ASSISTED SUICIDE AND EUTHANASIA

In this report, we briefly review how MAID policy in Canada has developed, the ableist foundation of Canada's legislative framework, the dangerous gaps in the law, and the lack of effective oversight. We then suggest amendments to Canada's law to better protect vulnerable Canadians.

When the Supreme Court of Canada struck down the *Criminal Code* prohibitions on assisted suicide in the 2015 *Carter* case, it overturned years of legal, medical, and ethical precedents.[1] Parliament responded in 2016,[2] amending the *Criminal Code* and establishing a framework in which doctors could legally end the lives of some patients.[3] The 2016 law permitted medical professionals to cause a patient's death by administering a lethal injection (consensual homicide) or by prescribing a lethal drug for the patient to self-administer (assisted suicide). From 2016 to 2021, consensual homicide and assisted suicide were limited to persons whose natural death was "reasonably foreseeable."

Since March 2021, however, "medical assistance in dying" or "MAID," as the law calls it, has been available to people who are *not* dying – to people with non-terminal illnesses or disabilities. Furthermore, people who suffer solely from mental illness are scheduled to be eligible for MAID as of March 17, 2027.

MAID in Canada

Since it was legalized in 2016, over 100,000 people have died by MAID in Canada.[4] Nearly all (over 99%) were euthanasia deaths, in which a physician or nurse practitioner directly administered lethal drugs (as opposed to assisted suicide, where a person self-administers the lethal drugs).[5]

The Supreme Court of Canada, in its 2015 ruling in *Carter*, began and ended its judgment by noting how narrow the scope of the ruling was intended to be – namely, that it related only to adult persons with debilitating, terminal conditions who were nearing death.[6]

Justice Lynn Smith, the trial judge in *Carter*, had found that the "inherent" risks of legalizing MAID could be "substantially minimized" (although not eliminated) through a "carefully-designed system imposing stringent limits that are scrupulously monitored and enforced."[7] Justice Smith asserted this despite evidence that safeguards often go ignored in *every* jurisdiction that has legalized MAID.[8] Canada's MAID law, even

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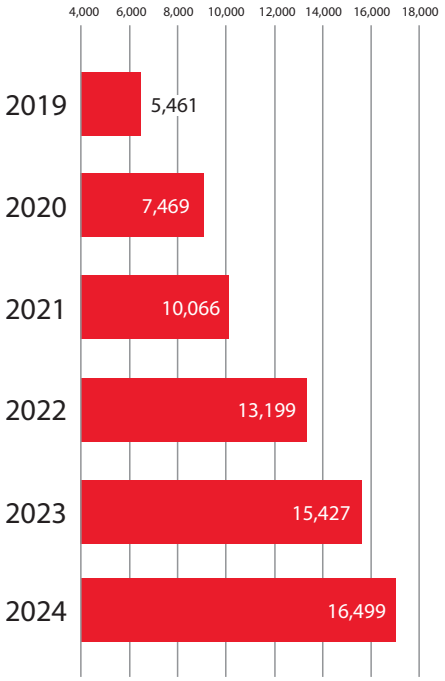
Annual MAID Deaths Reported in Canada, 2019-2024



on paper, never satisfied the stringent limits and scrupulous enforcement that Justice Smith envisioned.

But the law was weakened even further. In 2019, a lower-court judge in Quebec ruled[9] that people with disabilities *who were not dying* should also be eligible for MAID.[10] Rather than appeal this decision, the federal government used it as a pretext to further expand MAID.

Predictably, MAID deaths have increased rapidly each year.[11] MAID is no longer treated as a last resort in extreme situations, but as a solution to all kinds of suffering.

In 2018, Health Canada predicted that MAID deaths would stabilize at around 2.05% of all deaths. In 2019, MAID deaths accounted for 2% of all deaths. In May of 2022, Health Canada updated its prediction to say that by 2033, MAID deaths would stabilize at 4% of all deaths. But Canada passed the 4% threshold already by late 2022.[12] MAID now accounts for more than 1 in every 20 deaths in Canada.[13]

Patients in Canada have received MAID despite unaddressed mental illness, housing insecurity, and lack of social support. A London, Ontario man was deemed eligible for MAID due to inflammatory bowel disease. He also had a history of mental illness and suicidality, suffered from addiction, and was socially isolated and vulnerable. Not only was he offered euthanasia by his psychiatrist, but he was assessed at a Tim Hortons and driven to his MAID death by his MAID provider.[14]

Another Canadian suffered from severe ulcers, multiple mental illnesses, and chronic suicidal ideation. He had attempted suicide just a year prior to dying by MAID.[15] Ontario's MAID Death Review Committee, which reviews complex MAID cases in that province, has noted the "importance of addressing and resolving suffering in contrast to procedurally qualifying for a MAID death."[16] Many patients are being offered death rather than the help they need to live well.

