



A Media Analysis of Medical Assistance in Dying and its use in Canada: March 2024-May 2025

October 2025



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Introduction

Canada legalized Medical Assistance in Dying (MAiD) in 2016, through amendments to the Criminal Code of Canada, thereby allowing medical practitioners to assist someone with their death if they met a number of criteria. These criteria included that the patient's medical condition be grievous and irremediable and that their natural death had to be reasonably foreseeable. In 2021, Bill C-7, an Act to amend the Criminal Code (medical assistance in dying or MAiD) came into force, thereby removing the foreseeable death requirement. Between 2016 and 2023, 60,301 have died through MAiD (Health Canada, 2023; Health Canada, 2024). The number of MAiD deaths in 2023 was 15,343 which is up 15.8% from 2022. With the increasing number of cases of MAiD, there is growing concern about who is applying for and receiving MAiD in Canada.

Background

In 2023, the lead investigators on this project lead a project to explore the impact of medical assistance in dying on people with disabilities in Canada through a media analysis. That project collected 72 media stories from 2016 to March 2024. The analysis surfaced many alarming concerns regarding the utilization of MAiD based on non-medical reasons, related to the social determinants of health; particularly due to poverty, housing, and lack of social supports. The full report can be found at the following link: <https://hdl.handle.net/20.500.14639/2038>.

Since then, there has been a proposed expansion of MAiD to allow for applications based solely on a mental illness. This expansion was delayed by the Government of Canada in 2024, until 2027. According to the government news release,

This extension would provide more time for provinces and territories to prepare their health care systems, including the development of policies, standards, guidance and additional resources to assess and provide MAiD in situations where a person's sole underlying medical condition is a mental illness. It would also provide practitioners with more time to participate in training and become familiar with available supports, guidelines and standards. (Government of Canada, 2024).

With the proposed expansion, this current project sought to build on our previous research, by identifying emerging trends in public discourse about MAiD through ongoing media coverage. We continued our documentation of people reportedly applying for MAiD due to social determinants of health, including poverty, inadequate housing, social and government supports, and inadequate health care. We also identified additional cases where individuals reported feeling isolated, lonely, feared being a burden to others, and pressured to apply for MAiD. The scope of the project expanded to include an analysis of legislative compliance regarding MAiD in Canada, and a scan of euthanasia laws in other countries. This report highlights the findings from our media scan and jurisdictional research related to MAiD.

Methods

We hired two research assistants (RAs) to conduct a comprehensive media analysis on the coverage of MAiD and individual stories of people requesting or considering MAiD. They undertook the media scan of regional, national and international news sources and documented assisted dying legislation in other countries as well.

Reports were included from March 2024 to April 2025, consisting of articles published on various news websites. Only articles that were publicly available were included in the media scan. Articles on news sites that required a subscription were not included in this scan. The included reports focused on Medical Assistance in Dying (MAiD), particularly its expansion, its effects on the disability community, its effects on vulnerable members of society and ethical and compliance concerns. To conduct a thorough and well-rounded analysis, we examined a wide range of sources, including individual stories that highlighted personal experiences and perspectives, as well as analytical reports offering broader insights into policy discussions and societal implications. Our methodology involved using the research software Atlas.ti and NVivo. Through the software, team members categorized the media reports and analyzed them. This approach allowed us to find key themes, recurring stories, and significant patterns within the articles.

Search strategy:

One of the research assistants set up Google Alerts to monitor the web for anything associated with specific terms related to MAiD. The alerts were sent to the RA under the codes, “MAiD Canada”, “Medical Assistance in Dying Canada” and “Assisted Suicide Canada”. When alerts were received, they were examined for qualification to be included in the data. The RA also regularly made additional searches more specific to the research with terms such as, ‘Assisted death disability’, or “Compliance concerns MAiD”.

If articles and reports were found to be qualified, they were downloaded from the web as a PDF and added into the research software and saved in files, organized by the month they were downloaded.

Analysis:

The collected reports and articles were initially uploaded to Atlas.ti. Initial codes from the previous research project, written in 2024, were included first. As the research progressed, additional codes were developed to capture emerging themes that were relevant to the study. Each media story was reviewed by two team members. The files were transferred to Nvivo by the second team member, for coding comparison and additional analysis of the coded data (Nvivo offered more options for presenting and organizing the data for the final report).

Findings of Media Analysis

In the initial scan, 132 stories were included. Seven stories were removed that were found to be duplicates or condensed versions of an already existing media story. This left a total of 125 media files in the final analysis (See Appendix C for links to the media files). We found 66 individual cases in the media stories we reviewed. Thirteen of the cases we featured in our previous report were included here given that they were relevant to the time period for which we were collecting data. These included cases where people wanted to apply for MAiD due to mental illness but did not qualify, cases where people were encouraged to refuse medical treatment in order to qualify for MAiD quicker, cases where people applied for MAiD due to non-medical reasons related to social determinants of health, and cases where people were encouraged to opt for MAiD without first seeking it out. There were also cases where inadequate health care and long wait times for medical services prompted people to opt for MAiD. Cases where legal action has been pursued were highlighted, as were cases where medical or legal repercussions were absent despite clear violations of regulatory procedures. These cases will be highlighted throughout this report. See also Appendix A for details of each of the individual cases.

Summary of Track 2 Trends

Among those assessed under “Track 2”—for individuals seeking MAiD, whose death is not reasonably foreseeable—29% lived in poverty. Several cases stand out for their stark portrayal of systemic neglect:

- A man in his 40s in Ontario, known as Mr. A., suffering from inflammatory bowel disease, mental illness, and addiction was given MAiD without being offered treatment for his conditions.
- UW-9, a woman with quadriplegia in Ontario (no age given), applied for MAiD because she faced an eight-month wait for disability supports—but only a 90-day wait for assisted death.
- Christine Gauthier, a 54-year-old female Paralympian, was offered MAiD by a government worker, when she requested a wheelchair ramp.
- A Halifax woman spent years fighting for care and remortgaged her home to afford overseas surgeries. She applied for MAiD rather than losing her mobility, independence and leaving her family in extreme debt (note: it was reported in September 2025 that this woman was able to access the care she needed so did not proceed with her MAiD application).
- Denise, a 31-year-old woman in Toronto, was reportedly conditionally approved for MAiD after she failed to secure safe housing.
- UW-8, an elderly woman in her 80s, requested MAiD following the deaths of her husband, sibling, and cat within a six-week period. While her medical need for dialysis remained, her request was largely attributed to profound grief.
- Samia Saikali, a 67-year-old grandmother with cancer in Victoria, chose MAiD after waiting more than 10 weeks to see a specialist.
- UM-4, a male middle-aged worker in Ontario, whose ankle and back injuries made him unable to resume his previous job, told his doctor that the government’s measly support was “leaving (him) with no choice but to pursue MAiD.”

- Tracy Polewczuk, a Montreal woman (no age given), who lives in constant pain due to spina bifida and a recent leg injury was offered MAiD by medical personnel.
- An unnamed man in his 40s (no location given), who became quadriplegic due to a motor vehicle collision, chose MAiD while isolated in the hospital during the COVID pandemic.

The stories multiply: people with severe obesity feeling dehumanized, individuals with chronic conditions facing delayed or denied care, and seniors offered MAiD over hospice care due to financial barriers. In British Columbia, a young woman struggling with suicidal thoughts was stunned when a clinician suggested MAiD as a “treatment option.” In Saskatchewan, a couple in their 70s were presented with MAiD because they couldn’t afford rising hospice fees. In hospital, a woman with cerebral palsy reported being repeatedly pressured toward MAiD rather than being supported to live with dignity. (See Appendix A for the full list of stories).

These are not isolated incidents. They point to a system that, instead of lifting people out of suffering, offers them death as a solution to inequality. Experts and advocates argue this reveals a crisis in accessibility, dignity, and human rights—one where survival becomes conditional on privilege.

Non-Medical Reasons for MAiD

Concerns about why people were applying for MAiD were raised by a wide range of people including disability advocates, human rights and legal experts, ethicists, medical professionals, government representatives, social scientists, community organizations, and religious representatives. These reasons largely centered on the social determinants of health (many highlighted above) and on personal feelings of loneliness or not wanting to be a burden on family and caregivers.

Inadequate access to health care

Given the ongoing challenges within Canada’s health care system, including long wait times for diagnostic and medical procedures, shortage of health care professionals and closures of emergency rooms, timely and quality health care is a serious concern across the country. Within the context of a struggling health care system, thirteen media reports cited a general concern for the ongoing health care crisis. This, combined with other aspects of individual life circumstances such as living with a disability or increased rates of poverty, highlights the challenges posed by intersecting vulnerabilities. One story reporting on research done by the Angus Reid Institute found that,

three-in-five Canadians are concerned about those who lack adequate care seeking MAiD. This proportion rises significantly among those who live with severe disability. This group is more than twice as likely as those with living without disability to “strongly” worry about the fallout from poor health care access (Angus Reid Institute, Dec 2024).

A second report reflected similar concerns from a policy advisor at Veterans Affairs Canada,

There is no acknowledgement that in Canada, timely access to needed care is not given across all types of medical, specialist, surgical, and nursing care, in particular mental health support. This lack of access and subsequent lack of treatment could cause a person to 'give up' and seek MAiD (quoted in *Ricochet Media*, June 2024).

There remains a concern that it is faster and easier to get access to MAiD than it is to get access to timely health care and appropriate social supports. Wait times for health care are growing, yet in some provinces a MAiD Assessor can be accessed in as little as 2.2 days (*Montreal Gazette*, January 2025) and the median time for MAiD from request to death has been reported to be 11 days (*The Hub*, August 2024). Medical professionals and legal experts have raised concerns about the relative ease with which MAiD is being presented as an option. This is concerning, given the non-medical reasons for a growing number of MAiD requests in Canada,

Supporters of MAiD often cite autonomy and compassion as validations for the practice. However, as a society, we cannot ignore the troubling reality that, for many individuals, the desire for assisted death can often reflect systemic failures: [discrimination](#), inadequate access to health care, mental health services, disability supports, and social care - Dr. Coelho (MacDonald Laurier Institute, January 2025).

