BC Pharmacy Association

Medical Assistance in Dying

Recommendations for Implementation in Community Pharmacies

June 9, 2016

British Columbia Pharmacy Association

British Columbia Pharmacy Association
Suite 1530 - 1200 West 73rd Avenue
Vancouver, BC V6P 6G5
Tel: 604 261-2092 Fax: 604 261-2097
info@bcpharmacy.ca www.bcpharmacy.ca

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A voice for community pharmacy

Who we are:

The British Columbia Pharmacy Association (BCPhA) is a not-for-profit association that aims to support and advance the professional role and economic viability of our members so they may provide enhanced patient-centered care.

With a membership of more than 3,000 pharmacists and more than 850 pharmacies, the BCPhA is the organization recognized for representing the interests of pharmacies and pharmacists throughout the province.

We seek out professional solutions that serve both pharmacists and their patients, and advocate on our members' behalf with government. We work with both the College of Pharmacists of BC and UBC's Faculty of Pharmaceutical Sciences to ensure we are delivering the most current and useful information. We are also a provincial pharmacy association member of the Canadian Pharmacists Association.

Purpose of this document:

It must be noted that these recommendations were drafted in anticipation that the federal legislation, which will exempt health-care providers and those assisting them, in providing Medical Assistance in Dying (MAID), will be in place by June 2016, with provincial guidelines to follow.

The BC Pharmacy Association assembled an expert working group to address the concerns of members who will be responsible for dispensing medications intended for MAID in British Columbia. The group was chaired by BCPhA Board member John Forster-Coull, Owner of Victoria Compounding Pharmacy. Other members included Parveen Mangat, Director of Pharmacy at Neighbourhood Pharmacy Association of Canada, Annette Robinson, Pharmacy Specialist at Pharmasave Pacific, Pam Pasicnyk, Regional Pharmacy Manager at Sobeys National Pharmacy Group, and Bryce Wong, Manager of Pharmacy Practice Support at the BCPhA. We thank the working group members and stakeholders who provided feedback on this document.

To ensure that the practical challenges and potential liabilities of community pharmacists are acknowledged in the development of provincial legislation and practice guidelines, we have drafted the following set of recommendations.

At publication time, the federal government was still debating the proposed legislation for Medical Assistance in Dying (MAID). In B.C., the College of Physicians and Surgeons of British Columbia published standards for doctors on how best to care for patients seeking assistance in dying. The provincial Ministry of Health has directed doctors to abide by the standards set out by their College, and the provincial government has strengthened these standards by giving them the weight of law by amending the regulations under B.C.'s *Health Professions Act*. Please note while this document includes recommendations including Nurse Practitioners, during the interim period, drugs for MAID should only be prescribed by and dispensed to physicians.

The College of Pharmacists of BC has amended its Code of Ethics, existing practice standards and created new standards, limits and conditions specific to MAID. These have been filed with the provincial government and are available on the College's website. The College has advised it will keep registrants informed of developments as they arise and are on the College's website.

On June 8, 2016 the Criminal Justice Branch (CJB) of B.C. also issued guidelines that state "when the conditions in *Carter* are met, pursuant to the CJB policy on Charge Assessment Guidelines (CHA 1) there is no substantial likelihood of a conviction for charges under section 241(b) for physicians or other health care professionals involved in carrying out a physician-assisted death, including nurses and pharmacists, nor would the public interest test be met."

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BCPhA recommendations:

1. **Pharmacists and pharmacy technicians must be protected under the law if dispensing medications for the purposes of Medical Assistance in Dying (MAID).**

   Rationale: If preparing and dispensing medications in accordance with federal and provincial regulations and professional guidelines, pharmacists and pharmacy technicians should not fear reprisal from the law.

2. **The BC Health Ministry should support the development and maintenance of a list of pharmacies who have agreed to dispense prescriptions for MAID. This list should only be available to active medical practitioners and pharmacies and not in the public domain.**

   Rationale: An up-to-date list of active pharmacies that have self-identified as willing to dispense medications for MAID should be established and maintained to ensure that medical practitioners and nurse practitioners can identify, contact or direct patients to pharmacies to obtain medication and supplies for MAID pursuant to a valid prescription authorization.

