

Table of Contents

Purpose	2
What's new?	2
Role of pharmacists and pharmacy technicians in physician-assisted death	3
Complying with ACP's Standards of Practice for Pharmacists and Pharmacy Technicians	3
Resources.....	8
Exercising conscientious objection.....	8
Can I object to compound or dispense a prescription for other reasons?	9
Payment for pharmacy services	9
Compounding and dispensing prescriptions.....	10
Conclusion	12

Physician-Assisted Death

ACP Supplemental Guidance to the Professions

February 10, 2016

Purpose

This guidance supplements ACP's initial advice sent to pharmacists and pharmacy technicians (the professions) on January 26, 2016, and should be read hand-in-hand. In the interest of time, this additional guidance is being issued independently, however all advice will be collated into a single publication in the future. Similar to the College's preliminary guidance on physician-assisted death, this supplement is based on ACP's understanding of the *Carter* decision; the information available to the College at the time of printing; and the application of ACP's Code of Ethics and Standards of Practice for Pharmacists and Pharmacy Technicians to the facts known today. This guidance is specific to physician-assisted death for the period of February 6, 2016 - June 6, 2016; and in this context may differ from guidance provided by ACP to the professions in the past and must not be interpreted as precedence for the future. This guidance will be updated as more information becomes available to the College.

What's new?

Through our legal counsel, ACP has joined other professions in addressing the Chief Justice in Alberta, requesting that ACP be notified when an application for physician-assisted death is received by the court. ACP's intent is to provide information about the roles of pharmacists and pharmacy technicians directly to the Court, so that any authorizations granted will define a clear direction for pharmacists and pharmacy technicians and provide them with protection. This includes, but is not limited to, the importance of explicitly authorizing pharmacists and pharmacy technicians to respond to a physician's prescription for physician-assisted death and to ensure the professions' right to conscientious objection is respected.

ACP continues to work with Alberta Health Services (AHS), Alberta Health (AH), and the College of Physicians and Surgeons of Alberta (CPSA) to develop a clear understanding and guidance for the professions, including physicians, should physician-assisted death be pursued within an AHS facility or in

a community setting. Our supplementary guidance expands on this detail; albeit, there are still some questions that remain unanswered.

Role of pharmacists and pharmacy technicians in physician-assisted death

The single and solitary role for pharmacists and pharmacy technicians in physician-assisted death, is to support a physician through a prescription they have written. This means that until provincial and/or federal legislation is written to support physician-assisted death, pharmacists and pharmacy technicians should **refer all inquiries, discussions, and engagements with individuals, patients, families, and/or groups to a physician.**

Specific protocols for physician-assisted death are being developed by AHS, CPSA, and ACP. Prescriptions for physician-assisted death must only be provided and processed in accordance with accepted protocols. **While prescriptions will be patient specific, they MUST only be dispensed directly to the prescribing physician.**

Complying with ACP's Standards of Practice for Pharmacists and Pharmacy Technicians

‘when responding to a physician’s prescription for physician-assisted death’

Service must be delivered in a manner consistent with ACP’s Code of Ethics, and be in compliance with ACP’s Standards for the Practice of Pharmacists and Pharmacy Technicians. By following ACP’s guidance, the professions will be able to comply with the standards, and mitigate personal risk resulting from the *Carter* decision that explicitly authorizes physicians, not other health professionals, to assist a person in dying.

While the professions have a responsibility to comply with all of the standards, the following guidance addresses instances where unique considerations may be required when responding to a physician’s prescription for physician-assisted death; and in a manner that mitigates potential risk to you. Again, this guidance is based on the information available to ACP at the time of publication and reflects ACP’s understanding of the *Carter* decision. More specifically, this guidance is intended to assist the professions between February 6 and June 6, 2016, during which time physician-assisted death will only be legally authorized in individual cases by a court order.

Standards and guidance

Standard Number	Standard	Guidance	
		Pharmacists	Pharmacy Technicians
1	Pharmacists and Pharmacy Technicians must act professionally.	Pharmacists and pharmacy technicians must be aware of the limits of their personal competence, and only provide services within these limitations. Pharmacists and pharmacy technicians should educate themselves about physician-assisted death; including the protocols (practice and drug) in the context of their role in responding to a physician’s prescription for physician-assisted death.	
2	Pharmacists and Pharmacy Technicians must establish and maintain professional relationships with their patients.	A pharmacist must continue to provide professional services until they are no longer required; and must only terminate a relationship with a patient in accordance with Principle 5 of the Alberta College of Pharmacists Code of Ethics. HOWEVER , for the purpose of physician-assisted death, a pharmacist or pharmacy technician should reserve and restrict their professional relationship to the prescribing physician only. All inquiries, discussions, advice, and engagements with individuals, patients, family members, and/or groups should be referred to a physician.	

