ORIGINAL RESEARCH

Medical aid in dying: A foreseen decisive role for the specialized nurse practitioner in Quebec

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ABSTRACT

The legalisation of the practice of euthanasia is gaining momentum worldwide. This paper dresses the evolution of the legalisation and development of the practice of euthanasia – medical aid in dying (MAiD) – in Canada and especially in the province of Quebec to provide understanding and guidance for health care practitioners, administrators and a larger audience. This literature review explores the phenomenon of the increasing practice of MAiD in the province of Quebec (Canada) and its possible extension into practice by specialised nurse practitioners (SNPs), it also addresses the history and issues of the practice of MAiD in this context. The analysis made it possible to define three themes that make up this phenomenon, namely a) MAiD in Canada: Implementation of the Role of NPs; b) Growing demand for MAiD in Quebec's province; c) Issues Related to a Possible Practice of MAiD by SPNs in Quebec. Results show the rising of MAiD practised in Canada and, in Quebec, especially for an aging population and those struggling with terminal illness in order to avoid undue prolongation of suffering at the end of life. However, access to end-of-life care (EoLC) and MAiD is undermined by a shortage of doctors, bureaucratic debacles, a lack of interdisciplinary cohesion and practice and, the geographical remoteness of patients. This study also highlights the modest field of research and investigation in this specific area of practice and the need for explicit teaching about the topic of the practice of MAiD for health professionals. Finally, results show that in order to remedy this problems, the governments of Canada and Quebec and various professional orders, namely those of nurses, physicians and pharmacists, have come together to promote access to MAiD by proposing a practice project for SNPs duly trained at Master degree.

Key Words: Medical aid in dying, Specialised nurse practitioner, End-of-life care

1. INTRODUCTION AND BACKGROUND

In 2014, the Canadian province of Quebec adopted a new law project promotion high quality end-of-life care, recommending guidelines for specific professional practices for medical assistance in dying (MAiD) and in December 2015, this law came into force on the physician's practices and indirectly on practices of other health professionals working in palliative care, especially nurses.[1] The adoption of this law results from a long and polarised ethical, deontological, cultural, social, legal, and professional debate on the social, ethical, and professional question of "dying with dignity".[2] On the other hand, in June 2016, the Canadian federal law concerning MAiD was also legalise[3] d into nursing practice. It is important to acknowledge that Canada is the first country to permit highly trained nurse practitioners (NPs) to assess and provide MAiD but, Canada has 10 provinces and 3 territories, and each entity is governed by its own laws – while under the regulation by some Canadian laws – for the providence of nursing of the end-of-life care (EoLC).[4] Regulations between national and provincial levels have sig-

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nificant legal and practical differences so they vary widely. However, explaining the essential of the similitudes and discrepancies of all Canadian province's nursing regulations for MAiD is complex and beyond the scope of this paper. Nevertheless, six years have passed since the adoption national and provincial regulations aimed to foster the accessibility and quality to EoLC. Despite those legal, social, ethical, and professional developments in favour of MAiD practices in Canada, a gap between the ideals of MAiD governed by these regulations and the practice reality of health settings – somehow refractory and overwhelmed – is still felt.[2]

To date in Canada, except in the province of Quebec, specific sections in the regulations allow properly trained NPs in some provinces such as Ontario, British Columbia, or Alberta, to assess the condition, eligibility criteria and eventually to practise MAiD. The time being, not all NPs practicing in Canada have the right to assess and provide MAiD which may hinder the accessibility and quality of nursing care at the end-of-life.[5] Furthermore, the Quebec law of the end-of-life care has been expanded – becoming more pathologically inclusive and ethically permissive – since 2019. During spring of 2021, a special commission on the evolution of the law respecting EoLC deposited a report including 11 recommendations to reinitiate the legal and ethical debate on advanced medical directives for foreseen MAiD aimed at patients diagnosed with (advanced) Alzheimer's.[6,7] In the light of these commissions, two important recommendations emerged: (a) the need to optimise access to MAiD, as well as professional practices related to "dying with dignity" and EoLC, which constitutes a fundamental right now linked to the Canadian Charter of Rights and Freedoms[3] (b) the need for further developments to be seen on the legal, training and standards of practice in order to reduce the gap between NPs practicing end-of-life care in Canada and the exercise of the oncoming highly trained specialised nurse practitioners (SNPs) in Quebec as recommended, in early 2022, by the Collège des Médecins du Québec (CMQ, the professional order of physicians in Quebec).