Poverty, housing, social supports

Following trends found in our previous research, thirty-five individual cases raised concerns related to poverty, housing, and social supports. Some people may not be able to access needed medication, counselling or other essential services. Ontario's Chief Medical Officer set up a Medical Assistance in Dying Death Review Committee which cited the following concerns,

Less than half of Track 2 MAiD recipients had access to mental health, counselling or disability supports. Only 8.6% were offered housing support, and just 6% received income support. Nearly 30% of Track 2 cases involved individuals living in poverty, and 61% were women (BMJ Supportive and Palliative Care, December 2024).

A number of reports cite worries that people who access MAiD may feel like they don't have any other options. One report in Ontario noted that 57% of Track 2 deaths, and 42% of Track one deaths were from the poorest in society. In comparison, in the Netherlands the rates of euthanasia deaths are higher among higher socio-economic groups (*Canadian News*, November 2024).

Similarly, disability advocates continue to sound the alarm that people with disabilities in Canada are living in 'legislated poverty'. Even with the newly implemented universal disability benefit, the maximum a person could receive is \$2,400 annually. In one story, the CEO of a food bank reported that people were considering MAiD because they could no longer continue to live in poverty. Increasingly, Canada is being viewed as failing its most vulnerable citizens and that people are choosing to end their lives due to systemic failures rather than medical need. Multiple stories point to Canada as a 'slippery slope' example as to why other jurisdictions should think twice about considering MAiD,

particularly in the UK (See for example, BBC, April 2025; BBC, December 2024; *The Telegraph*, November 2024).

Alarming, and rather simplistically, a story that highlighted concerns from an anonymous online forum for MAiD providers stated that,

One provider said any suggestion they should provide patients with better housing options before offering euthanasia “seems simply unrealistic and hence, cruel,” amid a national housing crisis (*AP News*, October 2024).

These failures to provide housing, income and social supports have been framed as a human rights issue:

“Leaving people to make this choice [to die] because the state is failing to fulfil their fundamental human rights is unacceptable,” said Marie-Claude Landry, chief commissioner of the Canadian Human Rights Commission (*The Times*, October 2024).

It is worth noting that the risk to vulnerable populations is prohibitively high. Our media scan found that news media in Canada (and around the world) has identified the risk that Canada’s liberal MAiD regime has had, and continues to have, on vulnerable populations based on the non-medical reasons outlined throughout this report.

Disability

Disability as the sole reason for MAiD and concerns about discrimination and devaluing of disability were featured in more than a dozen news stories regarding the impact of MAiD on people with disabilities. This included stories of people with disabilities receiving MAiD based on disability alone. A number of reports made arguments that MAiD is discriminatory against persons with disabilities in Canada. Overall, there is a devaluing of disability that has emerged under Canada’s MAiD legislation, that is being recognized in public discourse in Canada and elsewhere. One such story referred to Canada’s MAiD use leaving people with disabilities vulnerable:

As in Canada, groups representing disabled people fear they could be particularly vulnerable once the option of exiting with a doctor’s help is readily available. Disabled people, they say, could be pressured into choosing death or feel society has decided their lives are dispensable. Especially given the expense of providing robust services to ensure they don’t suffer and can participate fully in life (*Toronto Star*, Oct 2024).

For many people with disabilities in Canada, the consideration of MAiD is rooted in the harsh realities they are forced to navigate—poverty, isolation, housing insecurity, inadequate healthcare, and deep-rooted ableism. These are social failures, not medical conditions.

Research and media reports have uncovered troubling cases where MAiD has been offered, or even promoted, to individuals with disabilities who are not terminally ill. As noted throughout this report, in some cases, applicants cited poverty, isolation, fear of institutionalization, and inadequate healthcare as the primary reasons for seeking death.

Government data suggests that among non-terminal MAiD applicants, loneliness was cited by nearly half as a major factor.

Feelings of isolation and loneliness, fear of being a burden

Several news stories featured issues of isolation and loneliness among MAiD applicants. For example, The *National Post* (December 2024) reported on Health Canada's Fifth Annual Report on Medical Assistance in Dying, which revealed that 47.1% of Canadians who had non-foreseeable deaths and applied for Track 2 cited loneliness and isolation as reasons for their suffering. The report also found that in 2023, 45.1% of terminally ill applicants and 49.2% of non-terminally ill applicants who received MAiD cited perceived burden on others in their applications. In other words, often reported alongside feelings of isolation and loneliness, applicants did not want to feel like a burden to family or caregivers.

Compliance Concerns

It has become clear that Canada implemented MAiD in 2016 without clear guidelines or standards in place to effectively assess and administer MAiD, according to the provisions outlined in the Criminal Code. While the Code does identify criteria, the specificity for how to access conditions as grievous and irremediable is not included in the legal guidelines. This is up to the MAiD assessors. According to the *Lindsay Advocate* (November, 2024),

To become a MAiD provider, physicians and nurse practitioners (the only clinicians allowed to become MAiD providers) are highly recommended to take a 27-hour training program through Canadian MAiD Curriculum and additional policy and legal requirements for clinicians has been put in place by the College of Physicians and Surgeons of Ontario. The Canadian Association of MAiD Assessors and Providers organization offers further support for clinicians to interact with each other, especially for challenging cases that may benefit from a variety of clinical perspectives.

According to the Criminal Code of Canada (R.S.C., 1985, c. C-46), last amended on April 8, 2025, individuals are eligible for Medical Assistance in Dying (MAiD) only if they meet strict legal criteria. Notably:

241.2 (1) A person may receive medical assistance in dying only if they meet all of the following criteria:

(a) they are eligible — or, but for any applicable minimum period of residence or waiting period, would be eligible — for health services funded by a government in Canada;

(b) they are at least 18 years of age and capable of making decisions with respect to their health;

(c) they have a grievous and irremediable medical condition;

(d) they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and

(e) they give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care (Government of Canada, 2025).

Given the fact that many people are unable to access needed resources that could relieve their suffering (due to poverty or lack of the availability of those resources), simply being informed of such services is not adequate. Added to that, numerous reports raise serious concerns about whether these safeguards are consistently upheld.

In Ontario, compliance concerns have steadily increased, with breaches including, failing to notify pharmacists, disregarding mandatory waiting periods, not consulting appropriate specialists when a person's death is not foreseeable and providing MAiD to patients who are unable to consent. These violations contradict federal legal safeguards and are said to be punishable by law. "Failure by a physician or a nurse practitioner to submit necessary information on a MAiD provision—or failure to inform a pharmacist of the purpose of the MAiD prescriptions or to follow provincial guidelines—is also punishable by a prison sentence" (*The Hub*, November 2024). By 2024, the Ontario Coroner's Office had flagged 428 such issues over the past five years, with 178 occurring in 2023 alone, reflecting a sharp rise in non-compliance and revealing that even among the small number of doctors who submitted full reports, some openly acknowledged bypassing legal and regulatory obligations. Alarming, despite these numbers, only four cases were reported to professional regulators and none to law enforcement.

Trudo Lemmens, a law professor at the University of Toronto, said: "any violation of the MAiD law, considering that it's a criminal law, should be reported to the police and to the College — as a matter of principle — and should certainly be investigated by an independent prosecutor" (*The New Atlantis*, November 2024). These compliance concerns directly impact Canadians living with disabilities.

In Québec's commission on end-of-life care, the report indicated that 15 of 3,663 deaths since 2021 were non-compliant with provincial or federal laws. At the time, the law permitted anyone 18 and older in "an advanced state of irreversible decline" to access MAiD — not including the mentally ill". In 2022-23, the Quebec commission reported another 23 cases of possible non-compliance to the regulatory college. The most frequent issue was administering MAiD to individuals not meeting eligibility criteria — namely, not having a serious, incurable illness. And again, no one has been prosecuted under the law.

In British Columbia, the provincial coroner's office referred 44 MAiD deaths to the B.C. College of Physicians and Surgeons between 2016 and 2018. None of them resulted in a formal disciplinary hearing. This raises questions about whether oversight mechanisms are sufficient or merely lack transparency and enforcement power.

Disturbingly, some practitioners have failed to meet even these basic obligations. In one case investigated by the Ontario College of Physicians and Surgeons, Dr. Eugenie Tjan was found to have shown a lack of preparation and familiarity with MAiD protocols. She administered the wrong drugs and abandoned the patient mid-procedure to retrieve additional medication. Despite breaching several aspects of the Criminal Code, Dr. Tjan

remains licensed and has not faced any criminal charges in this case (*The New Atlantis*, November 2024).

These cases highlight a growing dissonance between legal safeguards and their enforcement, raising critical questions about oversight, accountability, and protection for vulnerable populations.

Grievous and Irremediable Medical Condition

The law is clear that a person must have a grievous and irremediable medical condition which explicitly excludes mental illness, until at least March 2027. At least three court cases allege that patients were approved for MAiD when they did not have a grievous and irremediable medical condition and instead were approved based on mental health concerns. In two of those cases, the courts intervened and prevented the procedure from taking place. In the third case, the family filed a wrongful death lawsuit on the same grounds after their loved one died, citing only back pain and bi-polar disorder, with the back pain not considered irremediable.

Voluntary requests free from external pressure

Given the barriers that people face in achieving a quality of life, there are growing concerns that, with the rapid expansion of MAiD, people might feel pressured into applying for MAiD due to financial and social reasons. As previously noted, vulnerable people may be more susceptible to coercion.

This review also found alarming cases of medical professionals urging patients to consider MAiD. Other cases show assessors have advised patients to refuse treatment in order to make them eligible for Track 1 MAiD applications — the result of which would be a faster turn-around time for receiving MAiD. This is because Track 2 has a mandatory 90 day waiting period, whereas Track 1 does not. Of serious concern is that MAiD assessors are doing so under the aforementioned guidelines offered by the Canadian Association of MAiD Assessors and Providers,

Some assessors, following guidance from the Canadian Association of MAiD Assessors and Providers, inform individuals who are not dying (i.e., the Track 2 pathway) that they can refuse treatment to worsen their health. The purpose of this strategy is to reinterpret their health status as Track 1 (the end-of-life pathway), allowing for quick [access to] MAiD (BMJ Supportive and Palliative Care, December 2024).

In some instances, professional medical bodies are requiring doctors to discuss MAiD with their patients even though there is nothing in the Criminal Code mandating this practice (see, for example, *The Kindersley Clarion*, November 24, 2024). While this is concerning, there is nothing in the law to prevent medical professionals from raising MAiD as an option first. In other words, MAiD does not need to be patient-initiated.