In 2025, the United Nations Committee on the Rights of Persons with Disabilities condemned Canada's MAID regime and recommended that Canada

a. repeal MAID for non-terminal conditions, including mental illness
b. not expand MAID to mature minors or legalize advance requests,
c. invest in supports,
d. strengthen consultations with Indigenous Peoples, and
e. implement better independent oversight.[17]

Weak safeguards

Instead of a strictly limited, scrupulously monitored system, Canada's MAID law is lax, vague, and largely unenforced.

In 2021, Parliament eliminated waiting periods for persons whose natural death is "reasonably foreseeable"[18] (a vague term that certain doctors have interpreted as meaning the patient is likely to die within a decade[19]), cut the requirement for witnesses down from two to one, and made it easier to qualify as a witness.[20] In 2023, in Ontario, 65 MAID deaths occurred the same day as the MAID request, and 154 occurred the next day. Ontario's MAID Death Review Committee found that some eligibility assessments lacked rigour. In others, medical assessments of patients' decision-making capacity often did not meet professionalism standards. The Committee even found cases in which patients were euthanized after medical staff determined that they lacked capacity.[21]

Canadian law does not prohibit medical staff from proactively offering MAID to patients who have not asked for or about it.[22] Health Canada's 2023 Practice Standard for MAID even suggests advising patients about MAID if it is "consistent with the person's values and goals of care."[23] Proactively offering MAID causes distress to many patients, who receive the implied message that medical staff think they might be better off dead.

Counselling someone to commit suicide remains a crime in Canada,[24] but aiding suicide remains a crime only outside the MAID context. Patients look to their physicians for advice and guidance about the best treatment option for them. Suggesting, as a medical professional, that a patient consider MAID is ethically indistinguishable from counselling a person to consider suicide.

Before 2016, assisting suicide and homicide

The law thus creates a value divide between able-bodied Canadians, who are offered suicide prevention, and disabled Canadians, who are offered suicide assistance.

were serious criminal offences in Canada.[25] Parliament's response to the Supreme Court's *Carter* decision allows medical professionals to intentionally kill their patients in certain circumstances as exceptions to *Criminal Code* prohibitions on homicide and assisted suicide. However, MAID remains homicide – "causing the death of a human being" – under the *Criminal Code*.[26]

The question in every situation where MAID is administered is whether the homicide is *culpable* or *not culpable*.[27] This is a *legal*, not merely a *medical*, question. A 2024 UK bill to legalize euthanasia recognized this and would have required a review panel including a person who has held high judicial office to review every euthanasia request. Though the UK bill was far more restrictive than Canada's law and included major safeguards that Canada lacks, the House of Lords filed more than 1,200 amendments to the bill and it did not pass prior to the end of the Parliamentary session.[28]

Lack of enforcement

The Ontario Coroner's MAID Death Review Committee has noted compliance problems such as failing to apply the 90-day waiting period and not ensuring the patient was assessed by a doctor with expertise in their condition. In at least one case, some committee members believed the patient suffered solely from mental illness and thus should not have been deemed eligible for MAID.[29]

Other provinces have similar problems. According to a report of the British Columbia Ministry of Health, more than half of all MAID cases in 2024 were missing information or needed existing information clarified. In 353 of these cases, concerns were raised about compliance with the law.[30]

In 2024-25, the Quebec commission on end-of-life care found 19 cases of possible non-compliance. In 10 of these, the commission believed that the patient did not have a serious and incurable illness – a key eligibility requirement.[31]

Medical professionals who violate *Criminal Code* safeguards are rarely disciplined by the regulatory college or investigated by law enforcement. For example, from 2018-2023, only four of 428 cases of possible criminal violations tracked in Ontario were reported to the regulatory college, and none were referred to law enforcement. In 2023 alone, the coroner's office identified 178 cases of possible noncompliance. Further, a quarter of all euthanasia providers heard from the provincial coroner's office at least once about a compliance issue.[32] In 2024, coroner's investigations were started in 299 cases in Ontario.[33]

In the extremely rare instances of professional discipline, the penalties are light compared to the magnitude of the infractions. For example, a College investigation of one Ontario doctor found that his conduct "exposes or is likely to expose patients to harm or injury in five out of twenty [patient] charts reviewed." Yet the doctor was simply placed under six months of supervision – essentially a slap on the wrist.[34]

MAID and ableism

Canada's MAID law codifies the idea that it is permissible to intentionally kill a person who asks to be killed, provided they no longer possess the qualities or capabilities that society deems necessary for sufficient "quality of life." In other words, it is okay for some people – medical doctors and nurse practitioners – to decide whose life is worth living and to offer either suicide *assistance* or suicide *prevention* based on their assessment .

