The following manuscript has been accepted and will be published in a revised form in the Canadian Journal of Bioethics, vol. 3 No. 2 (2020)

Medical Assistance in Dying: Challenges of Monitoring the Canadian Program

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"the risk associated with physician-assisted death can be limited through a carefully designed and monitored system of safeguards."

(Carter v. Canada, 2-15, ,Section 27)

Abstract

The Canadian medical assistance in dying (MAID) program, based on a well-balanced piece of legislation and detailed regulations, has failed to provide Canadians with sufficient publically accessible evidence to show that it is operating as mandated by the requirements of the law, regulations, and expectations of all stakeholders. The federal law that was adopted in 2016 defined the eligibility criteria and put in place a number of safeguards that had to be satisfied before providing assisted dying to a person in order not to transgress the Criminal Law. The responsibility of monitoring for the purpose of investigating compliance with the eligibility criteria and procedural safeguards was assigned by the Federal Ministry of Health (responsible for all monitoring) to the provincial and territorial governments, which, to their credit, have released some statistical data concerning the program, but have yet to issue a comprehensive report on adherence to the eligibility criteria and its safeguards as required by the law and regulations. This paper explains the process, explores the possible reasons for this shortfall, and offers some suggestions for action that could facilitate this endeavour in the delivery of MAID. Accountability and transparency are integral to the delivery of MAID and the publications of the mandated federal and provincial/territorial monitoring reports are one important approach to achieving the confidence and trust of all.

Keywords: medically assisted dying, euthanasia, assisted suicide, monitoring.

Introduction

As a bioethicist involved, for two decades, in supporting the ethical quality of various health care programs, I have been curious about the ethical quality in the delivery of medically assisted dying (MAID). With this pursuit in mind, I actually became fascinated by the legal and regulatory framework of the program as concerns its monitoring and reporting. This paper will trace the important developments of monitoring and reporting on the compliance with

eligibility criteria and safeguards for MAID in Canada from the initial court ruling, through to the federal law, to regulations and to their current appearances. It will end with suggestions for actions that could lead to a fulfillment of expectations that are set in the law. The paper will show that unless this issue is rapidly addressed, there is a risk that the values and objectives of the court decisions and federal laws concerning assisted dying will be destabilized and the ethical foundation of the program resting on accountability and transparency will be undermined.

Judgement of the Supreme Court of Canada

Until 2016, the Criminal Code of Canada held that, without exception, anyone who aids or abets a person in committing suicide commits an indictable offence and that no person may consent to death being inflicted on them. Four individuals and a provincial civil liberties association challenged the constitutionality of these provisions. In 2015, the dispute reached the Supreme Court of Canada. The legal team for the Government of Canada defended the then existing provisions of the Criminal Code, however, the Supreme Court concluded that these sections unjustifiably infringed on guarantees in the Canadian Charter of Rights and Freedoms and therefore "are of no force or effect to the extent that they prohibit physicians-assisted death for a competent adult person who (1) clearly consents to the termination of life and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition."

When the Supreme Court of Canada delivered its benchmark ruling that made "physician-assisted dying" (an umbrella term for euthanasia and assisted suicide), under certain conditions legal, the Court was aware that such a change of law may lead to misuse and harm, but it was persuaded that "a properly administered regulatory regime is capable of protecting the vulnerable from abuse or error." The judgement of the Court took into account, in section 25, the safeguards that were in place in other jurisdictions, and in section 27, the judges considered "the risk of permissive regime and the feasibility of implementing safeguards to address those risks" and endorsed the conclusion of the trial judge that the risk "can be identified and very substantially minimized through a carefully designed system that imposes strict limits that are scrupulously monitored and enforced." In section 117, the Court accepted the trial judge's conclusion that "the risk associated with physician-assisted death can be limited through a carefully designed and monitored system of safeguards."[1]

Federal Law

In response to the direction of the Supreme Court, Parliament enacted Bill C-14 to amend the Criminal Code and create an exemption for "medical assistance in dying" (MAID) when provided

by medical or nurse practitioners. This bill reflects very closely the concerns of *Carter*'s judgment with its multiple references to safeguards, monitoring and oversight. The Preamble of the bill which came in force June 2016 states that "robust safeguards, reflecting the irrevocable nature of ending life, are essential to prevent errors and abuse in the provision of medical assistance in dying." It also declares that "vulnerable persons must be protected from being induced, in moments of weakness, to end their lives." The bill (which will be referred to as MAID Law) determined that a person may receive MAID only if they meet all of the following eligibility criteria:

1. They are eligible for health services funded by a government in Canada.
2. They are at least 18 years of age and capable of making decisions with respect to their health.
3. They have a grievous and irremediable medical condition.
4. They made a voluntary request for MAID that was not made as a result of external pressure.
5. They gave informed consent to receive MAID after having been informed of other means that are available to relief their suffering, including palliative care.