Capacity to Consent

The law requires that a person must be able to consent, yet several media stories raised several ‘capacity to consent’ issues. In one case, a mother was advocating to allow mature minors to consent to MAiD. In this case, her son was terminally ill — but died a natural death — and the mother felt dying naturally was too difficult for her son to

experience. Other cases, however, highlight concerns about whether or not a person who was offered or received MAiD had the required capacity to consent. Two legal cases centred on this issue. In one case, a father of a 27-year-old woman called on a judge to block the MAiD death of his daughter, arguing that she was unduly influenced and lacked the capacity to consent (See *CBC News*, March 11, 2024). In the second case, the family of a 52-year-old man (UM-2) with back pain was seeking damages for wrongful death because he lacked the capacity to consent (*The Canadian Press*, December 20, 2024).

More broadly, however, growing fears about compliance have emerged,

The second category of concerns was about whether patients had the necessary capacity to consent to be euthanized. These problems included “incompatible or contradictory conclusions of capacity by MAiD assessors in comparison to other documented clinical assessments in medical records,” a “paucity of formal capacity assessments or further specialist consultation” in cases where patients had a “known history of dementia or cognitive impairment,” and “variability in quality of assessments in cases of wavering capacity or evidence of impaired cognition” (*The New Atlantis*, 2024).

Second required MAiD Assessor

When a patient’s death is not reasonably foreseeable — referred to as “Track 2” cases — the law imposes even stricter requirements than if the death is foreseeable. These include:

- Mandatory consultation with a clinician having expertise in the individual’s condition.
- A minimum 90-day assessment period.
- An obligation to inform the person of all available alternatives to alleviate suffering, including mental health and disability support, counseling services, and palliative care.

This has led to at least two legal cases where it is alleged that there wasn’t a second independent assessor, or the second assessor wasn’t independent of the first.

Doctor shopping

The requirement for a second MAiD assessor was meant to be a safeguard against wrongful deaths, but a disturbing trend shows patients ‘doctor shopping’ until two approvals are granted.

In the words of Jocelyn Downie, who received the Order of Canada for her promotion of MAiD, when doctors or nurse practitioners are assessing a patient’s eligibility for MAiD, “you can ask as many clinicians as you want or need” for a second opinion, allowing them to shop around until they find a colleague who will sign off on a MAiD request. On another occasion, she told medical professionals that, when it came to signing off on MAiD requests, “There is no certainty or unanimity required. There is not perfection required.” Legally, she was right: Canadian law does not require

medical professionals to be right when they authorize MAiD for someone; they must merely have reasonable belief. The MAiD assessor does not even need to meet the patient face-to-face: a Zoom [virtual] meeting is sufficient (*National Post*, 2025).

There is currently nothing in the law preventing people from doctor shopping. Given the problematic trends around this issue, greater oversight and accountability are critical.

Notifying pharmacist

Other clinicians have openly admitted to violating federal law by failing to notify pharmacists that the prescriptions they were issuing were intended for a medically assisted death—a requirement under Canada’s MAiD framework.

“The MAiD regulations require clinicians to notify the pharmacist of the purpose of the MAiD medications before they are dispensed,” the paper notes. “However, some physicians listed that they did not abide by these regulations.” Only 61 percent did (*The New Atlantis*, November 2024).

Required Wait Times

Clinicians have admitted to not following the mandatory 90-day wait times for Track 2 MAiD assessors. As noted earlier, assessors have gone so far as to suggest that patients refuse treatment, so they can qualify for Track 1 which only has a 10-day wait time. In some cases, even the 10-day wait period was not followed. One news report on the Ontario Coroner’s report on MAiD deaths noted, “physicians expedited deaths because of “persistent requests” and “inconvenient timing of the death in relation to other familial life events.” (*The Telegraph*, November 2024).

Media reports have noted the importance of shortening these wait times, for instance, to allow the patient to give consent before losing their capacity to do so, due to their illness:

Since 2021, when MAiD legislation was expanded to include people with non-terminal conditions, a minimum period of 90 days has been required for this group between when the patient is first assessed and when he or she is euthanized. The intent is to ensure that there is enough time to explore help and treatment options, and that patients are not rushed toward death. This assessment period may be shortened only if the patient’s loss of capacity to provide consent is imminent (*The New Atlantis*, November 2024).

Advanced requests

The issue of ‘advance requests’ surfaced in the media when Quebec passed legislation to allow such requests, even though they are not permitted under the Federal Criminal Code:

As described on the Government of Quebec webpage, persons who have “been diagnosed with a serious and incurable illness leading to incapacity” to give consent (such as Alzheimer’s disease) can now make so-called “advance requests” to be euthanized in the event that they lose the capacity to fully consent to it in the future.

Some point out that the provision of ‘advance requests’ is unconstitutional. Medical experts are concerned that people may make an advance request without realizing that they could live a happy life with Alzheimer’s or some other form of dementia. One doctor, Dr. Catherine Ferrier, explains the complexities of allowing such requests:

Dr. Catherine Ferrier, who has spent four decades diagnosing and treating patients with neurocognitive disorders in Montreal, is firmly opposed to advance requests saying, "I find it barbaric."

She posits the dilemma of a dementia patient with advanced consent who pulls their arm away when the doctor tries to insert the needle.

“You’re going to have to either hold them down or sedate them in order to do that,” Ferrier says.

If a patient's refusal is a manifestation of their illness, the MAiD practitioner can proceed, she says, but “that leaves a huge leeway for the subjectivity of the doctor.”

“We talk about ageism and we talk about ableism, discrimination against people with disabilities. To me, this displays all of that. Somebody who’s not actively contributing to society anymore, somehow it’s OK to just lower your standards for consent and remove that person from the population,” says Ferrier (*The Canadian Press*, November 2024).

Planned expansion to mental illness

The planned expansion of the Criminal Code of Canada (R.S.C., 1985, c. C-46), to allow for applications to MAiD based solely on mental illness is highly problematic, given the various non-medical reasons that applicants are currently using to choose MAiD.

One story featured an individual waiting for the expansion in order to qualify. Other stories criticized the planned expansion. Medical professionals argue that there is no way to confidently predict who will get better and who will not, thereby not meeting the irremediable threshold. Still others point to the multiple disadvantages people with mental illness are often at risk of,

Those living with mental illnesses are often at an increased risk of experiencing inequalities such as socio-economic hardship, discrimination and stigma, violence and abuse,” stated Pirzada. “As such, it is critical to understand whether expanding eligibility is respecting their autonomy or increasing the risk of harm. The Canadian healthcare system does not have equitable access to clinical services for all patients, questioning whether a MAiD request for ‘irremediable’ psychiatric suffering is primarily due to a lack of available supports and resources (*The Manitoban*, November, 2024).

The province of Alberta has publicly denounced the expansion and has called on the federal government to abandon the planned expansion altogether.

Human Rights Violations

Human rights bodies and advocates have raised concerns about violations related to MAiD. These include the United Nations Special Rapporteur on the rights of persons with disabilities, the United Nations Office of the High Commissioner for Human Rights, the Canada Human Rights Commission, disability rights groups, and bioethicists. These concerns relate to the lack of adequate health care, social and income supports for people with disabilities:

Even before euthanasia in Canada was expanded to persons with disabilities, the UN Special Rapporteur on the rights of persons with disabilities expressed her concerns about the lack of viable alternatives for those eligible to die and about persons with disabilities being pressured to seek MAiD.

In January 2021, a few short months before Bill C-7 received Royal Assent, three UN experts expressed alarm at the growing acceptance of MAiD for persons with disabilities. They argued that “Disability should never be a ground or justification to end someone’s life directly or indirectly” (*Ottawa Citizen*, August 2024).

Human rights and disability advocates share similar concerns that MAiD targets people with disabilities. This is highlighted further in the section on legal action.

Oversight Concerns

Underlying many oversight concerns is the vagueness of the law. Doctors are required to self-report MAiD cases and make judgement calls about ambiguous eligibility criteria for non-medical terms such as ‘intolerable suffering’. Oversight concerns are largely centered on safeguards, documentation, and reporting requirements.

Safeguards

Canada has been referred to as an example of how MAiD can be a slippery slope, with a reputation as one of the most permissive euthanasia regimes in the world. When the foreseeable death requirement was removed, so too was the mandatory 10-day assessment period, thus allowing for same day assessments which has been characterized as a weakening of existing safeguards. (*Catholic Herald*, August 2024). The ease with which people can access MAiD has been highlighted in several media stories.

Part of the issue is that existing safeguards are not always followed (as highlighted in the section on Compliance Concerns), with little to no legal or medical reprimand. One report states,

Canada prides itself on its image as a nation that values dignity and protects the vulnerable. Yet the reality can be starkly different. Inadequate MAiD safeguards, inaccessible care, and a lack of robust community life have left some individuals — whether at the end of their lives, disabled, mentally ill, or socially deprived — sometimes being presented with euthanasia or assisted suicide when they are at their lowest (MacDonald Laurier Institute, January 2025).

Furthermore, concerns regarding Canada’s safeguards are twofold. First, eligibility requirements are loose and second, safeguards are not always followed.

Doctors have been expressing ‘grave concerns’ over the loosening of the requirements that means patients are now requesting — and receiving — euthanasia because they were obese, grieving, or poor – and what’s worse, whatever safeguards still exist are being ignored. (*WCBM*, November 2024)

Monitoring and Reporting

Calls for more accountability were made in several media reports. Some reports explained that medical professionals are more concerned about media scrutiny rather than legal consequences (*BMJ Supportive and Palliative Care*, December 2024).

Ontario’s Chief Medical Officer’s review, noted earlier, cited breaches in 428 cases between 2018-2023 of which only four cases were referred to the regulatory college, and no legal action was taken. And, as noted earlier, none of the 44 cases referred by the coroner in BC to the College of Physicians and Surgeons between 2016-2018 resulted in any disciplinary or legal measures (*Philippine Canadian Inquirer*, December 2024). In Quebec, Alex Schadenberg, president of the Euthanasia Prevention Coalition, said at the time that because Quebec has a self-reporting system for euthanasia, the true number of illegal euthanasia deaths was likely much higher.

