



TITLE

EMS REQUESTS RELATED TO MEDICAL ASSISTANCE IN DYING EVENTS

SCOPE

Provincial: Emergency Medical Services

DOCUMENT #

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EMS Senior Provincial Director and Chief Paramedic

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Associate Executive Director, Business Standards and Operational Support

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Not applicable

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines.

OBJECTIVES

- To provide support and guidance for **EMS staff** regarding **Medical Assistance in Dying** events while complying with applicable legislation, professional standards and Alberta Health Services (AHS) policies.
- To provide guidance regarding management of EMS staff **conscientious objection** relating to pre-arranged Inter-Facility Transfers (IFT) for the purpose of medical assistance in dying while ensuring Albertans have access to medical care in a timely and safe manner without prejudice or discrimination.
- To ensure that EMS aligns with the AHS Patient First Strategy by providing compassionate and collaborative care consistently across the province.

PRINCIPLES

- This procedure addresses specific challenges regarding IFTs and emergency assistance (911) requests related to medical assistance in dying events.
- EMS will only be informed of medical assistance in dying events if an IFT is required or the event is occurring in the community.
- EMS staff members' wishes to exercise conscientious objection relating to an IFT for the purpose of medical assistance in dying will be honoured subject to their legal and professional obligations regarding patient care and EMS resource availability.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. **Registration of Medical Assistance in Dying Events with EMS Dispatch Communications and Deployment Centre.**
 - 1.1 The AHS **Medical Assistance in Dying Care Coordination Service (Medical Assistance in Dying Care Team)** will notify the appropriate **EMS Dispatch Communications and Deployment Centre (DCD)** as soon as possible with scheduling information (if known) for medical assistance in dying events if an IFT is required or the event is occurring in the community.
 - a) This will be done by completion and submission of the *Medical Assistance in Dying EMS Dispatch Location Registration* Form.
 - 1.2 A **48 hour Special Situation** will be entered into the **Computer Aided Dispatch (CAD)** System by the DCD in accordance with the “Medical Assistance in Dying” (GV-DCD-058) DCD Local Service Standard (LSS).
 - 1.3 On the day of the IFT, the DCD will notify the Operations Supervisor/Manager and the dispatched crew as far in advance as possible to inform them that a medical assistance in dying event may be taking place at that location. If Air Ambulance is involved the Air Ambulance Manager on call must also be contacted.
 - a) There may be occasions where the DCD is not pre-alerted to a medical assistance in dying event and a 48 hour special situation is not placed. EMS staff responding to this event must still remain compliant with this procedure in the absence of advance notice.
2. **Requests for an EMS Emergency Response to a Location with a Medical Assistance in Dying 48 Hour Special Situation in Place.**
 - 2.1 If an EMS emergency request (via 911 call) is received for a medical assistance in dying event location with a 48 hour Special Situation, the **Emergency Communications Officer (ECO)** will process the call as normal using the **Advanced Medical Priority Dispatch System (AMPDS)**.
 - 2.2 The ECO may be unable to determine if the 911 call is for the patient undergoing medical assistance in dying or someone else at the same location. As such, the ECO will;
 - a) Notify responding EMS staff of a recent, or ongoing, medical assistance in dying event at that location.

- b) Notify the Deployment Manager, then dispatch and inform the appropriate Operations Supervisor/Manager. If Air Ambulance is involved the Air Ambulance Manager on call must also be contacted.
- c) Dispatch only a primary EMS response vehicle without additional resources (i.e. second EMS response, Police, Medical First Response).
 - (i) Additional resources may be requested as needed in collaboration with EMS staff, Operations Supervisor/Manager and DCD. If Air Ambulance is involved the Air Ambulance Manager on call must also be contacted.

3. Conscientious Objection and IFTs for the Purpose of Medical Assistance in Dying.

3.1 EMS staff who wish to exercise conscientious objection regarding an IFT for the purpose of medical assistance in dying must contact their Operations Supervisor/Manager as soon as possible to allow time to assess other deployment options. If Air Ambulance is involved the Air Ambulance Manager on call must also be contacted.

- a) This must not delay the EMS response to the patient.
- b) EMS staff wishing to exercise conscientious objection will not be asked why.
- c) If additional resources are not available and the request cannot be honoured, EMS staff expressing conscientious objection are legally obligated to continue providing patient care. Patients cannot be abandoned.

3.2 At no time will patient care be delayed or compromised to accommodate conscientious objection. Accommodation of conscientious objection is based on resource availability and whether or not honouring the objection would delay the EMS response and/or negatively impact quality of patient care.

3.3 Subject to 3.2, every reasonable effort will be made by the Operations Supervisor/Manager, or the Air Ambulance Manager on call, to honour a request for conscientious objection regarding an IFT for the purpose of medical assistance in dying.

4. EMS Patient Care Requirements when Providing Emergency Response to a Patient Receiving Medical Assistance in Dying.

4.1 All treatments provided by EMS must be in compliance with Alberta College of Paramedics Scope of Practice, Standards and Code of Ethics and AHS EMS Medical Control Protocols (MCPs) while respecting the patient's wishes and **Goals of Care Designation**, if any.

- a) If a physician or nurse practitioner requests that EMS provide a treatment that violates the direction set out in 4.1 and/or asks that EMS administer

the medication for the intent of dying, EMS Staff will decline to provide the treatment and contact their Operations Supervisor/Manager. If Air Ambulance is involved the Air Ambulance Manager on call must be contacted.