According to the Canadian Nurses Association (ACAN),[8] the clinical practice of NPs in palliative care is still an underused but critically needed resource. For ACAN, the NPs and their advanced nursing practice should be part of the equation leading to optimal promotion of EoLC. As the literature shows, the British Columbia Province nurse practitioners (NPs) are highly trained and qualified nurses working in interdisciplinarity but also autonomous professionals able to promote psychological support to patients; education through the thoughtful and nuanced diffusion of judicious information; advanced symptom management and care coordination, thus promoting patient health – and eventually "dying with dignity".[9] Considering the above-mentioned facts, the literature suggests that the anticipated contribution of the Quebec's SNPs in the practice of MAID will constitute an important asset for patients, their families, loved ones and for other professionals caring within the context of end-of-life care and the evaluation and administration of MAiD.

In an important and recent brief (2021) of the Special Commission on the evolution of the law regulating EoLC and the practice of MAiD, the Quebec physician's college (CMQ) comes out in favour to a close collaboration between physicians and SNPs to optimise accessibility to MAiD practices in Quebec.[1]

In the light of these facts, and more particularly in the expectation of a possible and forthcoming practice of MAID by SNPs in Quebec, we conducted this literature review, using Burns and Grove methodology of the literature to take stock of the present regulations, their progress as to consider the future of the practice of MAiD in Quebec by SNPs, while considering the issues and challenges of Quebec's difficult care settings.[2]

2. METHODOLOGY

Although the realisations of Canadian and Quebec's various legal and professional authorities are a worthy step forward the quality of humanistic practices for patients receiving EoLC in palliative care, questions remain on the project for the forthcoming Quebec's SPNs who could practise MAiD considering that Quebec's health system is understaffed and overwhelmed.[2,10] To that end, we conducted a literature review following Grove & al. methodology[11] to identify, analyse the developments and difficulties, and perhaps synthesise explicit and revealing themes to provide a deeper understanding of the phenomenon assessed and therefore give some directions aimed at the promotion of high quality and evidence-informed nursing/NPs/SPNs practice at EoLC and MAiD for the patients and thief families.

Indeed, following Grove & al. methodology,[11] we conducted this literature review from November 2021 to May 2022 searching literature in the last 10 years which would adequately cover the period of the recent development of regulations and practice of EoLC and MAiD in Canada and Quebec. We searched the CINAHL database and some gray literature. To generate the most relevant results, we used the following words/concepts in our search: "medical assistance in dying/MAiD", "specialised nurse practitioners/SPN(s)", "nurse practitioner/NP(s)", "medical aid in dying/MAiD", "euthanasia", f) "Canada" and "Quebec". In the gray literature, we targeted specific "official" reports documenting the nursing and medical practice of MAiD in Quebec and Canada

as well as the documentation on various regulations (projects of law, laws, amendments). Thus, 36 documents were selected for this review: 18 articles retrieved from CINAHL, 18 government reports and 1 press article.

This research presents the synthesis of this literature review. The literature review allowed to identify 3 themes, where one theme has 3 subthemes: 1) MAiD in Canada: Implementation of the Role of NPs; 2) Growing demand for MAiD in Quebec's province; 3) Issues Related to a Possible Practice of MAiD by SPNs in Quebec.

The next sections of this research present – issued from methodology – analyse and critique some of the conditions – strengths and weaknesses – of MAiD practises in Canada and Quebec and outline some recommendations for future SNPs practice in palliative care in Quebec. At the end of this literature review, recommendations are offered to enhance the implementation of the role of SNPs in the practice of MAiD in Quebec.