“The reporting procedure requires the doctor who carried out the euthanasia death to also report the euthanasia death. This self-reporting system enables doctors to ‘cover-up’ controversial euthanasia deaths,” Schadenberg said. (*Live Action*, September 2024).

Documentation

Which information is collected and how it is recorded appears to be unclear across the country. Medical professionals fill out forms for MAiD deaths but patients are not required to provide information regarding the reason for their request.

During the November 28 evidentiary hearing, Dr. K. Sonu Gaiind, chief of psychiatry at Sunnybrook Hospital and professor at the University of Toronto, also notes that “we’re not collecting the data properly” pointing to the large increase of MAiD deaths where “other” was reported as one of the underlying conditions. “That went up to 15 per cent — and that’s 15 per cent of 13,000 deaths,” he said. “It is now the third most reported category” (*Ricochet Media*, June 2024).

A Christian Think Tank, Cardus, released a report outlining documentation gaps.

“At present, there is a variety of ways in which Canadian federal and provincial government agencies record MAiD deaths for vital-statistics purposes,” said the report. “Some record MAiD deaths as ‘natural deaths’ by assigning the underlying condition as the immediate cause of death and MAiD as the secondary cause.”

Some records only include the illness the person has and do not record medically-assisted death, said the record.

“According to Statistics Canada, no person in Canada dies from MAiD, even if the underlying illness or disability was not terminal,” said the report, linking to a fact check (*Deseret News*, August 2024).

Further still, MAiD is often recorded as the manner of death rather than the cause of death, while the underlying medical condition is recorded as the official cause of death, for statistical purposes. This is especially alarming given the high rates of MAiD deaths officially reported in Canada, raising fears that the actual number is much higher (*Todayville*, December 2024).

For deaths that are recorded as MAiD deaths, the Ontario coroner’s report found,

...problems with “documentation and compliance with legislation.” This included “poor/no completion of accompanying assessment notes” on how eligibility for euthanasia was decided by the clinician. It also included “missing documents,” and “partial completion / no completion of federal reporting requirements by clinicians” (*The New Atlantis*, November 2024).

The gravity of these issues is important to note, given the high rate of MAiD deaths in this country. If decision-making is not properly documented, then questions could be raised about the real extent to which MAiD is becoming an end-of-life option for people in Canada. Oversight and accountability need to be rigorous, especially given the life and death consequences of decision-making regarding MAiD assessments.

Doctor Guilt

There is an emerging trend of doctors feeling guilty or uneasy about their participation in the MAiD program, particularly when they decline patients for MAiD,

Scott Kim, a psychiatrist and bioethicist at the National Institutes of Health, who studies MAiD, told *Ricochet Media* there are deep flaws in the system.

“The [document](#) suggests in very artful and lawyerly language that a provider who declines to perform MAiD is ‘forcing’ the requestor to suffer unbearably. That is a very perverse way of manipulating the public and the providers, to suggest that a caring clinician who would rather work with a patient to help them regain their will to live is doing something cruel,” said Kim (*Ricochet Media*, June 2024).

On the flip side, doctors are also feeling uneasy about providing MAiD instead of alternative health care treatments. The loosening of MAiD requirements to allow for those whose death is not reasonably foreseeable has resulted in doctors feeling distressed about providing MAiD. In short, those who are considered vulnerable are pressuring their doctors to approve MAiD for them, rather than finding alternative forms of care and treatment. For instance,

A homeless man refusing long-term care, a woman with severe obesity, an injured worker given meager government assistance, and grieving new widows. All of them requested to be killed under [Canada’s euthanasia system](#), and each sparked private debate among doctors and nurses struggling with the ethics of one of the world’s [most permissive laws](#) on [the](#)

[practice](#), according to an Associated Press investigation (*AP News*, October 2024).

Other doctors have called ending the life of someone who is not terminally ill ‘morally distressing’ especially given that health and social services for these individuals and others are chronically inadequate thereby potentially influencing patient decision-making.

High Rate of Cases among Individual MAiD Providers:

One of Canada’s most prominent MAiD providers is Dr. Ellen Wiebe, who, according to a 2024 *National Post* profile, has administered medically assisted death to over 400 patients. Her involvement in controversial cases has drawn national attention. In one instance, a male patient was found by assessors to be neither seriously ill nor capable of making informed decisions about his health. One assessor stated unequivocally: “it is very clear that he does not qualify.” Nonetheless, the patient was referred to Dr. Wiebe through Dying with Dignity Canada.¹ She conducted a virtual assessment, deemed him eligible, secured a second assessor’s agreement, picked him up at the airport, and provided MAiD to this patient, at her clinic (*Western Standard*, January 10, 2025).

Health Canada reports that more than one-third of MAiD cases are carried out by practitioners like Dr. Wiebe — physicians and nurse practitioners whose primary professional focus is assisted death. Among them, Dr. Eric Thomas has assisted 577 patients, Dr. Stefanie Green has performed over 400 MAiD procedures, and Dr. Konia Trouton, president of the Canadian Association of MAiD Assessors and Providers, has overseen hundreds more, though no specific number was given in the media stories we collected.

Additional cases by these doctors raise further questions about the application of eligibility standards.

UW-3, a 56-year-old British Columbia woman with multiple sclerosis, was initially denied MAiD by Dr. Wiebe due to her non-imminent death. She later began voluntary starvation in palliative care. Dr. Wiebe subsequently declared her eligible and administered MAiD four days later.

UM-2, a 52-year-old British Columbia man suffering from chronic back pain and long-term mental illness received MAiD, while on a day pass from a psychiatric hospital, by Dr. Wiebe. His family later launched a constitutional challenge questioning the legal basis of the procedure, given his mental illness.

¹ Dying with Dignity Canada states that they are the national human-rights charity committed to improving quality of dying, protecting end-of-life rights, and helping people across Canada avoid unwanted suffering. According to their website, they defend human rights by advocating for assisted dying rules that respect the Canadian Constitution and the Charter of Rights and Freedoms. They provide support to adults suffering from a grievous and irremediable medical condition who wish to die on their own terms. They educate people across Canada about all their legal end-of-life options, including medical assistance in dying (MAiD), and the importance of Advance Care Planning. They support health care practitioners who assess for and provide MAiD.

In 2023, 89 practitioners accounted for approximately 5,344 MAiD cases — averaging over 60 instances each.

A further layer of concern involves the ambiguity of diagnostic categories. The term “other” is used to group diverse conditions, such as frailty, diabetes, autoimmune disorders, and chronic pain — many of which lack clear diagnostic boundaries.

Just as troubling is a 2023 Alberta case where UW-1, a 27-year old autistic woman with no discernible physical illness, was approved for MAiD. At least one physician had denied her request, yet the judge overseeing the case ruled that she could receive MAiD, despite admitting that he could not understand how she qualified under the current framework.

Economic Arguments

Seven media stories characterize MAiD as a cheaper alternative to offering medical and social supports:

Indeed, last year, Jeremy Appel [argued](#) that MAiD was “beginning to look like a dystopian end run around the cost of providing social welfare.” Initially supportive, he changed his mind on MAiD as he considered that the decisions people make are not strictly speaking individual but are instead collectively shaped and sometimes “the product of social circumstances, which are outside of their control.” When we don’t care for one another, what do we end up with?

“I’ve come to realize,” wrote Appel, “that euthanasia in Canada represents the cynical endgame of social provisioning with the brutal logic of late-stage capitalism — we’ll starve you of the funding you need to live a dignified life [. . .] and if you don’t like it, why don’t you just kill yourself?” (*Jacobin*, May 2024).

Other media reports discuss MAiD as a way to “compensate for lack of resources and reduce healthcare costs” (*UnHerd*, May 2024).

Legal Cases

Eleven legal cases were brought to light. Two legal cases centred on the right to expand MAiD. The remaining nine cases that were reported on in the news were on the improper use of MAiD.

In the first legal case, a Charter challenge was made by two individuals, along with Dying with Dignity Canada, to allow people to apply for MAiD based solely on a mental illness:

Dying with Dignity, Scully and a third plaintiff, Claire Elyse Brosseau, argued that the mental-health exclusion violated Section 7 of the Canadian Charter of Rights and Freedoms, which says people have the right to life, liberty and security.

“There is no constitutional justification for the prolongation of the enduring and intolerable suffering of those Canadians who are eligible for MAiD but for the mental-illness exclusion” (*Global News*, August 2024).

The second legal case was a civil claim. A patient was required to transfer hospitals in order to access MAiD. The application was filed on behalf of the patient's family:

Lawyers for Gaye O'Neill – the mother of Sam O'Neill and administrator of her estate – filed a notice of civil claim in B.C. Supreme Court Monday. The lawsuit named the provincial health minister, Vancouver Coastal Health and Providence Health Care Society as defendants, arguing that their policies regarding MAiD violated Sections 2 and 7 of the Canadian Charter of Rights and Freedoms.

Joining Gaye as plaintiffs are Dr. Jyothi Jayaraman and the advocacy group Dying with Dignity Canada. (CTV News, June 2024)

The lawsuit also alleged that the ban on MAiD by Providence Health Care violated the rights of practitioners in those facilities.

The third was a legal case regarding a Charter challenge to Track 2 made by a coalition of disability advocates. The challenge argued that people with disabilities are applying for MAiD due to a lack of essential services rather than a medical condition. This violated their equality and charter rights (*Toronto Star*, October 2024).

The coalition includes national disability organizations Inclusion Canada, the Council of Canadians with Disabilities (CCD), Indigenous Disability Canada (IDC/BCANDS), and DAWN Canada, as well as two individuals who have been harmed by Track 2 MAiD.

The organizations assert that Track 2 MAiD has resulted in premature deaths and an increase in discrimination and stigma towards people with disabilities across the country. While they are not challenging MAiD Track 1 in this case, they recognize that it too can pose significant problems for people with disabilities. Track 2 MAiD has had a direct negative impact on the lives of people with disabilities (*Inclusion Canada*, September 2024).

A fourth case was a court injunction to stop a MAiD procedure for UW-2, a 53-year-old woman, after she was denied MAiD in Alberta but was then approved in British Columbia by Dr. Ellen Wiebe (*The Canadian Press*, 2024). The procedure was stopped because the patient did not appear to have a physical condition and was approved based on a mental illness, which is prohibited (*CBC News*, December 2024).