Standard Number	Standard	Guidance	
		Pharmacists	Pharmacy Technicians
3	Pharmacists must consider appropriate information for each patient.	<p>Pharmacists must consider a prescription for physician-assisted death in context with health information about the individual authorized to receive physician-assisted death that is available to them. At a minimum, pharmacists should consider the health status of the individual, their medical and lifestyle histories, their dispensed drug profile. Some questions to ponder: Are there any allergies requiring consideration? Has the individual used quantities of barbiturates, benzodiazepines, alcohol or opiates that may impact a patient’s response to the drugs prescribed for physician-assisted death? Are there any conditions that may impair the bio-availability of the drug protocol? Are there any medical conditions which would preclude the oral route? Does the patient have a history of illicit drug use or paradoxical responses to central nervous system drugs? Is the patient currently receiving high dose opioid therapy?</p> <p>Remember: Pharmacists must only accept written prescriptions for physician-assisted death on the approved standardized provincial prescription form and one that follows the accepted drug protocols.</p>	
4	Pharmacists must determine whether a patient has or is likely to have a drug therapy problem.		
6	Pharmacists must determine the appropriateness of each prescription.		

Standard Number	Standard	Guidance	
		Pharmacists	Pharmacy Technicians
7	Pharmacists and pharmacy technicians must follow appropriate procedures when dispensing.	<p>Prescriptions for physician-assisted death should be individual specific, but MUST ONLY be dispensed directly to the prescribing physician.</p> <p>Each drug should be packaged and labelled consistent with standard processes; BUT SHOULD ALSO INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> • Each drug should be numbered sequentially in the order that they are to be administered or ingested according to the physician-assisted death protocol. • The entire protocol should be packaged together in a clear bag or kit to ensure that all required drugs are present and the integrity of the protocol is maintained. • Label expiry dates as appropriate. • In adjunct to product labelling, a supplementary instruction sheet, with specific instructions for administration or ingestion should be included. • Discussion, instructions, and arrangements should be made with the prescribing physician to facilitate the return of unused drugs. 	
8	Release of drugs and providing patients with sufficient information.	<p>The professions MUST ONLY dispense prescriptions to be used for physician-assisted death to THE prescribing physician. It would be good practice to review each drug and the instructions that you have provided with the prescriber.</p>	
10	Compound according to written formula and process.	<ul style="list-style-type: none"> • Specific protocols for physician-assisted death have been developed by Alberta Health Services, the College of Physicians and Surgeons of Alberta, and ACP. These are being adopted/adapted from other jurisdictions having experience with physician-assisted death. • Physician-assisted death protocols used for assisted suicide that are ingested orally are only stable for 24 hours. 	

Standard Number	Standard	Guidance	
		Pharmacists	Pharmacy Technicians
11-17	Standards 11-17 do not apply to physician-assisted death, as pharmacists MUST NOT prescribe for physician-assisted death .	N/A	
18	Create and maintain patient records.	<ul style="list-style-type: none"> • Consistent with usual and customary record keeping requirements, a record of dispensed drugs must be included on the authorized individual's (patient's) record of care • Records of controlled substances must be maintained in compliance with federal legislation • A record of distribution to the prescribing physician should be maintained; including the identity of the professional who has compounded the drug protocol, dispensed the drug protocol, and should include the signature of the prescribing physician upon receiving the prescribed drugs. This record should also document receipt of any physician-assisted death drugs returned to the pharmacy by the prescribing physician. All records must be retained for a period (10 years after the last date of service) in compliance with legislation. 	
19	Do not accept drugs or health products for reuse.	<ul style="list-style-type: none"> • Professionals must make arrangements with the prescribing physician to accept any unused physician-assisted death drugs. Drugs that have not been repackaged or compounded, and that remain in the package of the manufacturer; and that have been in the sole control of the prescribing physician may be reused, so long as the pharmacist can assure that the drugs were not compromised by inappropriate storage. All other drugs must be disposed of in an environmentally friendly manner. • A record of returned drugs must be maintained. • Disposal and destruction of narcotics and controlled substances must comply with federal requirements. 	

Resources

Pharmacists and pharmacy technicians can access more information about physician-assisted death through the following resource:

- Alberta Health Services - <http://www.albertahealthservices.ca/info/Page13497.aspx>

Information about provincially adopted (Alberta) protocols for physician-assisted death, and a copy of the standardized prescription form will be available to pharmacists and pharmacy technicians through the “members only” section of ACP’s website once available.

