



HPA BYLAWS SCHEDULE F

Part 5 – DISPENSING DRUGS FOR THE PURPOSES OF MEDICAL ASSISTANCE IN DYING STANDARDS, LIMITS AND CONDITIONS

STANDARDS

1. The full pharmacist must work in a collaborative team based approach with the medical practitioner or nurse practitioner throughout the process.
2. The full pharmacist must discuss and confirm with the prescribing medical practitioner or nurse practitioner:
 - (a) The patient's drug therapy;
 - (b) The patient's eligibility and consent for medical assistance in dying;
 - (c) The protocol selected;
 - (d) The scheduled time and date for the administration of medical assistance in dying;
 - (e) The time required to order and prepare the drugs;
 - (f) Completion of the medication administration record; and
 - (g) The procedures for returning unused drugs to the pharmacy.
3. The full pharmacist must ensure that the drugs dispensed for the purposes of medical assistance in dying are **labeled** as required by the current Standards of Practice and that the drugs are labeled in order of the administration as per the protocol selected.
4. The full pharmacist must **dispense** the drugs:
 - (a) In a sealed tamper proof kit;
 - (b) With a medication administration record listing all of the drugs included in the kit that also identifies the order of their administration; and
 - (c) With the written agreed upon procedures in (2) (g).
5. The full pharmacist must contact the prescribing medical practitioner or nurse practitioner after the scheduled date and time of drug administration to collaborate relating to the return, within 72 hours of the patient's death, of any unused and partially used medications to the pharmacist for disposal. Upon receipt of the returned medications and the medication administration record from the prescribing medical practitioner or nurse practitioner, the full pharmacist must review the medication administration record for reconciliation of returned medications.

Notice: May 5, 2020 Effective immediately and for the duration of the COVID-19 public health emergency in British Columbia, the prohibition on return and re-use of previously dispensed medical assistance in dying medications is subject to the following exemption. If there is a shortage of medication for medical assistance in dying, a pharmacist may accept for return to inventory, injectable medication previously dispensed for the purpose of providing medical assistance in dying if they are satisfied that:

- (a) the medication has not left the possession of the prescribing medical practitioner or nurse practitioner, or a licensed health care professional assigned by the physician or nurse practitioner; and the integrity of the medication can be verified;
 - (b) each dose is unused and in the original sealed tamper proof kit; and,
 - (c) the medication has been maintained in accordance with the manufacturer's requirements and any other applicable requirements.
6. The full pharmacist who dispenses a substance in connection with the provision of medical assistance in dying must provide the B.C. Ministry of Health with the information referred to in Schedule 7 of the *Regulations for the Monitoring of Medical Assistance in Dying* made under the *Criminal Code* (Canada), as well as the additional information required for provincial oversight, monitoring and reporting purposes. The information shall be documented on the provincial form designated for this purpose and submitted to the B.C. Ministry of Health within 6 business days after the day on which the substance is



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scheduled to be administered to the patient. The information to be documented by the full pharmacist includes but is not limited to the following:

- (a) The date and time the drugs were dispensed;
- (b) The name and signature of the medical practitioner or nurse practitioner to whom the drugs were dispensed; and
- (c) If the medical practitioner or nurse practitioner to whom the drugs were dispensed is not known to the pharmacist, that the pharmacist confirmed the prescribing medical practitioner's or nurse practitioner's identity by means of photo identification.

- 6.1. The full pharmacist must comply with any request for information or provision of records sought by the B.C. Ministry of Health for the purpose of oversight and monitoring of medical assistance in dying.
7. The following Standards of Practice do not apply to medical assistance in dying:
 - (a) Sections 6(5) (c) and (e), 6(6), 10 (1) and (2), 11(4)(f) and (g), and 12 of the Health Professions Act Bylaws, Schedule F, Part 1;
 - (b) Sections 13(5) and (8) of the Health Professions Bylaws, Schedule F, Part 2; and
 - (c) Sections 8 and 9 of the Health Professions Act Bylaws, Schedule F, Part 3.
8. Where there is an inconsistency between this Part and any other Part of Schedule F, the provisions of this Part prevail.

LIMITS

1. Only a full pharmacist may dispense drugs for the purposes of medical assistance in dying.
2. A full pharmacist may delegate to a pharmacy technician any aspect of the preparation of drugs for the purposes of medical assistance in dying that is within a pharmacy technician's scope of practice.
3. A full pharmacist must only dispense the drugs for medical assistance in dying directly to the prescribing medical practitioner or nurse practitioner.
4. A full pharmacist must not dispense a drug to a prescribing medical practitioner or nurse practitioner for medical assistance in dying unless the prescription is in writing and includes confirmation that it is for medical assistance in dying.
5. A full pharmacist must not participate in dispensing drugs intended to provide medical assistance in dying:
 - (a) To themselves or a family member;
 - (b) To someone who has made the pharmacist a beneficiary under the person's will or to someone whom the pharmacist has reason to believe has made them a beneficiary under the person's will; or
 - (c) In circumstances where the pharmacist will receive financial or other material benefit from the person's death, other than the standard compensation for their services relating to the dispensing of drugs.
6. A full pharmacist must not perform any activity that may imply he or she is leading the medical assistance in dying process, and may not:
 - (a) Assess whether a person satisfies the criteria for medical assistance in dying set out in section 241.2 of the Criminal Code; or
 - (b) Adapt a prescription for medical assistance in dying.



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CONDITIONS

1. The full pharmacist has the requisite competency, knowledge and skills to prepare and/or dispense the prescription for medical assistance in dying.