A fifth legal case was also an injunction made by a father to stop the MAiD death of UW-1, his 27-year-old daughter (known as MV). The injunction was granted due to the possibility that the patient did not have a qualifying medical condition. The father requested a judicial review of the two doctors' approval of the request:

Last year, an Alberta judge ruled that an autistic woman with no apparent diagnosis of a physical illness could receive MAiD, even though the judge himself did not understand how she came to be approved for MAiD and even though at least one doctor had turned down her request (*National Post*, February 2020).

In a sixth case, two Nova Scotia women filed a joint judicial review against the Nova Scotia Department of Health after repeatedly being denied access to out-of-province care. One of the women had previously applied for MAiD. The judge ruled in their favour and ordered the health authority to reach an agreement with them regarding reparations (*CBC News*, November 2024)

A seventh case reported a Nova Scotia wife's failed attempt to prevent her 83-year-old husband (UM-3) from accessing MAiD (*The Guardian*, March 2024).

The eighth case, a lawsuit by Roger Foley alleged hospital negligence that included unconstitutional provisions related to MAiD. His case was dismissed by Ontario's Superior Court of Justice due to non-compliance with court orders to pay court related costs for a previous case (*Canadian Lawyer Mag*, September 2024).

A ninth legal case, a constitutional challenge, was filed by the family of a man who was administered MAiD while out on a day pass from a psychiatric facility. The notice claimed that the man suffered a wrongful death and accused Dr. Ellen Wiebe and her clinic of malpractice (*The Canadian Press*, 2024).

Public Awareness and Reporting on MAiD

Even though individuals have directly reported on the misuses of MAiD, and official reports have cautioned on breaches and unintended uses of MAiD, *Dying with Dignity Canada* insists that there is much misinformation about MAiD in the media and among the public (*Dying with Dignity Canada*, February 2024). However, our research has found ample evidence of MAiD misuse across the country.

Given the growing number of media reports on MAiD, public awareness is indeed rising. There appears to be a correlation with the rising number of MAiD deaths in relation to an increased awareness of the availability of MAiD. The Angus Reid Institute conducted a study with Cordus to better understand what Canadians think of MAiD. They suggest that,

The jump in [MAiD provided] deaths could be tied to the program's increasing exposure, as 6% of Canadians say they "know a friend or family member who was offered MAiD without requesting it" (*True North Wire*, November 2024).

Interestingly, one report refers to World Health Organization guidelines on suicide and suggests why these are not necessarily followed in the case of MAiD,

[M]uch of the media coverage of MAiD runs counter to the World Health Organization's guidelines for responsible reporting on suicide. The WHO warns against spreading suicide contagion through prominent placement of stories about suicide, by normalizing it or presenting it as a constructive solution to problems, and by explicitly describing the method used.

Perhaps a lot of the coverage of MAiD ignores contagion protocols because MAiD is a euphemism for assisted suicide or euthanasia (*Policy Options Politiques*, April 2024).

Support for MAiD

While this project focuses on concerns raised regarding Medical Assistance in Dying, support for MAiD has been identified for several reasons, primarily from medical professionals. Dying with Dignity Canada, a national human-rights charity that advocates for assisted dying, also featured heavily in promoting MAiD, supporting health care practitioners who provide MAiD, as well as championing its expansion for advanced requests and support eligibility for MAiD based solely on a mental illness.

Some medical professionals, along with Dying with Dignity Canada, applauded Quebec's decision to allow people with Alzheimer's or dementia to make Advanced Requests, declaring that the move allows for less dependence and more autonomy for adults who are suffering and wish to die on their own terms. Stories reiterated support of MAiD for a number of reasons (as was discussed in our previous project) included; satisfaction with sufficient processes, promoting autonomy, ending suffering, and upholding human rights and dignity.

One report found that public opinion swayed more toward approval of MAiD because it allowed for autonomy and control over end-of-life decisions (*Angus Reid Institute*, December 2024), a sentiment that is shared by some medical professionals.

Jurisdictional Scan

A second aspect of our project was to look at what other countries permit, in terms of euthanasia or medical assistance in dying. We found 10 countries that have some form of permissible medically assisted death, in addition to Canada. Some countries, like Australia and the United States, have state-based permissions, meaning that only some jurisdictions / states within the country permit the use of MAiD. Five countries do not have a 'foreseeable death' requirement: Canada, Switzerland, Belgium, The Netherlands, and Luxembourg. All countries require the capacity to consent. Six countries allow for MAiD based on mental illness: Switzerland, Spain, Netherlands, Belgium, Luxemburg, and Columbia. Three countries allow mature minors to apply for MAiD: Netherlands, Luxemburg, and Columbia.

Alarmingly, Canada has recorded over 60, 000 MAiD deaths since its enactment in 2016 to 2023. The next highest count is Belgium with 37, 603 deaths, since 2002. Of significant note here is that Belgium has a current population of just under 12 million compared to Canada's population of just over 40 million. However, Belgium has had legalized euthanasia 14 years longer than Canada. Switzerland has had legalized euthanasia since

1998 and in 2023 had a total of 15, 942 deaths. Their population is just under 9 million.² For full details about euthanasia in other countries see Appendix B.

Country / State	Date Legalized	Mental illness	Mature Minor	Number of known MAiD Deaths
Canada	2016	No	No	60, 301 from enactment to 2023 ³
US - Washington	2008	No	No	524 deaths in 2023 ⁴
US - Vermont	2013	No	No	203 since passage of act ⁵
US - Oregon	1994	No	No	8,729 since passage of act to 2024 ⁶
US - New Mexico	2021	No	No	Not reported
US - New Jersey	2019	No	No	409 since enacted to 2024 ⁷
US - Montana	2009	No	No	No reporting
US - Maine	2019	No	No	231 since enactment to 2023 ⁸
US - Hawaii	2019	No	No	299 since enactment to 2024 ⁹
US - District of Columbia	2017	No	No	23 since enactment to 2022 ¹⁰
US - Colorado	2016	No	No	1458 since enactment to 2024 ¹¹
US - California	2015	No	No	5,423 since enactment to 2024 ¹²
Switzerland	1942	Yes	No	No official stats. 15,942 from 1998 to 2023 ¹³
Spain	2021	Yes	No	697 from enactment ¹⁴
Portugal	2023	No	No	Not reported yet
New Zealand	2021	No	No	1106 from enactment to 2024 ¹⁵

² <https://www.worldometers.info/world-population/population-by-country/>

³ [Fourth annual report on Medical Assistance in Dying in Canada 2022 - Canada.ca](#) and [Fifth Annual Report on Medical Assistance in Dying in Canada, 2023 - Canada.ca](#)

⁴ <https://doh.wa.gov/sites/default/files/2025-01/422-109-DeathWithDignityAct2023.pdf>

⁵ <https://vtethicsnetwork.org/wp-content/uploads/2024/01/Patient-Choice-Legislative-Report-Final-Rpt-to-Leg-2024.pdf>

⁶ https://www.compassionandchoices.org/wp-content/uploads/2024/02/final_maid-utilization-report_1-24-2024.pdf

⁷ https://ocsme.nj.gov/pdfs/annual_reports/NJMAiD-2024AnnualReport.pdf

⁸ <https://www.mainedeathwithdignity.org/state-reports/>

⁹ <https://health.hawaii.gov/opppd/files/2025/02/2024-OCOCA-Annual-Report.pdf>

¹⁰ <https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2022%20Death%20with%20Dignity%20Annual%20Report.pdf>

¹¹ https://drive.google.com/file/d/1S3yC6qkS15rywRVUhV_J6CuD3202k2nZ/view?usp=drive_link

¹² https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CDPH_End_of_Life_Option_Act_Report_2024.pdf

¹³ <http://www.dignitas.ch/images/stories/pdf/statistik-suizid-ftb-bevoelkerung-lebenserwartung-ch-e.pdf>

¹⁴ https://www.sanidad.gob.es/eutanasia/docs/InformeAnualEutanasia_2023.pdf

¹⁵ <https://www.tewhaturora.govt.nz/assets/Publications/Death-and-dying/Assisted-Dying-Service-Annual-Service-Report-2024.pdf>

Country / State	Date Legalized	Mental illness	Mature Minor	Number of known MAiD Deaths
Netherlands	2002	Yes	Yes	11,0591 Since enactment ¹⁶
Luxembourg	2008	Yes	Yes	170 since enactment to 2022 ¹⁷
Colombia	2015	Yes	Yes	692 since enacted to 2023 ¹⁸
Belgium	2002	Yes	Yes	37, 603 since passage up to 2023 ¹⁹
Australia	2019	No	No	See below
Queensland (AUS)	2022	No	No	1,038 since enactment ²⁰
Western Australia	2019	No	No	737 since enactment. ²¹
Victoria (AUS)	2019	No	No	1,281 since enactment ²²
Tasmania (AUS)	2022	No	No	87since enactment ²³
South Australia	2023	No	No	214since enactment ²⁴
New South Wales (AUS)	2023	No	No	398 since enactment ²⁵

Table 1: Euthanasia by Country

¹⁶ <https://english.euthanasiecommissie.nl/documents/annual-reports/2002/annual-reports/annual-reports>

¹⁷ <https://wfrtds.org/luxembourgs-national-commission-for-control-and-evaluation-publishes-biennial-report/>

¹⁸ <https://www.desclab.com/post/dataeuthanasia>

¹⁹ <https://overlegorganen.gezondheid.belgie.be/nl/advies-en-overlegorgaan/commissies/federale-controle-en-evaluatiecommissie-euthanasie>

²⁰ https://www.health.qld.gov.au/_data/assets/pdf_file/0024/1261185/vad-annual-report-2022-23.pdf

<https://www.health.qld.gov.au/research-reports/reports/departmental/voluntary-assisted-dying-review-board-annual-report/2023-2024>

²¹ <https://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Voluntary-assisted-dying/VAD-Board-Annual-Report-2021-22.pdf>

<https://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Voluntary-assisted-dying/VAD-Board-Annual-Report-2022-23.pdf>

<https://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Voluntary-assisted-dying/VAD-Board-Annual-Report-2023-24.pdf>

²² <https://www.health.vic.gov.au/sites/default/files/2024-09/voluntary-assisted-dying-review-board-annual-report-2023-24.pdf>

²³ [https://www.health.tas.gov.au/sites/default/files/2024-09/voluntary assisted dying annual report 2023-24.pdf](https://www.health.tas.gov.au/sites/default/files/2024-09/voluntary%20assisted%20dying%20annual%20report%202023-24.pdf)

²⁴ <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/publications+and+resources/reports/annual+reports/voluntary+assisted+dying+board/2023-24/voluntary+assisted+dying+statistics+2023-24+vad+2023-24>

²⁵ <https://www.health.nsw.gov.au/voluntary-assisted-dying/Publications/annual-report-2023-2024.PDF>

Recommendations

1. Better regulatory oversight

Given the number of concerns raised regarding compliance issues, particularly in relation to the legal regulations outlined in the criminal code, improved regulatory oversight measures are needed to ensure that each provision in the criminal code is followed and documented accordingly.