To expand on point #3 above, the MAID Law also determined that a person has a "grievous and irremediable medical condition" only if they meet all of the following criteria:

A) They have a serious and incurable illness, disease or disability that causes enduring suffering that is intolerable to the individual.
B) They are in advanced state of irreversible decline in capacity.
C) They experience enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable.
D) Their natural death became reasonably foreseeable.

The section of the MAID Law named 'Safeguards' defines nine points that the medical or nurse practitioner must be satisfied with or must ensure before providing a person with MAID. Three of the points are similar to the above eligibility criteria and will not be listed here, while six points represents truly additional safeguards and are listed below:

1. Request for MAID was signed and dated before two independent witnesses.
2. The person has been informed that they may withdraw their request.
3. Another independent practitioner provided a written opinion that the person met all eligibility criteria.
4. There will be at least 10 days between the day of request and the day on which MAID is provided, (with a provision to shorten the interval if indicated).

5. Immediately before providing MAID, give the person an opportunity to withdraw their request and ensure that the person gives expressed consent to receive MAID.
6. If the person has difficulty communicating, provide reliable means by which the person may understand and communicate their decision.[1] *

The MAID Law is an amendment to the Criminal Code, and as such it provides for its enforcement. Failure to comply with safeguards, forgery and destruction of documents are offenses that on conviction of indictment may lead to imprisonment of not more than five years. From our chosen perspective it is important to know what the MAID Law states about monitoring: "The Minister of Health must make regulations that he or she considers necessary respecting the provision and collection, for the purpose of monitoring medical assistance in dying, of information relating to request for, and provision of, medical assistance in dying …" Finally and perhaps most importantly, the Bill states that regulations have to be made "respecting the use of that information, including its analysis and interpretation, its protection and its publication and other disclosure." Failure of a practitioner to provide the required information is again an offence that could result in imprisonment of not more than two years.[2]

Federal Interim Reports

MAID delivery was initiated in some locations within days of Bill C-14 becoming law, so, no federal regulations for reporting and monitoring could have been in place at that time. During this void, governments of provinces and territories issued their own reporting directives. To fill the reporting gap, in April 2017, the federal Ministry of Health began to publish semi-annual Interim Reports on MAID, that were based on voluntarily provided data by some provincial governments, noting that the information gathered was incomplete.

We will examine here briefly the fourth and last Interim Report of April 2019.[3] The Introduction declared that

> "(N)nearly all countries that permit some form of medically assisted dying consider public reporting to be a critical component to enhance transparency and to foster public trust in the application of the law. The need for the consistent collection of information and public reporting also reflects the seriousness of MAID as an exception to the criminal laws that prohibit the intentional termination of a person's life."

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* A bill submitted recently to the Parliament for discussion may amend the eligibility criteria and safeguards.

The Report provided various statistical data, such as the age range (18-91+), average age (73 years), proportion of men and women (nearly equal) and the underlying medical circumstances of patients who received MAID (cancer is the most common) and so on. The Report did not indicate what percentage (if any) of those persons who received MAID actually did not meet the eligibility criteria and in how many cases (if any), some safeguards provided by the MAID Law were not respected. Clearly, there is a disconnect between the rationale for the Interim Report as outlined in its Introduction and the content of the Report.

Federal Monitoring Regulations

On November 1, 2018, about two years and four months after MAID delivery started, the long awaited Regulations for monitoring of MAID by the federal Ministry of Health went into effect. [4] These regulations prescribe the reporting process which is complex, and it differs from province to province. It will not be possible to review it here. However, for the purpose of this discussion it is important to note only two parts of the Regulations. The first one is determining the obligatory reporting responsibilities of the practitioners to the Ministry of Health. It specify that data forwarded to the Ministry must include the demographic data of the practitioner who received and the patient who submitted a written request for MAID, on death resulting from MAID or other causes, on the nature of the patient's suffering, whether the patient required disability support services, whether the patient received palliate care and for how long, and if palliative care was available. These are all important data identifying circumstances in which assisted dying is taking place that will be helpful in shaping end-of-life policies and programs in general. Even more importantly, the Regulation require that data that must be reported after delivery of MAID include compliance with each criterion of eligibility and with each safeguard thus confirming that legal requirements for MAID delivery were satisfied.