3. RESULTS

3.1 MAiD in Canada: Implementation of the role of NPs

In Canada, until February 2015, any form of assisted suicide or euthanasia was illegal, even criminal.[9] The Supreme Court of Canada held that "[...] legislation prohibiting assisted death infringed the right to life, liberty and safety of the person under section [. . .] of the Canadian Charter of Rights and Freedoms [free translation] ".[12] Most importantly, the Attorney General mentions that after reviewing the evidence presented by ethicists, it is considered that "[...] the preponderance of the evidence from ethicists, there is no distinction between MAiD and other end-of-life practices that most likely end in death [free translation]".[12] Subsequently, in June 2016, MAiD was legalised in Canada through the C-14 Bill (regulation). Due to the Canadian sociocultural context, the government adopted a new concept for defining euthanasia: "medical aid in dying (MAiD)" to reflect specific values of Canadian culture.[13] The terminology most used internationally is "euthanasia", which refers to "an active and intentional act consisting in bringing death, following the request of a person experiencing unbearable physical or psychological suffering related to incurable and irreversible end-of-life medical conditions "[14] while the concept of "medical assistance in dying" is defined as: "medical assistance that it is practised in a context of health care and is administered by a health professional [...] which puts its expertise at the service of the relief of suffering [Free translation]".[15] According to the C-14 Bill, to be eligible for MAiD in Canada, a person must meet the following criteria: (a) be eligible for government-funded health services in Canada; (b) be at least 18 years of age, i.e. capable of exercising autonomous decisions regarding their health; (c) suffer from a severe and irremediable medical condition; (d) make a new voluntary request for MAiD without any external pressure; and finally, (e) give her legal informed consent to receive MAiD after having been informed of the most available means to relieve her suffering, including palliative care.

As mentioned above, the Canadian context contrasts with several countries where the medical practice of euthanasia is legalised since it's a rare country allowing the NPs – nurses – to practise (all) the process of MAiD: evaluating the request, preparing the patient and specific medication, providing MAiD, and ensuring support and follow-up with close relatives and other professionals.[14] This advancement in Canadian NPs ability to provide MAiD steams in part from the lobbying of the Canadian Nurses Association carried out during the legislation of Bill C-14.[9, 16] This lobbying was forcibly deployed in November 2020 when a Canadian Minister for Disability and Inclusion tried to force a ban on the possibility of initiating a "discussion" with a patient on a possible request for MAiD for nurses in Canada. As a fact, the literature shows that NPs have acquired advanced nursing skills and they play a key role that reflect the ideals needed for advanced high-quality practice of end-of-life care and MAiD.[8] Indeed, the exercise of this role proficiently combines the knowledge, skills, ethics and certain medical procedures with humanistic values, relational and practical skilfulness exercised by nurses. In addition, according to the Canadian Nurses Association and NPs often play a role of leader, consultant, independent professional and researcher who incorporates evidence into her advanced interdisciplinary practice.

3.2 Growing demand for MAID in Quebec's province

In the province of Quebec, MAiD was legalised in December 2015, following legal development on Quebec's laws. Quebec's practice of MAiD is governed by several entities: the Supreme Court of Canada, the Supreme Court of Quebec, the Ministry of Health, and Social Services, the CMQ, as well as 11 members appointed by the provincial government to the Commission on EoLC.[7] At the present moment, like in other Canadian provinces, only some physicians agree to provide MAiD in Quebec.[1] However, there is a noticeable social and professional acceptability for MAiD, as evidenced by the growing demand for this care in Quebec.[2] As of today, seven years after the adoption of the law governing the end of life in Quebec, more than 7,000 MAiDs have been administered, which corresponds to 3% of annual deaths in Quebec in 2020.[17] The annual activity report of the Commission on end-of-life care of the Government of Quebec (2020) predicts that this rate could reach 5% of the 80,000 an-