2. Better documentation and reporting procedures

There have been concerns that MAiD is being reported as the manner of death whereas the underlying condition that led to the MAiD application is being documented as the cause of death. This is inaccurate as it skews the data about the actual number of Canadians using MAiD — it is being underreported as it is not being reported as the cause of death. Furthermore, directives from some medical professionals to report underlying medical condition as the cause of death in cases where MAiD is being provided is troubling, given the already high numbers of MAiD deaths in this country.

3. Investigation into concerns of doctor shopping.

Given that a number of doctors have expressed concern and guilt over their provision of MAiD in some cases, and given that there have been several cases documented where an initial doctor denied a MAiD request and a third doctor then approved the case, it is clear that there are multiple instances of ‘doctor shopping’. Furthermore, noting that four doctors have performed more than one thousand MAiD procedures, it is critical that the practice of ‘doctor shopping’ be scrutinized by medical and legal professionals alike.

Conclusion

MAiD use in Canada continues to rise. With more than 15,000 MAiD deaths in Canada in 2023 alone, this accounts for more deaths in one year than some countries have had over their entire period of euthanasia legalization. Our research uncovered troubling patterns of neglect for the law:

- First, in allowing people to access MAiD without the sole reason being a medical condition.
- Second, is the alarming pattern of MAiD providers violating legislative rules without any legal or professional consequences. This is not to be taken lightly, given that these are life and death decisions.
- Third, it is troubling that providers have been found to suggest MAiD as a form of treatment or have encouraged patients to refuse treatment in order to qualify for Track 1 MAiD.

Based on our findings and existing data, it’s clear that Canada has experienced one of the fastest growing and most utilized medically assisted dying programs in the world. Experts have described Canada’s MAiD law as one of the most permissive in the world as it does not require the patient to be at the end of life (not ‘reasonably foreseeable’) or have exhausted all other treatment options. These numbers should cause concern regarding the expansion of eligibility criteria for MAiD, the potential for ‘death care’ to replace healthcare and the impact it has on vulnerable populations.

The fact that there is growing evidence that some Canadians have sought MAiD due to a lack of essential supports such as affordable housing, disability services, or timely medical care raises significant ethical and policy questions and merits serious scrutiny before any expansion of eligibility takes place.

Before any further expansion of MAiD eligibility criteria is contemplated, Canada has an obligation to pause and undertake a comprehensive examination of the factors contributing to the comparatively high utilization of medical assistance in dying, particularly in light of this growing evidence. When assisted dying becomes intertwined with social deprivation rather than strictly medical necessity, it risks functioning as a substitute for robust social welfare and healthcare systems rather than a last resort clinical intervention. It must assess whether existing social, economic, and healthcare infrastructures are adequately meeting the needs of vulnerable populations. Failure to do so risks normalizing assisted death as a response to remedial forms of suffering, thereby undermining the foundational ethical principles of autonomy, fairness, and the responsibility to do no harm that are intended to govern end-of-life care.

As Canada moves towards allowing MAiD based solely on mental illness, we should be asking ourselves if we trust the system to protect the most vulnerable among us, because as so many experts and advocates have clearly pointed out, one wrongful death is one death too many.

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Appendix A: Cases Featured in Media Stories

Name/Code	Condition	Age	Gender	Concerns
1. UW-1 MV	Autism	27	Female	Judge allowed MAiD approval to proceed despite only having Autism and one previous doctor denying application
2. UM-1: Unnamed BC man	Back pain, long term mental illness	52	Male	Family launched constitutional challenge after he was given MAiD with only back pain and mental illness. Dr. Wiebe accused of malpractice
3. UM-2: BC Grandfather	Cancer	52	Male	Long waits for chemotherapy so he opted for MAiD.
4. UW-2: Unnamed Woman 1	Akathisia	53	Female	Court injunction to stop MAiD after her own doctors said she didn't have a grievous and irremediable condition. Dr. Wiebe and Dr. Whynot approved application after she was first denied MAiD. Death stopped through injunction.
5. UW-3 Ms. S	MS	56	Female	Starving self to meet criteria for foreseeable death in 2017
6. UM-3 NS Man	Unknown	83	Male	Wife failed to block MAiD in court. No further details
7. Agata Gawron	Mental Health, Eating Disorder, Osteoporosis, Strokes	44	Female	Wants MAiD but does not qualify
8. Alan Nichols*	Hearing Loss	--	Male	Received MAiD based on hearing loss
9. Alex	CPTSD, Neurological and Autoimmune Disorders	25	They	Wants MAiD but not eligible
10. Allison Ducluzeau*	Stage 4 peritoneal carcinomatosis	56	Female	Unsolicited offer of MAiD due to long wait times for cancer treatment.
11. Amir Farsoud*	Disability, Homelessness, Chronic Back Pain	55	Male	Socioeconomic concerns Approved for 'unbearable suffering due to economic and housing concerns'. Did not pursue it.
12. Anonymous Veterans*	PTSD, Mental Health	--		Seeking transitional and mental health support, unsolicited offer of MAiD.
13. April Hubbard	Spina Bifida, Spinal Tumours, Pain	39	Female	Approved for MAiD and wants to die based on pain.
14. UW-4 Aunt	Motor Neuron Disease, Lost use of one arm	72	Female	Niece wrote about her death – she wanted to die against her family's wishes.
15. Christine Gauthier*	Paraplegia	54	Female	Offered MAiD when seeking other supports
16. Jennifer Brady	Lymphedema	46	Female	Denied out of province care and applied for MAiD. Government order to pay for care. She did not receive MAiD.

17. Denise*	Unknown	31	Female	Approved for MAiD due to lack of housing but paused her request after donations from public
18. Diane Sims	MS, colon dying	66	Female	Wants to consider MAiD as her condition progresses, but the article also states that if medications continue to get any more expensive MAiD might be the only option.
19. Fred Sandeski	COPD, Diabetes, Epilepsy	71	Male	Unsolicited offer after his hospice care costs increased.
20. Glenn Grant	ALS	--	Male	Four days to receive MAiD. Story was to highlight that some people think it's working well for people who need it.
21. Gregory Tanguay	Cerebral Palsy	11	Male	Mother feels he should have been allowed to have MAiD due to his suffering
22. Heather Hancock	Cerebral Palsy	--	Female	Multiple unsolicited offers of MAiD
23. Heather Walkus	Several disabilities	--	Female	Unsolicited offer of MAiD after she bruised her hip
24. UM-4 Injured Worker	Ankle and Back injury	Middle aged	Male	Insufficient government support and inability to work leading him to opt for MAiD but doctor was hesitant due to the non-medical reasons.
25. UM-5 Man with Lung Disease	Lung disease, homelessness	--	Male	Refusing Long term care and was in debt. He requested MAiD and received it.
26. UW-5 Obese Woman	Obesity, depression	--	Female	Approved because her obesity was deemed grievous and irremediable. Doctor expressed conflict about it.
27. Jason	Depression, panic attacks, attempted suicide	--	Male	Denied MAiD because application due failed treatments for mental health. He wants it to be allowed for mental illness
28. John Scully	Mental Health, sleep deprivation, veteran	83	Male	Denied MAiD, fighting in court to expand MAiD
29. Kathrin Mentler*	Depression, anxiety, attempted suicide	40	Female	Unsolicited offer, wait times for mental health support
30. Les Landry*	Poverty, Homelessness	65	Male	Approved by doctor despite listing homelessness and poverty as primary reason for MAiD
31. Madeline*	Disability	--	Female	Approved for MAiD because her health deteriorated as a direct result of poverty and she can't afford available treatments she needs to live with her disability.
32. Mr. A	Inflammatory Bowel Disease, mental illness, addictions, suicidality	40s	Male	Unsolicited suggestion by psychiatrist. He was driven to the location where he received MAiD
33. UM-6 Blind man (and spouse)	High BP, Stroke, Blindness, other health issues	74	Male	Increasingly dependent on spouse.
34. UM-7 Blind man 2	Blind	senior	Male	This man was a caregiver to his wife and he pressured her to have MAiD but she died days before the procedure

35. UM-8: Unnamed Man 2	Not seriously ill	--	Male	Lacked consent capability, Denied and then approved by Dr. Wiebe who approved him virtually and picked him up at airport and euthanized him in her clinic.
36. UM-9: Man Post COVID	Post COVID Vaccine, mental health	41	Male	Physical decline after COVID 19 Vaccine, hospitalized for intrusive thoughts of dying, post mortem suggested symptoms were caused by mental health concerns
37. Normand Meunier	Quadriplegia after accident, Respiratory virus, bedsores	66	Male	Left on stretcher while seeking medical care for 95 hours leading to severe bedsores. He applied for and received MAiD because he didn't want to be a burden
38. Mary Wilson	Alzheimer's	--	Female	Asked for MAiD while she still had capacity, approved. She received MAiD. Her family is making the case for advanced requests.
39. Melissa Ellsworth*	Disability, work place accident	--	Female	Denied workers Comp over a decade, pain, quality of life, no option but to apply for MAiD
40. Mitchell Tremblay	Mental Health	42	Male	Mental Health issues, poverty, housing insecurity, considering MAiD if it becomes expanded
41. Mr. B	Suicide attempt causes medical issues	Late 40s	Male	Psychiatrist deemed eligible despite mental health issues and suicidality
42. Ms B/ Sophia*	Chemical sensitivity syndrome, mental illness	51	Female	Social isolation, unable to find housing suitable for medical needs, still received MAiD with her severe mental health concerns and suicidality
43. UW-6 NS Woman	Cancer, Double Mastectomy	51	Female	Two unsolicited offers for MAiD
44. UW-7 Unnamed Woman 2	Social Isolation	50	Female	Housing concerns, social isolation and underwent MAiD
45. Pat Gray	Unknown/Deceased	--	Female	Unsolicited Offer of MAiD and she didn't want it. She is now deceased. No cause of death noted
46. Peter McQuaid	Alzheimer's	--	Male	Received MAiD due to advancing Alzheimer's. The doctor did not feel good about the death afterwards.
47. Robyn	Degenerative disc disease, polymyalgia	--	Female	Chronic pain and mental health issues leave her bedridden. She did not qualify for MAiD and hoped her mental health could be a reason
48. Roger Foley*	Spinocerebellar Ataxia	49	Male	Received unsolicited offers four times, Insufficient support, veteran, unable to get home care, living in hospital nine years
49. Rosina Kamis*	Leukemia	41	Female	Mental anguish, suffering, struggling to pay for food, facing evictions, feared being institutionalized. Were all reasons she opted for MAiD. She received it
50. Samantha O'Neill	Cancer	34	Female	Unable to access MAiD at Catholic Health Organization and was transferred to another hospital for MAiD. Parents initiated court case