The second part of Regulation that is of interest for this discussion deal with the reporting responsibility of the federal government to the public. It specifies that the Minister of Health must cause to be published, at least once a year, a report based on the information collected. However, what is not among the items that must be covered by the report according to the Regulations, are adherence to eligibility criteria and to safeguards.

An explanation for this omission can be found in the Regulatory Impacts Analysis Statement, that is not part of the Regulations but it follows Schedule 7 of the Regulations. It states that:

> "(T)he monitoring regime is aimed at gathering and analyzing data about medical assistance in dying from a societal perspective. … Investigating instances of noncompliance with the eligibility criteria and procedural safeguards set out in the Criminal Code falls outside of the scope of the federal monitoring regime, and is under the purview of local law enforcement". [5]

It is not unusual in Canada that provinces and territories are expected to enforce Criminal Code, even if this is a federal law. In fact, most criminal cases, like murder, assault, fraud and arson are tried in provincial courts. The problem is that a fundamentally new activity, like MAID can fall in the crack between the two systems and not get attention from either side. Is this happening? We do not know yet. It is a complicated matter because as a result of negotiations between provincial and federal authorities, there now exists two streams of monitoring data. In about one half of 13 Canadian provinces and territories, practitioners involved with MAID are expected to report to the federal government through a designate provincial or territorial body. This mechanism then provides to these governments direct access to all data for their own investigations. In the other half of the provinces and territories, reports of practitioners will go directly to the federal government. Are there provisions in place that will assure that the federally collected monitoring data from these jurisdictions will be, as Regulation permits, regularly shared with local enforcement agencies? Will each province and territory develop their own way of analysis of these reports, responding to non-compliance and to other concerns? Will Canadians be informed how the eligibility criteria and safeguards respected in each province are and what steps are taken to deal with non-compliance? These are some of the serious question that will need to be addressed. The Canadian Medical Association made a recommendation to create an independent national body which would receive and analyse all reports from across the country, but this recommendation has not been adopted.[6] In other words, there are then two types of collection and analysis of data, one to create the 'societal perspective' at the federal level and another for the use of 'law enforcement' at the provincial and territorial level. If this system is to work as intended it may require a very close, productive and publicly transparent collaboration between the federal, provincial and territorial governments.

Provincial and territorial monitoring and reporting

What we have learned about the federal role suggests that at the provincial and territorial level monitoring, analysis and reporting is critical in order to assure that MAID is provided only under the conditions allowed by the law. To date, no provincial or territorial government has released into the public domain a comprehensive report on the performance of its MAID program that would include this perspective. To their credit, Quebec and Ontario have provided partial data of this kind.

The province of Quebec operates their MAID program differently from other Canadian jurisdictions. The province established a commission on end-of-life care which reviews MAID reports and periodically releases its findings. The commission reported in April 2019 on 1,354 cases and ruled that 13 cases (1%) did not comply with the law and in 41 cases (3%) there were missing data preventing the commission to reach a decision. Non-compliance was due to lack of

eligibility in four cases and violation of safeguards in nine cases. The commission did not indicate what action was taken for non-compliance and in the failures to provide data, both being explicitly identifies as offenses in the Criminal Code[7].

In Ontario, the Chief Coroner's office announced that their team reviewed some 2000 cases of MAID. There were some "compliance concerns with both the Criminal Code and the regulatory body policy expectations, some of which have recurred over time." The actual number or a description of these cases was not provided. The team engaged with practitioners on a case by case basis, sharing "learning opportunities". In addition, the office of the chief coroner of Ontario released a description of a ranking system indicating how this office will react to compliance issues. For example, lack of compliance with the eligibility criterion of the requester being "capable of making decisions with respect to one's health" is classified as Level 5 and will lead to a report to the police. On other hand, lack of compliance with the requirement that a request for MAID is to be signed and dated in the presence of two independent witnesses is rated as Level 2 and will lead only to "Educational Email" to the practitioner. The appropriateness of these responses to various types of non-compliance with MAID law and regulations could be debated, but it is reassuring that Ontario is developing a systematic and rational approach to this issue. [8] For other provinces, there are only basic and partial statistical data available on their websites, for example, from Nova Scotia[9] , Manitoba,[10] and Alberta[11]. These reports have a variety of formats, and the methodology of generating this information is unknown. Clearly, much more work must be done by provinces and territories in this area.

