical Assistance in Dying*
(MAID) draft practice guideline**

Oct. 14, 2025



The Registered Nurses’ Association of Ontario (RNAO) is the professional association representing more than 54,400 registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses’ contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

Introduction

RNAO welcomes the opportunity to provide feedback to the College of Nurses of Ontario (CNO) on the revised draft practice guideline (guideline) titled *Guidance on Nurses’ Roles in Medical Assistance in Dying (MAID)*. Our analysis addresses the facilitators within the guideline, identifies gaps and provides suggestions about potential areas of risk.

Practice guideline key facilitators

Key facilitators	RNAO’s rationale
<p>1. Intended use with Health Canada’s Model Practice Standard for Medical Assistance in Dying (MAID)</p> <p>RNAO is pleased that the guideline is easy to use alongside Health Canada’s related practice standard.¹</p>	<p>There is alignment in the language and guidance presented across both documents, with no apparent contradictions or inconsistencies.^{1,2} The guideline serves as a companion to Health Canada’s practice standard by expanding guidance related to nurses roles and responsibilities for MAID.</p>
<p>2. Integration of cultural considerations</p> <p>RNAO is pleased to see the integration of equity, diversity and inclusivity (EDI) throughout the guideline.</p>	<p>The principles of EDI must be integrated throughout the MAID process to ensure the delivery of high-quality, people-centred care that is culturally safe, inclusive and accessible for all Ontarians.^{3,4} This approach is essential to effectively address the unique needs of equity-deserving and marginalized populations such as Indigenous, Black and/ or 2SLGBTQI+ communities.³⁻⁵</p> <p>RNAO commends the CNO for thoughtful integration of EDI principles throughout the guideline.</p>

Gaps and potential areas of risk

Gaps and risks	RNAO's rationale
<p>1. Use of acronyms</p> <p>The acronyms “RN” and “RPN” are introduced in the introduction on page 3 and the acronym “IV” appears on page 12, but their full terms – “registered nurse”, “registered practical nurse” and “intravenous” – are not defined.²</p>	<p>For clarity, the full term of a word(s) should be spelled out first, followed by the subsequent usage of an acronym. RNAO recommends that the full terminology for “RN” and “RPN” be introduced within the introduction on page 1, rather than on page 3.²</p> <p>We also recommend that the full terminology for IV be introduced on page 12, and that a consistent acronym be used to define intravenous (with or without periods).</p>
<p>2. MAID provider</p> <p>The guideline does not consistently use the same terminology when referring to the clinician providing MAID – Specifically, the following terms are used intermittently: “provider,” “NP” and “NP/MD.”²</p>	<p>To enhance clarity, we recommend using consistent terminology throughout the guideline when referring to the clinician who is legally authorized to provide MAID.</p>
<p>3. Reporting</p> <p>The statement on page 14 – “Nurses involved in MAID must ensure that all required information is submitted within designated timeframes and in accordance with federal and provincial regulations” – is ambiguous because it does not identify the nursing designation.²</p>	<p>To enhance clarity, we recommend replacing the term “nurses” with “NPs,” as it is the NP’s responsibility to ensure the submission of required documentation within designated timeframes in accordance with federal and provincial regulations when participating in MAID.¹</p>
<p>4. Supportive resources</p> <p>The statement on page 8 – “All clients, deemed eligible or not, are offered access to supportive resources including...” – is ambiguous and does not make an offer to refer to supportive resources mandatory.²</p>	<p>To effectively meet the needs of all individuals and optimize the delivery of high-quality care, it must be a requirement to offer referrals to supportive resources such as palliative care, mental health services, and community and social services for both eligible and non-eligible persons seeking MAID.⁷</p>

Gaps and risks	RNAO's rationale
<p>5. RPN and RN responsibility during MAID process</p> <p>The guideline does not thoroughly address the RPN and RN roles throughout the MAID process.</p>	<p>To enhance clarity and support RPNs and RNs with decision-making RNAO recommends that the guideline provide the following:</p> <ul style="list-style-type: none"> • Discussing, documenting, and counselling patients about services and interventions to alleviate suffering before, during, and after MAID assessment. • Preparing the patient and family for the MAID procurement, including what to expect before, during, and after. • Seeking support from other members of the interdisciplinary team such as a NP or MD when caring for a patient during the MAID process for issues that fall outside of their scope of practice.
<p>6. Hyperlink to supportive resources</p> <p>The guideline references multiple external resources but does not include direct links or guidance on how to access them.</p>	<p>To support nurses with decision-making, RNAO recommends that hyperlinks be provide for the to the following resources:</p> <ul style="list-style-type: none"> • Health Canada Model Practice Standard for MAID from Health Canada on page 1.² • CNO's Discontinuing or Declining to Provide Care practice standard on page 5.² • CNO's Nurse Practitioner practice standard on page 5.² <p>We acknowledge that the resources referenced in the guideline have been underlined, which may indicate the CNO's intent to hyperlink them. However, without active links to resources such as the Model Practice Standard for MAID, nurses may have difficulty locating materials to guide their practice.</p>
<p>7. MAID Process Flowchart</p> <p>The language used in Stage 3 of the MAID Process Flowchart does not align with the language used in the guideline.²</p>	<p>To promote consistency with the language used in the practice standard, RNAO recommends replacing the term "safeguards" in the flowchart with "process safeguards." This clarification will help nurses to better understand the intended meaning and prevent</p>