51. Samia Saikali	Cancer	67	Female	After ten weeks of waiting to see a specialist she opted for MAiD and received it.
52. Sandra Demontigny	Alzheimer's	45	Female	Drafting advanced request and happy such requests are approved in Quebec
53. Savannah Meadows		44	Female (Trans identified)	Was seeking MAiD but it was not expanded to include mental illness so she took her own life
54. Joan	Ovarian Cancer	--	Female	Received MAiD for Ovarian Cancer
55. Scott (husband of Joan)	Mental Illness	--	Male	Seeking MAiD for mental health upon expansion in 2027
56. UM-10 Unnamed Man *	Amyotrophic Lateral Sclerosis	--	Male	Inadequate Medical Care, could not live with his son, Received MAiD
57. Stephanie Lavoie	Lyme Disease	30	Female	Denied Home care for intravenous nutrition, inadequate healthcare, Pain, Bedridden. She chose MAiD as a last resort
58. Theda	Unknown Chronic Illness	32	Female	Ordered Euthanasia drugs online
59. Tracey Thompson	Long COVID, Chronic Pain	55	Female	Constant Pain, fatigue, seeking MAiD, run out of money, unable to work, isolated
60. Tracy Polewczuk	Spina Bifida	--	Female	Unsolicited offer twice, improperly healed broken leg, spina bifida, constant pain, poor medical care. Has not chosen MAiD
61. Tyler Dunlop	Homelessness, Isolation	37	Male	Applied for Maid due to homelessness and social isolation. Did not have a medical condition.
62. UW-8: Widow	Dialysis, Grief	80s	Female	Petitioned for MAiD after losing husband, sibling and cat in 6-week period, tri weekly dialysis, approved request
63. UW-9: Unnamed Woman	Quadriplegia	--	Female	Easier to access MAiD than disability supports due wait times. No indication if she died.
64. UW-10: Unnamed Woman	Suicidal	--	Female	Vancouver Hospital Offered MAiD to suicidal woman – charter challenge track 2
65. UM-11 Man in care home	No reason given	--	Male	Daughter said that when her father arrived at the home she was invited to a MAiD presentation the day after.
66. UM-12- Male Quadriplegia	Quadriplegia	40s	Male	Chose MAiD while isolated in the hospital during the pandemic. His quadriplegia was due to a motor vehicle accident and he was adjusting to his new condition.

*These individuals were included in our previous report.

UM = Unnamed Man

UW = Unnamed Woman

Appendix B: Euthanasia by Jurisdiction

Country / State	Date Legalized	Administered by	Foreseeable Death Required	Citizenship	Mental Illness	Mature Minor	Number of known MAiD Deaths
Canada	2016	Patient or Doctor	No	Yes	No	No	60, 301 from enactment to 2023 ²⁶
US - Washington	2008	Patient	Yes. Six months or less	Adult resident of state.	No	No	524 deaths in 2023 ²⁷
US - Vermont	2013	Patient	Yes. Six months or less	Adult (residency inconsequential)	No	No	203 since passage of act ²⁸
US - Oregon	1994	Patient	Yes. Six months or less (Considering extension to 12 mos)	Adult (residency inconsequential)	No	No	8,729 since passage of act to 2024 ²⁹
US - New Mexico	2021	Patient	Yes. Six months or less	Adult resident of state.	No	No	Not reported
US - New Jersey	2019	Patient	Yes. Six months or less	Adult resident of state.	No	No	409 since enacted to 2024 ³⁰
US - Montana	2009	Patient	Yes. Six months or less	Adult resident of state.	No	No	no reporting
US - Maine	2019	Patient	Yes. Six months or less	Adult resident of state.	No	No	231 since enactment to 2023 ³¹
US - Hawaii	2019	Patient	Yes. Six months or less	Adult resident of state.	No	No	299 since enactment to 2024 ³²
US - District of Columbia	2017	Patient	Yes. Six months or less	Adult resident of state.	No	No	23 since enactment to 2022 ³³

²⁶ [Fourth annual report on Medical Assistance in Dying in Canada 2022 - Canada.ca](#) and [Fifth Annual Report on Medical Assistance in Dying in Canada, 2023 - Canada.ca](#)

²⁷ <https://doh.wa.gov/sites/default/files/2025-01/422-109-DeathWithDignityAct2023.pdf>

²⁸ <https://vtethicsnetwork.org/wp-content/uploads/2024/01/Patient-Choice-Legislative-Report-Final-Rpt-to-Leg-2024.pdf>

²⁹ https://www.compassionandchoices.org/wp-content/uploads/2024/02/final_maid-utilization-report_1-24-2024.pdf

³⁰ https://ocsme.nj.gov/pdfs/annual_reports/NJMAiD-2024AnnualReport.pdf

³¹ <https://www.mainedeathwithdignity.org/state-reports/>

³² <https://health.hawaii.gov/opppd/files/2025/02/2024-OCOCA-Annual-Report.pdf>

³³ [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2022 Death with Dignity Annual Report.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2022%20Death%20with%20Dignity%20Annual%20Report.pdf)

Country / State	Date Legalized	Administered by	Foreseeable Death Required	Citizenship	Mental Illness	Mature Minor	Number of known MAiD Deaths
US - Colorado	2016	Patient	Yes. Six months or less	Adult resident of state.	No	No	1458 since enactment to 2024 ³⁴
US - California	2015 Has a sunset clause set to January 1, 2026	Patient (Route: Ingestion)	Yes. Six months or less	Adult resident of state.	No	No	5,423 since enactment to 2024 ³⁵
Switzerland	(Legalized in 1942; modernized in 2009)	Patient	No. No terminal prognosis required	Adult - No Residency Requirements	Yes	No	No official statistics. One report suggests 15,942 from 1998 to 2023 ³⁶
Spain 2025	March, 2021	Medical Practitioner	Reasonably foreseeable.	Be an adult and legal resident of Spain	Yes	No	697 from enactment ³⁷
Portugal	2023	Patient & Practitioner	Yes	Resident Adult, Mentally competent.	No	No	Not reported yet
New Zealand	2021	Patient or Practitioner	Yes. Six months or less	Adult, citizen or PR holder of NZ.	No	No	1106 from enactment to 2024 ³⁸
Netherlands	2002	Practitioner	No	Must be a country resident	Yes	Yes	11,0591 Since enactment ³⁹
Luxembourg	2008	Practitioner	No	An adult, No explicit residency requirement.	Yes	Minors between 16-18 with parental or guardian consent.	170 since enactment to 2022 ⁴⁰

³⁴ https://drive.google.com/file/d/1S3yC6qkS15rywRVUhV_J6CuD3202k2nZ/view?usp=drive_link

³⁵ https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CDPH_End_of_Life_Option_Act_Report_2024.pdf

³⁶ <http://www.dignitas.ch/images/stories/pdf/statistik-suizid-ftb-bevoelkerung-lebenserwartung-ch-e.pdf>

³⁷ https://www.sanidad.gob.es/eutanasia/docs/InformeAnualEutanasia_2023.pdf

³⁸ <https://www.tewhatoru.govt.nz/assets/Publications/Death-and-dying/Assisted-Dying-Service-Annual-Service-Report-2024.pdf>

³⁹ <https://english.euthanasiecommissie.nl/documents/annual-reports/2002/annual-reports/annual-reports>

⁴⁰ <https://wfrtds.org/luxembourgs-national-commission-for-control-and-evaluation-publishes-biennial-report/>

Country / State	Date Legalized	Administered by	Foreseeable Death Required	Citizenship	Mental illnesses	Mature Minor	Number of known MAiD Deaths
Colombia	2015	Practitioner	Yes. Diagnoses of terminal illness expected to lead to death within a short time.	Must be residing in Colombia (no explicit residency requirements stated).	Yes	7-12: parental consent required. 12-14: can apply even if parents disagree. 14+: No parental involvement required.	692 since enacted to 2023 ⁴¹
Belgium	2002	Practitioner	No	No residency requirement stated.	Yes	Minors with terminal illness eligible.	37, 603 since passage up to 2023. Based on official reports to the Federal Control and Evaluation Commission on Euthanasia in Belgium. ⁴²
Australia	2019	Patient or Practitioner	Yes	Adult resident or citizen of Australia.	No	No	
Queensland (AUS)	2022	Patient or Practitioner	Yes		No	No	1,038 since enactment ⁴³
Western Australia	2019	Patient or Practitioner	Yes		No	No	737 since enactment. ⁴⁴
Victoria (AUS)	2019	Patient or Practitioner	Yes		No	No	1,281 since enactment ⁴⁵
Tasmania (AUS)	2022	Patient or Practitioner	Yes		No	No	87 since enactment ⁴⁶
South Australia	2023	Patient or Practitioner	Yes		No	No	214 since enactment ⁴⁷
New South Wales (AUS)	2023	Patient or Practitioner	Yes		No	No	398 since enactment ⁴⁸

⁴¹ <https://www.desclab.com/post/dataeuthanasia>

⁴² <https://overlegorganen.gezondheid.belgie.be/nl/advies-en-overlegorgaan/commissies/federale-controle-en-evaluatiecommissie-euthanasie>