3. **Pharmacists and pharmacy technicians should have the legal right to decline to dispense life-ending medications on the grounds of their personal values and beliefs. These individuals should not be required to make a formal referral to another pharmacy nor be compelled to dispense life-ending medications when no other alternatives are immediately available. Where applicable, pharmacists must offer assistance and continue to provide health services in a non-discriminatory fashion to the patient.**

   Rationale: Pharmacists and pharmacy technicians should not be forced to participate in assisting MAID if it goes against their values and beliefs. Due to the nature and outcome of this service, as well as the non-acute nature of most MAID requests, pharmacists and pharmacy technicians should not be required to dispense medications when another pharmacy is not immediately available and should not be required to make a formal referral to another pharmacy.

   If a system, such as an active list of pharmacies that dispense medications and products for MAID is established, medical practitioners and nurse practitioners will be able to direct their prescription orders and patients appropriately, avoiding most circumstances that might lead to a pharmacist or pharmacy technician having to exercise their conscientious objections.

4. **A provincial expert panel of interdisciplinary health professionals, including pharmacists, should be established to develop practice guidelines and resource materials applicable to all health-care professionals involved in MAID in both acute and community care settings.**

   Rationale: The provision of MAID may occur in a variety of settings and requires interdisciplinary collaboration. An expert panel with representatives from all of the health-care professionals involved is required to establish

best practice guidelines and standard approaches to MAID in order for the province to ensure an effective outcome for the patient.

5. **A medical practitioner or nurse practitioner must speak with the pharmacist who will receive the prescription for MAID.**

   Rationale: Bill C-14 has a provision which states that a medical practitioner or nurse practitioner must inform a pharmacist that a prescription is intended for MAID prior to issuing it or obtaining the medications authorized by it. Since this requirement could be accomplished via a written order, we also recommend that a verbal discussion between the pharmacist and the prescriber should be necessary in order to ensure that therapeutic and logistical issues that may not be clear on the written prescription are addressed prior to the pharmacist releasing the medication to the prescriber or patient.

6. **When a medical practitioner or nurse practitioner administers the medications for MAID, they must document all substances administered in a medication administration record (MAR) issued to them by the dispensing pharmacist. A copy of the completed MAR must be shared with the pharmacy. The practitioner must also arrange for the return of all unused substances or materials to the pharmacist.**

   Rationale: The medications used in MAID can pose a public health risk if not returned to the pharmacy (e.g. benzodiazepines, barbiturates, and opioids). The use of a MAR can assist in documenting which medications were administered and can also be used by the pharmacy to reconcile what should be returned for proper disposal, which will be particularly important where a backup or emergency set of medications is dispensed.

7. **All prescriptions for MAID dispensed by a community pharmacy must be entered into PharmaNet.**

   Rationale: Recording the dispensing of medications for MAID into PharmaNet will ensure that an official record is captured in the provincial drug registry. This may assist in the tracking and monitoring of the prescribing of medications for MAID. Entry into PharmaNet will also help to ensure that all pharmacies in BC, as well as prescribers and facilities that have access to PharmaNet, can see that a patient has had medications for MAID dispensed to/for them.

8. **Legislation and regulatory practice policy and bylaws must state that pharmacists' responsibility and legal liability for MAID services is fully extinguished upon the delivery of the prescribed MAID drugs to the medical practitioner or nurse practitioner as described under section 241(4) of the Bill C-14 or to another person to assist in self-administering that prescribed drug under section 241(5) to a person.**

   Rationale: Pharmacists are assisting other practitioners and not delivering the MAID services, hence they need to have a clearly understood termination of MAID service point to claim the exemptions offered under 241(2), (4) and (5) and protect themselves against potential civil action for malpractice in case of injury caused by the MAID drugs after delivery is completed by the pharmacist.

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9. **Prescriptions for MAID must be dispensed from hospital or community pharmacies. In particular, any compounded medications must be prepared in a licensed pharmacy by appropriately trained staff.**

   Rationale: Pharmacies are the best equipped to document and record the dispensing of medication for MAID using their local drug information systems as well as PharmaNet. Pharmacies are the best equipped to properly label medications and issue printed administration instructions for patients and/or prescribers. As well, not all medications used for MAID are available as pre-manufactured products and must be compounded using the separate chemical ingredients. Pharmacies have the most appropriately trained staff and equipment to safely and accurately compound these medications.