Current Monitoring Challenges

As shown, it is evident that provincial and territorial authorities are not fully engaged in their role of monitoring, enforcing and reporting on the performance of MAID program, which they are expected to do according to the federal law and Regulations. The consequences are serious. For one, the silence of provincial and territorial bodies is promoting an atmosphere of secrecy. Hospital Annual reports of hospitals available to the public do not provide any information about the MAID program within their institutions. Regional health authorities often have MAID coordinators or MAID teams, but there are no reports released on their activity. Combined with the scarcity of information on MAID from provincial, territorial and federal governments this social situation leads to a lack of understanding and knowledge among professionals and the public of how the MAID program operates.

Not surprisingly, this is a worrisome scenario, especially to people living with chronic disabilities and to those who advocate for vulnerable groups of the population. C*anadian Disability Policy Alliance* is concerned about the term "disability" among eligibility criteria and is worried that this could be understood as an intention to permit MAID on the basis of disability alone.[12] *Coalition for Health CARE and Conscience* was gravely concerned when a woman with a

disability presenting for hospital care was offered MAID. [13] *Canadian Association for Community Living* is concerned about the operation of safeguards in MAID program and asserts that factors unrelated to patients medical conditions can "make some people vulnerable to request an assisted death when what they really want and deserve is better treatment." The association developed, with the assistance of a large body of experts, the Vulnerable Persons Standard and is advocating for its use in the MAID program. [14] Expressing similar concerns, a law professor and researcher called for more robust information about medical assistance in dying in Canada in order to help protect all vulnerable patients and to provide information on equality of access.[15] *Council of Canadians with Disabilities* stated that "Canada's MAID regulations fall short", because among other deficiencies, they will not provide information on socio-economic factors of individuals requesting MAID, and will not gather sufficient evidence on causes of 'intolerable suffering', one of the eligibility criteria for MAID. The association insists that these are critical data, which if extracted from the monitoring reports could point to the way to improve end of life care. This 40,000 members' association concluded that "further safeguards are urgently needed to monitor the practice of MAID."[16]

A legal scholar recently expressed concern about monitoring of MAID after the review of growing external and internal criticism of adherence to eligibility criteria and safeguards in Belgium and Holland[17], where, like in Canada, physicians have broad discretionary powers and all information available about completed MAID cases is based on their self-reporting.[18] An academic palliative care physician wrote: "I remain concerned about the lack of provincial/territorial and national reporting standards for collection of data, reporting of actions and of experiences, and the robust monitoring practices related to medical assistance in dying…"[19] A bioethics team worried that to date, little is known about how requests for MAID are situated in the broader context of end of life care. They discovered that in 80 patients requesting MAID, the palliative care consultations took place less than 7 days prior the request and in another 25%, palliative care was discussed on the day of request or after the request, thus not giving to patients sufficient time to consider alternatives to MAID as is expected by MAID Law and practice guidelines. Data collected by monitoring should identify if this is a widespread problem or not. Given all that, it is not surprising that a recent overview of MAID practice by a group of Canadian physicians reported "widening and loosening of already ambiguous eligibility criteria, the lack of adequate and appropriate safeguards…..the failure of adequate oversight, review and prosecution for non-compliance with the legislation."[20]

These are some of the many voices across Canada expressing concerns or apprehension which can only be address effectively by a full and comprehensive reporting on the MAID program as it was anticipated in the design of the program and as described above. It must be kept in mind that, the enforcement of safeguard is beneficial to all involved, for obviously different reasons. Namely, the individual who does not want or will consent to MAID; the individual requesting

and consenting to MAID; the medical and nurse practitioner who wants to practice within the bounds of the law and could be pressured in providing MAID outside its bounds; to those who do not qualify; the consenting person interested in the options of postponement; all people of Canada who want to trust the system and want to feel secure that their individual freedoms are respected. We all feel secure in a community where law abiding citizens respect the boundaries of the law and the government uphold them. One may not agree that a particular "stop" sign is necessary but one complies with the rule, nevertheless. Even MAID assessors and providers will benefit from regular, timely analysis and reporting of MAID data because it will assure them that they have followed the protocol correctly, they are doing only what is legally permissible and there can be no retroactive action taken against them in the future.