nual deaths occurring in Quebec.[17] Indeed, in 2017, 2,838 physician-assisted deaths were totalised by Health Canada, compared to 4,478 in 2018, a rise of 57.8%.[2] In 2019, this number increased to 5,425, which represented 1.9% of all deaths. Meanwhile, 33% of MAID requests were not administered for the following reasons: (a) the applicant did not or no longer met the eligibility criteria for MAiD; (b) the applicant has withdrawn its application or changed its mind; (c) the applicant died before the completion of the assessment or administration of MAiD; (d) another treatment option was preferred or (e) the claimant returned home or was transferred to a long-term care home LTC.[3,7] On the eve of a possible expansion of the law governing MAiD in Canada, the harmonisation of provincial and federal laws governing MAiD constitutes a fundamental element of reflection – and work – to reduce disparities on the legal and ethical level.[6] Recent government statistics suggest a marked increase in MAiD administration following the recent decisions made by a special committee on anticipated medical directives for MAiD in favour of people diagnosed with Alzheimer's.[7] However, despite the rising demand for MAiD, our analysis of the literature highlights an important lack of physicians in Quebec's health system for several decades that could diminish the accessibility to MAiD and numerous other health services. And so, the literature suggests that the legalisation of the practice of MAiD by current Canadian NPs and future Quebec's SPNs would give more accessibility to MAiD in the context of rising demand and shortage of access to physicians willing to practice MAiD.

3.3 Issues related to a possible practice of MAiD by SNPs in Quebec

In this section, our analysis of the literature review shows that limited empirical studies and theoretical, ethical, or critical literature have addressed the (possible) implementation and challenges of the role and practice of MAiD by NPs in Canada and especially in the province of Quebec. Thus, this section sets out an analysis of the modest amount of the existing literature. However, this section presents and analyses three subthemes that were identified on the possible expansion of the practice of MAiD for the SNPs in the province of Quebec (a) : the need for extensive graduate training allowing the future Quebec's SNPs to integrate practical, legal, interprofessional and ethical knowledge and skills related to nursing practices surrounding MAiD ; (b) the issues of inaccessibility resulting from legislative differences between Canadian and Quebec laws, bureaucratic pitfalls, reluctance to practice MAiD by some physicians and inaccessibility related to geographic remoteness ; (c) the need for all professionals involved in the care of patients who have requested MAiD to work in interdisciplinarity in order to increase the follow-up and quality of care and to reduce delays and human suffering.

3.3.1 *Role, training and expansion of the Quebec practice of IPS*

Although the role of the SNPs is well adapted to EoLC practices, the SNPs volunteering to evaluate and practice MAiD will be responsible for deepening their knowledge – during their initial training, and through continuing education throughout their career – in order to develop and use the necessary skills associated with the professional, ethical, deontological, relational and spiritual aspects related to a request for MAID.[18] Thus, we agree wholeheartedly with the literature revealing that the Canadian NPs and future Quebec's SNPs will be able – see responsible to – help other nurses to carefully examine the interactions between the law/regulations (legal and deontological aspects) and the ethics of nursing practice (humanism, altruism, caring) in order to make sound decisions in accordance with the law, but above all, respect the choices and free will of the person cared for and who would ask about EoLC or MAiD.[19]

Since the Canadian NPs and Quebec SNPs face an emerging situation - that is also felt at an international level – the democratization and medical/social acceptability of MAiD/euthanasia – they require advanced and highly adapted continuing education to overcome the lack of specialization required by the advanced and yet complex practice of MAiD.[2] Given that the Quebec SNPs works in collaboration with professionals from various (para)medical specialties, it is required for them to deepen their nursing and biomedical knowledge and skills, following training at postgraduate level, followed by a period of specialization in a field specific EoLC and MAiD practice.[20] However, the studies we have examined suggest that the present training addresses only some of the complex questions and issues – ethical, legal, deontological, in practice and interdisciplinary – inherent in EoLC practices because the phenomenon of MAiD practice is quite novel and the literature on this specific topic – in Canada and as a nurse practice – is quite scant.[2,18] In the spectrum of an imminent possibility of the setting out of the role of the SNPs at the heart of MAiD practices in Quebec, specialised training activities (initial and ongoing) on complex EoLC/MAiD specific practices must be implemented to ensure the quality of nursing care and the respect of the patient choices. Parallelly, in terms of developing the field of advanced nurse practice in Quebec since the very recent adoption of aforementioned laws and regulations[21] — SNPs can, in addition to the activities reserved for nurses, carry out eight new professional activities including (a) diagnosing illnesses; (b) ordering diagnostic tests; (c) using diagnostic techniques that are invasive or pose risks of harm;