10. **A standardized prescription form should be mandatory to document all authorizations for MAID. We recommend that these forms include the following elements:**

    Rationale: BCPhA members often notice that regular written prescriptions are missing some of the legal requirements established in the Hazardous Products Act (HPA) regulations. Given that an authorization for MAID requires even greater communication between the prescriber and pharmacist than a regular prescription, we recommend that a standard prescription form be developed and used in all settings for MAID orders. It is our understanding that other jurisdictions are in the process of developing standardized forms for MAID orders and include pre-printed areas such as the prescriber's assessment of the patient, the MAID plan to be discussed between pharmacist and prescriber, and standard medication protocols.

    a. **Prescription orders must be placed with a pharmacist in reasonable advance of the scheduled intervention.**

       Rationale: Some of the substances used for MAID are not regularly stocked by most pharmacies. As well, certain medications for MAID are not commercially available and must be compounded. Ordering and preparation of certain medications for MAID may require prior notice.

    b. **Prescription orders must be written in the patient's name. They cannot be written for "office use."**

       Rationale: In order for dispenses of MAID medications to be captured properly in PharmaNet, prescriptions must be dispensed to the person for whom MAID has been authorized.

    c. **Patient consent must be obtained, documented and shared in a manner that is sensitive to the patient state as well as fully compliant with pharmacy regulations. The team-based procedure must be reflected in legislation and regulatory policy and bylaws allow it to be covered by malpractice insurers.**

       Rationale: Besides MAID, there are other collaborative practices already in existence between community pharmacy and institutions, but current consent laws are not flexible enough to cover this innovative team practice. Current legislation is unclear if practitioners can rely wholly on another's

representation that consent was obtained once by one member of the health-care team for the entire health plan and the team delivering the health service to that patient.

d. Prescription orders should include an administration date beyond which the prescription would be considered invalid.

Rationale: According to HPA bylaws, prescriptions are valid for one year from the date of prescribing. In order to ensure that a prescription for MAID remains appropriate at the time of dispensing, a scheduled administration date should be included on the prescription. Prescribers should attempt to issue prescriptions for MAID within a reasonable proximity to the administration date (e.g. less than one month).

e. Prescription orders for MAID should include a backup set of medications.

Rationale: In other jurisdictions such as the Netherlands and Quebec, an emergency set of medications is always dispensed to ensure that the administration of MAID can be completed effectively even in the event of an administration error or unexpected adverse event (e.g. vomiting of oral medication).

f. Prescription orders for MAID that will be administered by a medical practitioner or nurse practitioner should be dispensed directly to that practitioner.

Rationale: To ensure that the medication and supplies to be used for MAID maintain their integrity until the time of administration, they should be provided directly to the prescribing medical or nurse practitioner from the pharmacy. Where the pharmacist and practitioner are not familiar with one another, photo ID may be requested of the practitioner.

g. Prescription orders for MAID for patient self-administration may be dispensed to the prescribing medical or nurse practitioner, patient or patient's representative. The pharmacist should be informed by the prescriber who will be receiving the prescription.

Rationale: When a prescription for MAID is written for patient self-administration or supervised self-administration, the pharmacy may dispense to the prescriber, designated practitioner or patient. This should be indicated on the prescription order. Where the pharmacist, practitioner or patient are not familiar with one another, photo ID may be requested by the pharmacy.

11. Medications for MAID recovered from a medical/nurse practitioner by a pharmacist must be destroyed.

Rationale: Current Pharmacy Operations and Drug Scheduling Act bylaws prohibit community pharmacies from accepting previously dispensed medications. Pharmacies will be unable to verify how the drugs were stored while with the practitioner, therefore, it is safest that they be destroyed rather than potentially re-dispensing a compromised product.

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12. **Regulators must ensure that pharmacists can dispense medications and provide counselling to a patient's medical or nurse practitioner where appropriate while being fully compliant with pharmacy and other regulations.**

    Rationale: Existing pharmacy regulations require pharmacists to counsel patients on every medication dispensed to them. As well, prescription medications are generally always provided directly to a patient or their representative. In the team-based context of MAID, pharmacists may not have direct contact with the patient, therefore regulations must address how pharmacists can fulfill or discharge their duties to counsel and dispense the medications directly to a patient's practitioner.

13. **Pharmacy records of MAID should be kept in accordance with existing pharmacy and provincial record keeping regulations.**

    Rationale: Prescription orders for MAID and any other associated documentation should be kept in a similar fashion and for a similar amount of time as other pharmacy prescription records.