Gaps and risks	RNAO's rationale
	misinterpretations. Procedural safeguards ensure that strict requirements have been met under Track 1 or Track 2 for eligibility criteria. ⁹
<p>8. Virtual assessments</p> <p>The Virtual Assessments section on page 6 does not address the importance of identifying influence or coercion and guidance for requesting privacy during the patient encounter.²</p>	<p>RNAO recommends that guidance be provided to prompt NPs to address any concerns relating to past or present influence or coercion during a virtual assessment. Therefore, RNAO recommends that the highlighted terms be added to the following statement on page 6: “Address any concerns relating to past or present undue influence or coercion.”²</p>
<p>9. Employer responsibility</p> <p>The guideline does not acknowledge the shared responsibility of health and wellbeing among nurses and employers.</p>	<p>RNAO recognizes the importance of self-care among nurses to maintain well-being and prevent burnout related to the emotional impact that MAID may pose.^{2,7,11,12}</p> <p>Employers share a significant responsibility for ensuring that nurses have access to appropriate resources. This includes relevant training, ability to debrief, a workplace culture that promotes self-care, and clear guidance through policy and procedures.⁷</p>
<p>10. Grievous and irremediable medical condition</p> <p>The guideline does not provide a definition for what constitutes a “grievous and irremediable medical condition.”²</p>	<p>RNAO recommends including a definition of “grievous and irremediable medical condition” in the guideline’s glossary to provide clarity and better support the decision-making process around MAID eligibility.¹</p>
<p>11. Social services</p> <p>The guideline does not refer to social services on page 8.²</p>	<p>Social services play a critical role in ensuring that individuals whether eligible or not eligible for MAID receive comprehensive support for their broader needs, such as:^{7,13}</p> <ul style="list-style-type: none"> • Psychosocial challenges • Financial or housing concerns • Access to caregiving • System navigation

Gaps and risks	RNAO’s rationale
	<ul style="list-style-type: none"> Support for family and loved ones <p>RNAO acknowledges that the list provided on page 8 is not limited to the resources mentioned. However, we recommend replacing the term “community” with “community and social services” to better prompt nurses to refer patients to social services when required.</p>
<p>12. Religion</p> <p>The statement on page 12 - “Cultural considerations play a significant role in how individuals perceive and experience MAID, particularly in relation to stigma and shame” does not identify the significance of religion.²</p>	<p>In addition to culture, religion may play a significant role in how individuals perceive and experience MAID.^{14,15} RNAO recommends that religion be added – as a separate point -- to the statement given the role religion plays for some individuals in shaping their beliefs regarding MAID.</p>
<p>13. Advanced consent for self-administration</p> <p>The guideline does not advise that without advanced consent a practitioner is prohibited from administering a second substance if there is a loss of decision-making capacity.^{2,16}</p>	<p>RNAO recommends that the CNO incorporate language in the guideline to assist nurse practitioners in navigating decisions related to advanced consent and loss of decision making capacity with the administration of a second oral substance; this is needed to mitigate legal risks under the Criminal Code.^{16,17}</p>
<p>14. Independent practitioner definition</p> <p>The definition of “independent practitioner” in the glossary does not clearly specify that all criteria must be met.²</p>	<p>RNAO recommends that the definition of “independent practitioner” be revised to explicitly state that a NP or physician must meet all criteria outlined in items (a) through (c) to reduce legal and ethical risks because the current definition within the guideline does not specify that all criteria must be met.¹</p>
<p>15. Preliminary assessment role</p> <p>There is a disconnect between the narrative and second bullet point under the Preliminary Assessment Role section on page 4.²</p>	<p>RNAO is concerned about the inconsistency in the guidance regarding the RPN and RN preliminary assessment role. The statement “It is essential to understand that this preliminary screening does not constitute a formal eligibility determination,” highlights that the</p>

Gaps and risks	RNAO's rationale
	<p>initial screening is not definitive to determine eligibility.²</p> <p>This conflicts with the statement in the second bullet point: “Identifying cases that warrant further assessment by an NP or physician. If the individual does not meet one or more eligibility criteria, the request is not forwarded for further assessment,” which implies that preliminary screening is being used to make eligibility criteria to exclude individuals from further evaluation by an NP or physician.²</p> <p>CNO must resolve this ambiguity by adding clarifying language surrounding preliminary assessments and implement. Safeguards are needed to support RPN and RN decision-making processes while mitigating legal risk.</p>
<p>16. Advanced directive</p> <p>The definition of “advanced directive” does not align with the Consent to Treatment Act, 1992.</p>	<p>RNAO recommends that the definition of an advanced directive on page 4 be expanded to include language to identify that consent to treatment is done under the decision-making of a substitute decision maker.¹⁸</p>
<p>17. Organ and tissue donation</p> <p>Incorporate language that prompts organ and tissue donation as part of the MAID process.</p>	<p>The Trillium Gift of Life Network (TGLN) oversees organ and tissue donation in Ontario after MAID.^{16,19} Assessing for interest in organ and tissue donation following MAID eligibility – while maintaining culturally safe care – and initiating a referral to a TGLN specialist is a vital component of supporting patient autonomy, and should be included in the MAID process.^{16,20,21}</p>
<p>18. Certifying death</p> <p>The guideline does not provide guidance on certifying death.</p>	<p>NPs and RNs have different authorities under the Vital Statistics Act, 1990 for certifying and completing a medical certificate of death – specifically for MAID.²² RNAO recommends that CNO provide guidance for certifying death</p>

Gaps and risks	RNAO's rationale
	within the guideline when death is a result of MAID. ²³

Conclusion

Thank you for the opportunity to contribute our recommendations to the revised version of *Guidance on Nurses' Roles in Medical Assistance in Dying (MAID)*. RNAO welcomes the opportunity to review further versions and meet with CNO to answer any questions.

RNAO would also be pleased to support the dissemination of this guideline in our monthly newsletter, *In The Loop*, which provides important updates to the association's 56,000+ members affecting nursing in Ontario.

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