(d) determining medical treatments; (e) prescribing drugs and other substances; (f) prescribing medical treatment; (g) using techniques or apply medical treatments, invasive or presenting risks of harm, as well as; (h) monitoring pregnancies (25). Since an ethical and legal framework has already been put in place to oversee the Quebec SNPs practices, it is now possible to foresee how to integrate these professionals into the decision-making process surrounding the practice of MAiD. Indeed, considering the recent acquisition of the eight activities listed above, the SNPs are able to exercise judgment and clinical reasoning in order to make ethically based decisions in compliance with the legal framework and in collaboration with the person and their family in order to have their rights respected.[8, 18]

3.3.2 *Inaccessibility to MAiD in Quebec*

Since its legalization, one of the major issues related to the practice of MAiD is the problem of inaccessibility for certain strata of the Quebec population. The results of this literature review shows that certain practical and geopolitical situations contribute to the inaccessibility of MAID in Quebec.[2] In this section: we first are outlined some of the reasons that impede accessibility to MAiD and secondly, we discuss and analyze the benefits of integrating Quebec's SPNs into the practice of MAiD, increasingly requested in Quebec.[1]

First, the literature review shows a strictly legislative difficulty; that is mostly "syntactic" in the formulation of the various levels of legislations and laws. The wording of the laws that "legalize and monitor" the practice of MAiD in Canada and that of Quebec are quite different, although somehow parallel.[1, 22] These discrepancies in "wording" and "specificities" significantly complicates the processes of legislation and the practice of MAiD by current physicians and the forthcoming Quebec's nurses – SNPs – and other professions that contribute to (manly the assessment for) MAiD. As the Quebec's physicians' college (CMQ) suggests, the first step in order to make MAiD more accessible is the harmonization of the laws between the national (Canada) and provincial (Québec) in order to avoid violating the human rights of Quebec's citizens.[1, 22] According to the CMQ (2021), the main discrepancy relates on the notion of " disease" in Quebec versus the notions of "handicap and affection" in Canada. Differences are also noted on the notion of "legal consent" at the national and provincial levels. However, in the aim to overcome these "syntactic" discrepancies, a process of harmonizing these laws is underway for nearly a year – but still it remains a very complicated endeavor. However, this complex legislative undertaking resulted, as so far, in some clinical practice guides, including the Guide to Exercise and Pharmacological Guidelines on MAiD,[22] allowing MAiD to be more uniformly practised in Canada. As a result, the practice of certain professionals (including some of Canadian provinces NPs), as well as their understanding of these laws become more clarified.[1] Nevertheless, we emphasize that the current and different legislations should be integrated into the various levels of nursing training as well as those that will result from the process of harmonization that is underway.

Moreover, due to shortages, underfunding and therefore reduced accessibility to health care resources in Canada and Quebec, some physicians are bonded to exercises a "high patient flow" practice in hospitals and hospice homes. In hospices homes particularly, this "high patient flow" practice results on hurriedly evaluation of many patients living with multiple symptoms and comorbidities,[4] prescription of the least expensive treatments, and for minimal follow-up, all in a very limited time per patient.[23] The SPNs, for their part, are not (yet) obligated to this "high patient flow" constraint in their nursing practice. Indeed, the objective of SNPs practice in Quebec is, as of today, consists of meeting the population needs in terms of health and well-being.[24] The Quebec provincial order of nurses (OIIQ) focuses on the SPNs "professional autonomy" which they describe as "the ability to make decisions in the interest of the client, with complete objectivity, independence and to be accountable for them".[25] Under these goals, the SNPs could positively influence the accessibility to EoLC, allowing for a less pasted practice, more ethical advocacy, and more humanistic practice of MAiD. The analysis of literature shows that studies that have documented that the implementation of the practice of SNPs in diverse health settings makes it possible to alleviate the shortage of physicians in addition to optimizing equitable access to EoLC and possible admistration of MAiD.[26, 27] In addition, the reviewed literature documents that through its humanistic and relational practice ethic, the SNPs could reduce the gap in access to EoLC and MAiD for various populations. Furthermore, since more nurses and forthcoming SNPs will work in distant geographical health care settings, they will be able to reach more patients and then so widen access to specialised EoLC and MAiD.[28] Also, since the SNPs has a diversified expertise to meet both general and specific needs of the population, she could provide more services to "harder-to-serve populations", including people terminally ill in remote settings or geographic aeras.[18] Additionally, this valuable role of SPNs also facilitates the development of shared care. Sharing of care responsibilities between practitioners promotes the transition from a style of practice in "silos" to a style of practice in interdisciplinary, which significantly promotes accessibility to EoLC and MAiD. All in all, the professional role of the SPNs helps to meet a fundamental need of the population, namely better access to EoLC and the possible practice of