- b) If there are any concerns regarding patient care **On-Line Medical Consultation (OLMC)** will be consulted. If Air Ambulance is involved, the Transport Physician must also be contacted.

- 4.2 Confirmation of the death of a patient who has undergone medical assistance in dying will follow established EMS processes and Goals of Care Designation, if any.

5. Management of Patient and Family Needs on Scene.

- 5.1 EMS staff are encouraged to consider the emotional and spiritual needs of family members if this does not interfere with patient care.
- 5.2 An additional EMS unit, as available, may be requested by EMS staff on scene if a member of the patient's family, or other people present on scene, require medical assistance.
- 5.3 A family member of a patient undergoing medical assistance in dying does not have legal authority to request that EMS intervene to prevent patient death. A family member cannot override the patient's consent to medical assistance in dying.
- a) If a family member asks that EMS intervene to prevent patient death during the medical assistance in dying process, EMS staff will refer to the patient's Goals of Care Designation and immediately consult OLMC and Operations Supervisor/Manager. When Air Ambulance is involved the Transport Physician and Air Ambulance Manager on call must also be contacted.

6. Post Event Debriefing.

- 6.1 Operations Supervisor/Manager, or Air Ambulance Manager on call, will ensure EMS staff's mental health needs associated with exposure to medical assistance in dying are addressed and that available supports are offered. Mental health supports for Operations Supervisor/Manager(s) involved will also be considered. Support for all individuals may include, but is not limited to;
- a) Out of service time immediately following the event for a debriefing.
- b) Activation of Peer Support or Critical Incident Stress Management (CISM).
- c) Referral to AHS Mental Health Help line.
- d) Referral to AHS Employee and Family Assistance.

DEFINITIONS

48 Hour Special Situation means a notification is placed on a geospatial location within the Computer Aided Dispatch System to alert an Emergency Communications Officer of a medical assistance in dying event taking place at that location within 48 hours and this information will be relayed to EMS staff responding to a call to this location.

Advanced Medical Priority Dispatch (AMPD) means medically approved, unified system used by medical dispatch centers to dispatch appropriate aid to medical emergencies, which includes: systematized caller interrogation; systematized Pre-Arrival Instructions; protocols which match the call-taker's evaluation of the injury or illness type and severity with vehicle response mode and configuration.

Conscientious objection means an EMS staff member's desire to act in accordance with his or her conscience, including moral and/or religious beliefs, which may result in an EMS staff member expressing a wish not to participate in certain aspects of patient care.

Computer Aided Dispatch System (CAD) means an Incident Management system that provides call-center and communications center operators with tools that they need to field calls, create and update incidents, and manage an organization's critical resources by providing real-time interaction of crucial data.

EMS Dispatch Communications and Deployment Centre (DCD) means under the mandate of the Emergency Health Services Act, responsible to receive community requests for EMS and inter-facility transport requests from health care sites along with the deployment and dispatching of all ground and fixed wing EMS resources in Alberta through three AHS dispatch centres and three contracted satellite dispatch centres.

EMS staff means all AHS EMS direct delivery providers and contract service providers, including casual, part-time employees as well as volunteers of ems.

Emergency Communications Officer (ECO) means an officer who answers, call evaluates, and delivers emergency communications from a caller to the appropriate party following approved guidelines from alberta health services (ahs) medical direction and international academy of emergency medical dispatch.

Goals of Care Designation means a codified instruction that provides direction regarding general care intentions, specific health interventions, transfer decisions and locations of care for a patient as established after consultation between the most responsible health practitioner, patient and when appropriate, alternate decision-maker.

Medical Assistance in Dying Care Coordination Service (Medical Assistance in Dying Care Team) means the team of nurse navigators, physicians and operational leaders established by Alberta Health Services in compliance with Ministerial Directive D3-2016 to coordinate the provision of Medical Assistance in Dying for the province of Alberta.

Medical Assistance in Dying means the;

- a) the administering by a physician or nurse practitioner of a substance to a patient, at their request, that causes their death; or

- b) the prescribing or providing by a physician or nurse practitioner of a substance to a patient, at their request, so that they may self-administer the substance and in doing so cause their own death.

On-Line Medical Consultation (OLMC) means a physician providing consultation and medical control over a radio, by phone or through some other form or instant communication, to the Emergency Medical Service.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Advanced Care Planning and Goals of Care Designation Policy (#HCS-38)*
 - *Emergency Medical Services Medical Control Protocols (v2)*
 - *Medical Assistance In Dying Policy (#HCS-165-01)*
- Alberta Health Services Resources:
 - *AHS Patient First Strategy*
 - *Medical Assistance in Dying DCD Local Service Standard (#GV-DCD-058)*
 - *Medical Assistance in Dying EMS Dispatch Location Registration Form*
- Non-Alberta Health Services Documents:
 - *Alberta College of Paramedics, Alberta Occupational Competency Profiles (January, 2007)*
 - *Emergency Health Services Act, Section 15*
 - *Health Professions Act, RSA 2000, c H-7*
 - *Minister of Health Ministerial Directive D3-2016*
 - *Paramedics Profession Regulation Alta Reg 151/2016 (Health Professions Act)*

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