



*The CHAC Ethics Network has developed this compendium document as further articulation and support of the positions laid out in the Health Ethics Guide.*

*The Health Ethics Guide is, by definition, a guide for health organizations with Catholic identity. Organizations have asked for additional support to interpret and apply the Health Ethics Guide in today's world.*

*While it reflects a consensus of opinion of relevant principles and moral approaches to issues addressed in the Guide, this document is meant to be adapted to each sponsored organization's unique context and circumstances. For more information, please contact Dr. Hazel Markwell, Theology, Policy, and Ethics Advisor at: [hazel.markwell@chac.ca](mailto:hazel.markwell@chac.ca)*

## **Preamble:**

This discernment document is an invitation to engage in dialogue on issues related to the Health Ethics Guide. This is in keeping with our commitment to hospitality and to ensuring that everyone who comes in contact with a Catholic health organization feels welcomed and safe. It is crucial to ensure that we create and sustain a culture in keeping with our tradition of hospitality. This commitment to hospitality which is deeply embedded in the healing Ministry of Jesus has roots in both Hebrew and Christian scripture. Lessons from Scripture speak not only of the importance of hospitality, but also the ensuing obligations to welcome the stranger whoever they are.

**Title of document:** Medical Assistance and Dying in Canada: A Brief Background for People Working in Catholic Healthcare (*version date: September 2023*)

### **1. Purpose:**

This document offers a brief overview of the medical assistance in dying (MAiD) framework in Canada, a summary of the Catholic ethics position with respect to MAiD, and some broad observations about the main types of policies and practices Catholic-sponsored health facilities have put in place in response to the legalization of MAiD in Canada.

### **2. MAiD in Canada**

The situation with respect to MAiD in Canada continues to evolve. The initial legal framework for the provision of MAiD was established in 2016 in response to the Supreme Court's decision in *Carter v. Canada*. Among other things, that framework aimed to limit eligibility for MAiD to persons suffering from "grievous and irremediable" physiological illness whose "natural death" had become "reasonably foreseeable". This *reasonably foreseeable natural death* (RFND)



requirement was the focus of several legal challenges and considerable public debate, and it was ultimately jettisoned in significant amendments to the federal MAiD framework in 2021. By dispensing with the RFND requirement, the 2021 amendments radically expanded the eligibility criteria for MAiD in Canada. Under the new regime, any “grievous and irremediable medical condition” that is not solely a mental disorder can potentially render a person eligible to receive MAiD, provided the person meets the other administrative criteria (e.g., they are at least 18 years of age, they are eligible to receive publicly funded health service), regardless of whether the person’s natural death has become foreseeable.

The 2021 amendments also excluded from eligibility anyone whose sole medical condition is a mental disorder. While that exclusion was widely interpreted to be implicit in the original RFND requirement, it was formalized and made explicit in 2021. This exclusion was originally scheduled to expire in March of 2023, but it was extended that same month to March of 2024. In the absence of further amendments, MAiD will become available to people whose sole underlying medical condition is a mental disorder by March 17th, 2024.

As things stand now, Canada has one of the most liberal regimes in the world when it comes to MAiD. MAiD is available for anyone deemed eligible by two assessors. The procedure itself can be administered either by a physician or nurse practitioner, or by self-administration. While the legal framework incorporates some limitations and safeguards, the planned extension to the context of mental illness as a sole qualifying condition will be another significant expansion in eligibility, and there may well be further expansions in the not-too-distant future (e.g. mature minors, advanced consent for progressive illness expected to impact decision-making capacity).

### **3. The Catholic Position**

From the perspective of the Catholic ethics tradition, MAiD is always morally impermissible. This applies both to the self-administration of drugs to cause one’s own death and the administration to a person by a healthcare practitioner of drugs at the person’s request to cause the person’s death. On the Catholic view, the former constitutes assisted suicide, and the latter constitutes voluntary euthanasia. Both types of action are rejected by the Church as utterly inconsistent with respect for the value of human life as a gift from God.

In the context of Catholic healthcare in Canada, the primary, concrete expression of ethical opposition to MAiD has been the development of institutional policies and practices aimed at ensuring the non-participation of Catholic works in the provision of MAiD. Of course, the fine-grained character of MAiD-related policies differs according to local conditions and according to interpretations of the *Health Ethics Guide* at particular organizations. However, in general, Catholic-sponsored health organizations do not permit MAiD to be performed within their facilities, some do not permit eligibility assessments for MAiD to be conducted on site (with exceptions, in some cases, for persons in “exceptional circumstances”), and many prohibit

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personnel from participating in either MAiD provision or assessment when functioning in their Catholic-health roles.

Catholic moral objections to MAiD and the corresponding practical steps taken by Catholic health organizations to avoid direct participation in the provision of MAiD are reasonably well known in Canada. Indeed, in many cases, they have made Catholic health facilities targets of intense criticism and debate. With this in mind, Catholic-sponsored health organizations should work to clearly define and actively pursue constructive objectives related to MAiD, rooted in their commitment to accompanying patients on their end-of-life journey, but which go beyond the mere commitment to non-participation. This approach is necessary in order to honour the values underlying the rejection of MAiD and to pre-empt perceptions of unproductive obstructionism. Some suggestions in this regard are provided in the compendium document 'Responding to the Reality of MAiD: Three Points of Focus for Catholic Health'.