MAID in Quebec.

The last risk that we have identified and analyzed concerns the geographical location of MAiD claimants and the possible delivery of MAiD at home. In fact, since the Quebec legislation of EoLC aims to promote fair and impartial access to MAiD, the literature review highlights that, as for the other health care services offered to Quebecers, it is easier to access and to advocate for the full spectrum of EoLC in urban settings.[29–31] Thus, patients who live in remote rural areas or who belong to communities that are geographically isolated (Quebec has a very extended territory and geographical population distribution) do not benefit from the same accessibility to EoLC as the patients living in "large/urban" cities where specialised and multiple health care settings are closer and in a relatively large number, and, therefore more accessible. Indeed, this literature review suggests that the geographical inaccessibility constitute a form of social injustice that must be rectified[32] because access to health care in Canada and Quebec a fundamental right: free and accessible to everybody. And thus, the introduction of the SNPs – which already practices in proper number in these isolated settings – in the functions associated with the possible prescription and administration of MAID would make it possible to overcome those issues of inaccessibility and facilitate the establishment of a much-needed service to vulnerable or isolated populations.

3.3.3 *The need for interdisciplinary collaboration*

Considering the aforementioned complex issues of health service delivery in Quebec in a context of rapid aging of the Quebec population,[2] our analysis on the literature review shows that it is today, and for the years to come, essential for health professionals – from, but not exclusively, the attendant beneficiary up to the physicians, nurses and administrators – to practice in interdisciplinary collaboration since patients at the end of life/terminally ill live with complex comorbidities requiring increasingly sophisticated care and follow-ups. Indeed, some literature highlights that the overall management of MAiD requires an interdisciplinary approach exploiting the expertise of all professionals involved to adequately meet the health and care needs of patients at the end of life.[32,33] Also, engaged collaboration in the follow-up of these patients by the various health professionals is essential to reasonably and timely address the need for EoLC/MAiD amid the shortage of physicians with the skills and the willingness to assess and deliver MAiD. The literature alerts us to the increase in recent years of chronic diseases and cancers, which constitute the main diagnostics of people at the end of life – requiring more coordinated and efficient interdisciplinary care.[34] Cancer is cited as the underlying medical condition in more than 67.5% of all written requests for MAiD in 2020 in Canada, regardless of the outcome of the requests.[35] Cardiovascular disease (12.4%) and chronic respiratory disease (11.2%) are the second and third highest categories of medical conditions for which applicants wish to receive MAiD, regardless of the outcome of the requests.[35] In this situation, interdisciplinary practice can significantly contribute to the accessibility and quality of EoLC, but it involves some operational difficulties: mainly coordination and involvement in interdisciplinary practices for EoLC patients. Indeed, the MAiD process must be considered in a professional/responsible and impartial manner by all health personnel receiving a request for MAiD, official or not:[10] as it is the basis of interdisciplinary collaboration. Interdisciplinarity consists in valuing and integrating the voice of the patient as much as that of the physiotherapist, social worker or any other personnel involved in the care provided to patients at the end of life who request MAiD. Thus, when the discussion concerning the request for MAiD is initiated, the questions and issues regarding MAiD should be addressed and the teaching concerning the various options for EoLC is initiated with the patient and the physician. The legal and bureaucratic procedures associated with MAiD should be initiated and continued within the most reasonable time.[10] In the end, interdisciplinarity integrates various voices and rich expertise which makes it possible to promptly initiate medico-legal procedures for MAiD, consisting in Quebec's legislation of an assessment by two physicians – or a possible forthcoming interdisciplinary collaboration with SNPs.