Future direction

Considering these finding, the following three suggestions are made to rapidly address outstanding and pressing issues in monitoring and reporting of MAID and enhance the transparency of the program:

1. The provincial and territorial governments in Canada need to provide evidence that they are analysing the data collected by the federal monitoring program in their territory and produce reports summarizing the three past years of the program and then commence producing annual reports. These reports need to highlight the compliance with the MAID law and regulations as concerns eligibility criteria, procedural safeguards and the administration of MAID. These reports would also indicate what actions were taken when non-compliance was detected. These provincial and territorial reports would complement the federal reports that we expect to be produced by Health Canada.
2. The federal oversight of MAID delivery ought to include previously recommended on-site reviews of a certain percentage of completed MAID cases, randomly selected across the country[21]. This could be set up similarly as inspections of clinical trials for human drugs that are currently conducted by Health Canada.[22]
3. The institutions, where medical assistance in dying is taking place or which have credentialed MAID providers, would be wise to establish an internal recording, monitoring and publishing processes. It was suggested that such reviews could best be done by a multidisciplinary local committee that would include physicians, lawyers and bioethicists[23]. Such a process would not require additional reports by MAID assessors and providers; rather it could use reports that are already required by federal or provincial authorities as well as originals of MAID requests and consents, consultations, nursing notes and records of delivery of MAID, including reports of adverse events. In addition, health care institution operating directly or indirectly a MAID program need to launch the quality assurance and quality control programs for MAID delivery that would be similar to quality program that they operate for other programs where the life of

patients is at stake. Verification of the diagnosis of a 'grievous and irremediable condition', the foremost eligibility criterion that supports a request for MAID would appear be a matter of due diligence and could be best done at this level. This internal review process would function best when under the oversight of boards of directors and with results published in the annual reports of the institutions.

Conclusions

The Canadian Medical Association declared that the legalisation of medical assistance in dying is "the most profound change in medical practice in modern times." [24] At this time, MAID is already a massive national program. By the end of December 2019, there were over 13,000 completed MAID cases[25]. As this program was launched by a court judgement and by adoption of a new federal law, it was stressed that the program would require a careful design and proper administration, with a monitored system of eligibility criteria and procedural safeguards. Federal regulations further elaborated on this aspect of the program, mandating a rigorous data collection from MAID providers with analysis and interpretation of collected data, followed by its publication. Both the court and the Canadian Parliament understood that there is evidence from other jurisdictions that there is a risk in this legal change, but judges and legislators were convinced that in Canada, such situations can be avoided. Close reading of the MAID Law and regulations shows indeed that a serious and determined effort was made to make this end of life option available to those people who are competent to decide and who freely and after advised about other options wish to give up their life, while at the same time protecting life of those individuals who are not capable to make a serious decision of that kind or who would be misguided or pressured to act contrary to their desire to live. The problem is that at this time, we do not know with any certainty that the law and regulations work this way. Even if various data are being collected, there is no evidence in the public domain, except to some degree from the provinces of Ontario and Quebec, that provincial or territorial governments and their agencies responsible for oversight of MAID activities are actually analysing the data collected, taking appropriate actions and sharing their findings with the public, or, where necessary with law enforcement agencies. The confidentiality of all persons involved is always a concern but it can and must be achieved by reporting aggregate data and anonymized cases to illustrate such data.

Even when MAID Law is in force, the Criminal Code of Canada, still holds that consent does not affect the criminal responsibility of any person who inflicts death on the person who gave consent. Also, counselling and assisting in suicide remain indictable offences. MAID Law provided an exemption for physicians and nurse practitioners only to terminate the life of persons but only under certain defined conditions. If these conditions are not met, then the Criminal Law is transgressed.

The federal government can further assure the high performance of the MAID program by launching random on-site reviews. Finally, health care institutions need to take responsibility for quality control and quality assurance of their MAID cases and keep their communities informed. Monitoring, analysis of data and public reporting are binding requirements of Canadian law but also can have an important educational value to health care professions and users of health care, and even more importantly, they demonstrate transparency and build trust and confidence in the MAID program. Monitoring of MAID which calls for effective collaboration of federal, provincial, territorial and local authorities, is at this time a serious challenge that demands a response.

UPDATE

While this paper was being reviewed and awaiting publication, the federal government of Canada, in July 2020, released its First Annual Report on Medical Assistance in Dying, which covered the period 2016-2019. In reporting on the 13,946 MAID deaths, the report provides a description of the methodology of data collection, a breakdown of deaths by time periods and jurisdictions, a profile of persons who received MAID and a profile of the providers of MAID. Most important for the purpose of this discussion is section 6.0. Safeguards and Supplementary Data, which deals with both eligibility criteria and safeguards. Let us review first what the Report says or does not say about each of the five eligibility criteria as established by the MAID Law.