⁴³ https://www.health.qld.gov.au/data/assets/pdf_file/0024/1261185/vad-annual-report-2022-23.pdf
<https://www.health.qld.gov.au/research-reports/reports/departmental/voluntary-assisted-dying-review-board-annual-report/2023-2024>

⁴⁴ <https://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Voluntary-assisted-dying/VAD-Board-Annual-Report-2021-22.pdf>

<https://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Voluntary-assisted-dying/VAD-Board-Annual-Report-2022-23.pdf>

<https://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Voluntary-assisted-dying/VAD-Board-Annual-Report-2023-24.pdf>

⁴⁵ <https://www.health.vic.gov.au/sites/default/files/2024-09/voluntary-assisted-dying-review-board-annual-report-2023-24.pdf>

⁴⁶ [https://www.health.tas.gov.au/sites/default/files/2024-09/voluntary assisted dying annual report 2023-24.pdf](https://www.health.tas.gov.au/sites/default/files/2024-09/voluntary%20assisted%20dying%20annual%20report%202023-24.pdf)

⁴⁷ <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/publications+and+resources/reports/annual+reports/voluntary+assisted+dying+board/2023-24/voluntary+assisted+dying+statistics+2023-24+vad+2023-24>

⁴⁸ <https://www.health.nsw.gov.au/voluntary-assisted-dying/Publications/annual-report-2023-2024.PDF>

Appendix C: Reference Guide for Media Stories

Article/Date	Source
AP News, October 16, 2024	https://apnews.com/article/euthanasia-ethics-canada-doctors-nonterminal-nonfatal-cases-2e4486b3f69e33d226d0f4a5e036a2f8
Angus Reid Institute Dec 3 2024	https://angusreid.org/disability-aid-health-care-canada-medical-assisted-death/
BBC April 3 2025	https://www.bbc.com/news/articles/c3wxq28znpqo
BBC Dec 12 2024	https://www.bbc.com/news/articles/c0j1z14p57po
BMJ Supportive & Palliative Care Dec 4 2024	https://blogs.bmj.com/spcare/2024/12/04/discrimination-driven-deaths-analysing-ontario-coroner-reports-on-euthanasia-and-assisted-suicide/
Canadian Lawyer Mag Sept 20 2024	https://www.canadianlawyermag.com/practice-areas/medical-malpractice/ontario-superior-court-dismisses-lawsuit-against-health-institutions-over-unpaid-court-ordered-costs/388653
Canadian News Nov 15 2024	https://thepostmillennial.com/trudeau-governments-assisted-suicide-program-increasingly-requested-by-canadas-poorest-citizens
Cap X Nov 12 2024	https://capx.co/canada-offers-a-cautionary-tale-on-assisted-dying/
Cape Breton Post Nov 22 2024	https://www.pressreader.com/canada/cape-breton-post/20241122/281651080653737
MacDonald-Laurier institute Nov 12 2024	https://macdonaldlaurier.ca/canada-offers-a-cautionary-tale-on-assisted-dying-ramona-coelho-in-capx/
Catholic Herald Aug 13 2024	https://catholicherald.co.uk/assisted-suicide-now-routine-in-canada-with-death-delivered-in-about-11-days-new-report-finds/
Catholic Register Dec 6 2024	https://www.catholicregister.org/item/37436-concerns-that-vulnerable-pushed-toward-aid
Catholic Vote Nov 1 2024	https://catholicvote.org/advance-requests-for-assisted-suicide-quebec/
CBC Aug 19 2024	https://www.cbc.ca/news/politics/assisted-dying-lawsuit-1.7298749#:~:text=Politics-Assisted%20dying%20law%20faces%20constitutional%20challenge%20over%20exception%20for%20mental,solely%20from%20a%20mental%20disorder
CBC Jul 22 2024	https://www.cbc.ca/news/canada/nova-scotia/medical-assistance-death-christian-clergy-1.7258239
CBC June 19th 2024	https://www.cbc.ca/news/canada/british-columbia/providence-health-forced-transfer-aid-1.7239214
CBC News Dec 12 2024	https://www.cbc.ca/news/health/aid-statistics-1.7408496
CBC News Nov 8 2024	https://www.cbc.ca/news/canada/nova-scotia/out-of-province-health-care-crystal-ellingsen-and-jennifer-brady-1.7376454N.S
CBC November 23 2024	https://www.cbc.ca/news/canada/sudbury/journalist-memoir-aid-1.7389457
CBC Oct 28 2024	https://www.cbc.ca/news/canada/london/new-report-shows-who-is-getting-medical-help-with-dying-despite-not-being-close-to-natural-death-1.7363801
CBC Sept 18 2024	https://www.cbc.ca/news/canada/nova-scotia/jennifer-brady-lymphedema-nova-scotia-cancer-health-care-1.7322360
CBC Sept 23 2024	https://www.cbc.ca/news/canada/montreal/palliative-care-aid-children-laws-consent-expanding-1.7330049
CBS News Nov 19 2024	https://www.cbsnews.com/news/canada-medically-assisted-dying-law-mental-illness-debate/
Christain.org.uk Nov 1 2024	https://www.christian.org.uk/news/canadian-grandmother-offered-euthanasia-before-life-saving-cancer-surgery/
Christian Daily Nov 22 2024	https://www.christiandaily.com/news/vulnerable-canadians-worried-about-care-turn-to-euthanasia.html
CTV July 4 2024	https://www.ctvnews.ca/montreal/article/spina-bifida-patient-says-montreal-hospital-staff-twice-offered-aid-unprompted/
CTV News Dec 13 2024	https://edmonton.ctvnews.ca/help-them-along-the-way-widow-says-aid-program-working-as-province-explores-adding-limitations-increasing-oversight-1.7145628
CTV News June 17 2024	https://bc.ctvnews.ca/family-of-woman-denied-aid-at-b-c-hospital-files-charter-challenge-1.6929866
Daily Mail May 14 2024	https://www.dailymail.co.uk/femail/article-13413075/Disabled-Canadian-euthanasia-programme.html
Deseret News, August 13 2024	https://www.deseret.com/politics/2024/08/13/assisted-suicide-in-canada/
Dying With Dignity Canada Feb 9 2024	https://www.dyingwithdignity.ca/blog/track-2-aid-cases-insight-from-dr-eric-thomas/
Global News August 19 2024	https://globalnews.ca/news/10705652/canada-aid-mental-health-constitutional-fight/
Global News July 4 2024	https://globalnews.ca/news/10604837/nova-scotia-doctors-medical-assistance-in-dying/
Global News June 1 2024	https://globalnews.ca/news/10529000/lyme-disease-assisted-death-canada/
Healthy Debate Nov 24 2024	https://healthydebate.ca/2024/11/topic/severe-disabilities-aid-expansion/
Jacobin May 2 2024	https://jacobin.com/2024/05/canada-euthanasia-poor-disabled-health-care

<i>Kelowna Now</i> Dec 12 2024	https://www.kelownanow.com/watercooler/health/news/Health/As_MAID_deaths_surge_by_15_8_new_figures_show_95_8_of_users_in_2023_were_white/
<i>Live Action</i> October 20 2024	https://www.liveaction.org/news/canadian-veteran-government-approved-assisted-dying-faster/
<i>Live Action</i> , Sept 13 2024	https://www.liveaction.org/news/quebec-euthanasia-incompetent-people/
<i>Macdonald-Laurier Institute</i> Jan 8 2025	https://macdonaldlaurier.ca/euthanasia-and-assisted-dying-unmasking-health-care-and-social-failures-ramona-coelho/
<i>Montreal Gazette</i> Jan 7 2025	https://www.montrealgazette.com/opinion/op-eds/article659896.html
<i>National Catholic Register</i> Dec 12 2024	https://www.ncregister.com/cna/report-on-assisted-suicide-in-canada
<i>National Catholic Register</i> Nov 1 2024	https://www.ncregister.com/cna/quebec-to-now-allow-assisted-suicide-for-individuals-incapable-of-giving-consent
<i>National Post</i> April 10 2024	https://nationalpost.com/news/canada/why-are-15-times-more-canadians-than-californians-choosing-assisted-death
<i>National Post</i> April 12 2025	https://www.msn.com/en-ca/news/canada/poillievre-would-not-expand-canadas-medical-assistance-in-dying-law-but-will-maintain-right/ar-AA1CToxe?ocid=BingNewsVerp
<i>National Post</i> Dec 13 2024	https://nationalpost.com/opinion/first-reading-hundreds-seeking-death-due-to-loneliness-inside-canadas-new-maid-figures
<i>National Post</i> Feb 18 2025	https://nationalpost.com/opinion/yuan-yi-zhu-maids-decade-of-expansion-shows-how-canadas-slippery-slope-was-actually-a-cliff
<i>National Post</i> Oct 13 2024	https://nationalpost.com/news/canada/assisted-suicide-lawsuit-uses-charter-challenge-to-go-after-charter-rights
<i>National Post</i> Oct 22 2024	https://nationalpost.com/news/medical-assistance-in-dying-nova-scotia
<i>Inclusion Canada</i> Sept 26 2024	https://www.newswire.ca/news-releases/disability-rights-coalition-challenges-discriminatory-sections-of-canada-s-assisted-dying-law-in-court-837113105.html
<i>Niagara-on-the-Lake Local</i> May 3 2024	https://www.notllocal.com/local-news/assisted-dying-pioneer-tells-her-patients-stories-8688978
<i>OSV News</i> Oct 31 2024	https://www.osvnews.com/2024/11/04/canada-is-euthanizing-people-with-dementia/
<i>Ottawa Citizen</i> Aug 20 2024	https://ottawacitizen.com/opinion/medically-assisted-deaths-canadians-with-disabilities
<i>PBS News</i> Oct 16 2024	https://www.pbs.org/newshour/world/some-health-care-workers-in-canada-grappling-with-patients-requesting-euthanasia
<i>Philippine Canadian Inquirer</i> Dec 18 2024	https://canadianinquirer.net/2024/04/28/house-focus-shifts-to-oversight-function-after-passing-priority-bills/
<i>Policy Options Politiques</i> Dec 6 2024	https://potestlaunch.irpp.org/2024/12/assisted-dying-oversight/
<i>Policy Options Politiques</i> April 26 2024	https://policyoptions.irpp.org/magazines/april-2024/maid-free-health-care/
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