Now in Quebec, these assessments must be carried out "promptly" by two independent physicians, otherwise those responsible for these assessments could face an investigation on their practice behavior by the Quebec physicians' college (CMQ, 2020). Moreover, the current Quebec health care system cannot respond optimally to the request for the quantity and complexity of the care services requested due to a general labour shortage for more than three decades and today seriously exacerbated by the pandemic of the past three years. In this context, the lack of physicians willing to practice MAiD causes service disruptions for patients requesting this care and exacerbate their suffering as for their families.[21,27,36,37] Considering these complex ethical issues within the EoLC, it appears that interdisciplinary collaboration between the various professionals involved, directly or indirectly, with physicians and forthcoming Quebec's SNPs constitutes a valuable solution to seriously consider with the aim of harmonizing and optimizing equitable access to MAiD and reducing unnecessary suffering for people at the end of life. More specifically, literature shows that taking advantage of these two complementary areas of expertise in Quebec – SNPs and physicians –, the end-of-life care of

the person will be honored since the person terminally ill will be understood and cared for through holistic human care based on best practices and ethical responsibility.[32,38] Similarly, the procedures – in terms of temporality – should also be more respected since interdisciplinary collaboration can increase accessibility for people wishing to take advantage of this asset. Thus, when the SNPs will be legally authorised, they will be able to get involved in the interdisciplinary MAiD process in compliance with the legal framework that will be put in place in the coming year or so. Finally, the Order of Nurses of Quebec (OIIQ) and the CMQ have concluded together that it would be advantageous to develop and maintain this collaboration to better serve the Quebec population requesting MAiD. In a pronouncement made public on May 28, 2021, the CMQ is in favour of allowing SNPs in Quebec to assess the request, initiate the procedures and administer MAiD.[36] Moreover, the CMQ (2021) mentions that in the event of an extension of the legislation EoLC concerning advanced medical directives for MAiD for people diagnosed with Alzheimer's, the expertise of the SNPs will be necessary to preserve the quality, the safety and the accessibility to MAiD.[1,28]

4. Conclusion

This literature review shows that the practice of MAiD by Quebec physicians has recently been legalised, but discrepancies in the Canadian and Quebec province laws persist and reduce accessibility to this end-of-life care.[4] In addition, there is a lack of doctors in Quebec health systems and more noticeable those willing to practice MAiD. Parallelly a stronger interdisciplinarity practice between the various (para)medical professions is detrimental to the accessibility and quality of end-of-life practices and of MAiD. Moreover, bureaucratic debacles hamper MAiD accessibility and sometimes lengthen human suffering, which is not humanly acceptable, the literature has showed. Similarly, the Quebec health care system is overwhelmed and lacks expertise in end-of-life care. Moreover, there is a growing social acceptability of MAiD in Quebec and an international democratisation of euthanasia/MAiD. The number of cases of MAiD administered in Canada increases significantly from year to year and consequently represents more of the percentage of annual deaths. However, and most importantly, there are still few studies in the field of the practice of MAiD in Canada and Quebec and a limited sample of studies focussing on the implementation of the role and on the forthcoming practices of SNPs in MAiD. Finally, we emphasise that there are relevant specific and continuous training needs to be developed in the field of end-of-life nursing practice.

Finally, we the literature shows that the anticipated arrival of an SNPs in palliative care in Quebec – who would practise MAiD – could foster interdisciplinary collaboration, increasing access to MAiD and will have a positive impact for the end-of-life experience of patients requesting MAiD in Quebec. In addition, the institutions that govern the practice of physicians and specialised nurse practitioners have already agreed their most favourable support for this innovative practice, which suggests a promising future for the practice of SNPs and the alleviation of the suffering of patients at the end of life.

Conflicts of Interest Disclosure

The authors declare that there is no conflict of interest.

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