The First Annual Report:

1. Makes no reference at all to the first eligibility criteria listed in the law, that the person applying must be eligible for health care service in Canada.
2. Does not explicitly indicate that all those who received MAID were at least 18 years old, which is the second eligibility criterion. The table that shows the age distribution of MAID recipients starts with the category, “Age 18-45”. This may mean that there were no reports from practitioners referring to younger persons, but it may also mean a number of other things, such as, the number of younger persons who were given MAID was perhaps judged to be too small to be of concern.
3. Provides a very limited reference to the criterion that eligible persons “have a grievous and irremediable medical condition.” It does offer a table indicating the frequency of 11 types of intolerable sufferings options from which practitioners had to choose when reporting. But the presence of ‘intolerable suffering’ is only one of four elements that the MAID Law requires to be present in order to determine if a person has ‘grievous and irremediable medical conditions’. The Report provides no evidence if those other necessary elements were ever present. There is no indication in the Report that those who received MAID

because of a “serious and incurable illness, disease or disability”, were “in advanced state of irreversible decline in capacity” and that their “natural death is reasonably foreseeable”.

4. Does not state that all those who received MAID met the eligibility criterion of having “made a voluntary request to receive medical assistance in dying”; the electronic portal for reporting only requested a practitioner to indicate why they were of the opinion that it was a voluntary request, without actually giving the practitioner an opportunity to state whether or not the request was voluntary and not made as a result of external pressure.
5. Provides no information whether or not all MAID recipients provided informed consent. In fact, the word ‘consent’ only appears in the opening section of the Report outlining the legal framework for the program.

Similarly, the First Annual Report provides an incomplete picture of how safeguards were adhered to by practitioners when providing MAID. Of the nine safeguards listed in the MAID Law, the Report touches on only two of them. One of the most elementary safeguards is that the person provides a written request, dated and witnessed. The Report offers information from whom the practitioners have received a written request, but does not actually provide any assurance that indeed all patients who received MAID completed such a written request. Another safeguard is the prescribed 10-day reflection period between the request for MAID and the execution of MAID for which the Report indicates that in 34.3% of cases this safeguard was waived, (as allowed by the Law), because the person was judged to be in the imminent risk of either loosing capacity to consent or of dying a natural death.

The Report makes a claim in section 2.4 that “all cases of MAID are captured under the current monitoring regime”, but provides no evidence that this was indeed achieved for the reported period 2016-2019. Because pharmacists in Canada have an obligation to report each MAID drug dispensation, it would have been possible to reveal the correlation between the reports of pharmacists and those of MAID providers. The First Annual Report did not offer such correlation that could have provided some credence for the claim that no deaths by MAID were missed.

The Introduction to the First Annual Report contains the important statement that “the need for the consistent collection of information and public reporting also reflects the seriousness of MAID as an exception to the Criminal Code prohibition against the intentional termination of a person’s life.” However, in failing to report consistently and fully on the adherence to eligibility criteria and to safeguards, this Report confirms that Health Canada has no intention to assure that medically assisted deaths are always provided in such a way that makes them acceptable exceptions to the prohibition of killing as defined by Criminal Code. By default, provincial and territorial governments need to rapidly and energetically assume this role. Hence, the

'Conclusions' and recommendations made in this paper's section of 'Future Direction' remain valid.

The second important event that took place while this paper was being reviewed was the submission of Bill C-7 for consideration of Canadian Parliament. This proposed legislation would expand the eligibility for MAID to include persons whose death is not reasonably foreseeable. It would also modify some safeguards of the existing law, which the Minister of Health labelled as 'barriers to assess' (First Annual Report on Medial Assistance in Dying in Canada, 2019. Minister's Message.) This is in total opposition to the preamble to the MAID Law which states that "robust safeguards, reflecting the irrevocable nature of ending life are essential to prevent errors and abuse in the provisions of medical assistance in dying." Given the very unsatisfactory state of monitoring and reporting on MAID, which creates an uncertainty to what degree are current eligibility and safeguards respected, is this the right time expand current eligibility criteria and remove some safeguards in the MAID program as proposed in Bill C-7?

November 13, 2020

Acknowledgment: I am grateful to my wife, Louisa Pedri, for many discussions on this topic, her incisive critique and her dedicated editorial assistance.

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