Exercising conscientious objection

If your participation in dispensing a prescription for physician-assisted death contravenes your moral beliefs, you may exercise conscientious objection, as provided for in ACP’s Code of Ethics. To do so, you should provide a statement in writing to your supervisor in advance of the possibility of receiving a prescription for physician-assisted death. You must also familiarize yourself with another pharmacist or pharmacy technician, as the case may be, to whom you may guide a physician having a prescription for physician-assisted death. **Again, we encourage you to discuss physician-assisted death with your pharmacy team members, other pharmacists and pharmacy technicians in your community, and physician colleagues. In this way, you can best prepare yourself and your team should you receive a prescription for physician assisted death as a result of a court order.**

Can I object to compound or dispense a prescription for other reasons?

Outside of conscientious objection, there are subjective circumstances when a pharmacist or pharmacy technician can object to compounding or dispensing a prescription for physician-assisted death to a physician. Examples of these situations include, but may not be limited to:

- When physician-assisted death is approved for a family member or friend, or
- When a pharmacist or pharmacy technician determines that compounding a drug protocol prescribed for physician-assisted death falls outside of their personal competence, or
- When a pharmacist or pharmacy technician does not have the equipment required to compound a drug protocol for physician-assisted death, or
- When a pharmacist, after assessing the health information of an individual for whom physician-assisted death has been authorized; identifies a drug-related problem, and after discussing it with the physician, is unable to reconcile the appropriateness of the prescribed protocol, or
- When a pharmacist or pharmacy technician is not able to access the drugs prescribed by a physician.

In these circumstances, while it is not necessary to provide disclosure to one's supervisor 'in advance', pharmacists and pharmacy technicians are obligated to comply with ACP's Code of Ethics by guiding the physician to another pharmacist or pharmacy technician who can process the physician's prescription.

Payment for pharmacy services

At this time, there is no indication from Alberta Health if physician-assisted death will be publically funded when services are provided in the community, outside of AHS facilities. Generally, services provided from a community pharmacy that are not covered by Alberta Health are paid for through arrangements with the patient or family to cover the cost of the drugs and services.

Compounding and dispensing prescriptions

Guidance for pharmacists and pharmacy technicians who compound and dispense prescriptions for physician-assisted death

DO's

Always refer any questions about physician-assisted death to a physician.

Accept prescriptions for physician-assisted death only in writing, directly from THE prescribing physician.

Request a copy of the Court Order authorizing physician-assisted death.

Retain a copy of the Court Order for your records.

Ensure that prescriptions are written for a specific patient.

Assess all prescriptions for physician-assisted death against health information that you know about the patient. If you identify any drug related problems, bring them to the attention of the prescribing physician.

DON'Ts

DO NOT provide advice to anyone about physician-assisted death.

DO NOT accept a prescription for physician-assisted death from anyone other than THE prescribing physician.

DO NOT process a prescription for physician-assisted death unless you have evidence that it is authorized by a court order.

DO NOT adapt or prescribe any drugs used for physician-assisted death.

DO's

DON'Ts

Discuss with the prescribing physician and affirm the following prior to processing a prescription for physician-assisted death:

- The chosen protocol
- The projected time for administration or ingestion
- The time that it will take you to access the required drugs and prepare the chosen drug protocol
- Arrangements for return of any unused drugs.

Discuss with the prescribing physician whether he/she requires additional quantities of any of the drugs included in the chosen protocol to compensate for accidental breakage, or the need for additional dosing. If so, request a secondary prescription for these.

Label drugs separately, and take extra measures to clearly identify the sequence in which they are to be administered or ingested.

Package labelled drugs in a common package/container to maintain the integrity of the protocol.

Create a secondary package for supplemental dosages that are prescribed.

Ensure that compounded drugs include an expiry date. The accepted physician-assisted death protocol for oral ingestion expires in 24 hours.

DO NOT compound or dispense additional doses of drug to compensate for breakage or for additional dosing on the same prescription as the primary order. Request a secondary prescription for these purposes.

DO's

ONLY dispense prescriptions for physician-assisted death to THE prescribing physician.

DON'Ts

DO NOT dispense drugs for physician-assisted death to patients, family members, or anyone else other than the prescribing physician.

Conclusion

ACP's guidance to the professions continues as a 'work in progress' as we experience and learn more about physician-assisted death. By following our guidance, you will be able to compound and dispense drugs to physicians who prescribe physician-assisted death protocols for individuals who have received authorization from the courts, in a manner that complies with ACP's Code of Ethics and Standards of Practice, while mitigating personal risk. As the *Carter* decision does not explicitly address pharmacists, pharmacy technicians, or the overall health team, you may wish to consult with your own legal counsel before providing services to support a physician's prescription for physician-assisted death.