14. **All medications, substances and supplies for MAID should be fully covered benefits under the provincial Pharmacare program to ensure that costs are not a barrier to vulnerable patients.**

    Rationale: Presently, most of the medications used in MAID protocols (both practitioner and self-administered) in other jurisdictions, as well as the equipment used (e.g. syringes, catheters, dressings etc.), are not presently PharmaCare benefits, which may pose a barrier to some patients.

    Based on the costs of anticipated standard MAID protocols and the number of people that are expected to seek MAID in BC (experts have estimated between 20 to 40 in the first year), we do not believe that this cumulative cost would be a significant burden to the province.

    Examples of Estimated MAID Protocols and Costs
    **Note: Fees associated with provision of this service have not been included below*

Physician Administered Protocol	**Protocol Cost**
Midazolam 1mg/ml 2x10ml	$12.53
Lidocaine w/o Epi 20mg/ml 1x10ml amp	$6.75
Propofol 10mg/ml 2x100ml vial (1000mg)	$99.36
Rocuronimum bromide 10mg/ml 4x5ml vial (200mg)	$22.16
Syringes Needles Caps 3-way stopcock Infusion needle Gauze	$12

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Dressing/tape	
Total Cost	**$154.67**

Self-Administered Protocol	**Protocol Cost**
Lorazepam SL 0.5mg x 2 tabs	$0.76
Ondansetron 8mg x 1 tab	$5.39
Metoclopramide 10mg x 2 tabs	$0.14
Phenobarbital/Chloral Hydrate/Morphine Compound	$110
Haloperidol 5mg S/C x 2 amp 5mg/ml	$10.44
Total Cost	**$126.73**

15. **PharmaCare should establish the necessary processes to allow for an alternative pharmacy to provide MAID medications and supplies for patients covered by Plan B.**

    Rationale: If a facilities' contracted pharmacy provider does not provide services to support MAID, a process to ensure PharmaCare coverage should be available for the facility to contract with an alternative pharmacy.

16. **The Ministry should develop education and resources for the public on end of life options, including MAID.**

    Rationale: If MAID is a publicly funded health-care service in British Columbia, the government has a responsibility to provide the public with accessible balanced information on the full spectrum of end of life options and not solely rely on health-care providers to educate the public on these options.

17. **The Ministry should support training of community pharmacists for dispensing medications intended for MAID as well as discussing MAID with patients as well as other end of life options with British Columbians.**

    Rationale: We encourage government funded training and resources for pharmacists to ensure that a sufficient number of community pharmacists across the province are trained to dispense medications for MAID in accordance with provincial guidelines as well as trained to discuss MAID and other end of life options with their patients.

18. **The Ministry should support an expedited process for any pharmacy regulatory changes that may be required to facilitate the role of pharmacists in the provision of MAID as well as the rights of pharmacists to conscientiously object.**

    Rationale: Given the rapidly changing landscape with regards to legislation on MAID and the fast approaching deadline for the federal legislation, we encourage the province to expedite any changes to pharmacy regulations to ensure there are no barriers for pharmacists who want to assist in the provision of MAID and there are safeguards to protect those who conscientiously object.

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19. **Health Canada should work with manufacturers to ensure that the most appropriate medications and pack sizes for MAID are available in British Columbia.**

    Rationale: Bill C-14 suggests that both medical and nurse practitioner-administered MAID as well as self-administered MAID will be options available to British Columbians. Presently, certain medications recommended for self-administered MAID are not available in Canada (e.g. secobarbital and pentobarbital). As well, many of the injectable products are presently only available in bulk pack sizes, which may discourage pharmacies from purchasing these products as they will not be able to recover the costs of purchasing the additional stock.

20. **Provincial oversight and quality assurance committees should be established to track and review the ongoing implementation of MAID in BC to ensure that provincial legislation, regulation and guidelines are serving their intended purpose.**

    Rationale: It is anticipated that both the federal and provincial legislation around the provision of MAID in Canada and BC will continue to evolve in the early stages of this health-care service. A committee of experts in BC is required to monitor the provision of this service and review whether the regulations and safeguards continue to balance access with protection of vulnerable populations. The expert committee would also review cases of MAID to ensure guidelines continue to encourage and support best practices in British Columbia. To this end, a reporting system on prescriptions being written for MAID, as well as its administration and outcomes, should be established.