The foundational ethic of human rights cares for – and does not kill – the weak, sick, disabled, and elderly.[35] We find this in the biblical sixth commandment[36] and in the Hippocratic Oath.[37] We find it in the prohibitions on killing found in every nation's criminal laws today, in the continued prohibition on assisted death in most nations, and in the continued prohibition in Canada on counselling a person to commit suicide.[38]

Yet Canada's MAID law ignores the concerns of "voices from the margins"[39] – disability rights advocates, mental health advocates, suicide prevention advocates, Indigenous groups, religious groups, and advocates for the elderly.[40] Canada's current euthanasia regime represents the preferences of the able-bodied majority.

The law creates a value divide between able-bodied Canadians, who are offered suicide prevention, and disabled Canadians, who are offered suicide assistance. The law disregards the principle of equal, inherent human dignity, and the equal protection of the law for all. Having abandoned the rule of the inviolability of human life, Canada struggles to find a principled basis for distinguishing between persons who may or may not be killed when they ask to be. Consequently, the basis for the distinction is the variable discretionary judgments of a given doctor who considers a person's quality of life to be sufficiently bad to merit MAID.

This legal shift has cultural impacts. As MAID becomes normalized, medical staff may begin to see MAID-eligible patients who go on living as a drain on resources.[41] Indeed, the MAID-eligible elderly, sick, or disabled begin to see themselves that way, as the data shows. Of those who requested and received MAID

MAID for mental illness would normalize death as a "solution" for mental suffering and undermine suicide prevention efforts.

in 2024, nearly 50% believed they were a burden on family, friends, or caregivers.[42] Additionally, doctors may overlook patients' social, situational, and economic suffering and assume that physical pain is their reason for requesting MAID.[43]

Proactively offering MAID to sick and disabled patients exacerbates their perception that their suffering is intolerable and their lives not worth living. Krista Carr, CEO of Inclusion Canada, noted at a Parliamentary Committee that she hears weekly about people with disabilities being offered MAID when they are seeking completely different services. This has changed the experience of people with disabilities when they interact with the healthcare system and has caused many to fear showing up in the healthcare system with regular health concerns.[44]

MAID and mental illness

Another cultural impact of legalizing MAID is normalizing suicide itself. After all, if assisted suicide is a "dignified" way to die, why not *un*assisted suicide? Despite the high rates of medically-assisted deaths in Canada, suicide rates have remained relatively stable since Canada legalized MAID.[45] This is particularly striking in light of pro-MAID arguments that MAID availability helps to prevent suicide. The Chief Medical Officer of Canada's suicide prevention helpline recently noted that there is an overlap between people experiencing suicidality and those considering MAID. In fact, 7% of calls to the helpline mention MAID.[46] Dr. Crawford warns that MAID and suicide are not properly discussed in public and in the media and that this increases the risk "that people will see MAID as a means of alleviating their mental suffering and this will undermine suicide prevention efforts."[47]

Publicized suicides often inspire more suicides in a given area, which tend to be completed by similar means, especially by persons in a similar demographic as the victim in the publicized suicide.[48] Consequently, news media follow guidelines for reporting on suicide in a way that minimizes copycat or contagion effects.[49] No such guidelines exist in relation to MAID. Many media outlets report MAID stories positively.[50]

Fears of suicide contagion are especially

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relevant when it comes to MAID where mental illness is a factor. Dutch psychiatrists report that "introducing euthanasia as a sanctioned outcome reframes suicidality from a symptom requiring containment into a potential treatment endpoint, an acceptable 'treatment plan.'"[51]

MAID for mental illness as the sole underlying medical condition has been looming in Canada since 2021 but has been delayed until March 17, 2027. MAID for mental illness would normalize death as a "solution" for mental suffering and undermine suicide prevention efforts. Over a dozen current and former chairs of psychiatry departments across Canada warn that there is no broadly accepted definition of irremediability in cases of mental illness, no clear way to distinguish between suicidality and MAID requests, and inadequate safeguards to protect the vulnerable.[52]

In the Netherlands, which has permitted psychiatric euthanasia for over two decades, cases of psychiatric euthanasia have increased rapidly in recent years, from two cases in 2011 to 219 in 2024. Even assuming that psychiatric euthanasia is not a form of suicide, it in no way prevents suicides. The result of legalizing psychiatric MAID is that more people from mental illness will die, whether by their own hand or a doctor's.[53]

MAID for mental illness already occurs in Canada

MAID for mental illness is already happening in Canada – in cases where patients with mental illness also have another condition rendering them eligible for MAID. If a person experiences psychological suffering that is connected to a physical illness or disability, then they are eligible for MAID under Canadian law.

In 2024, men were more likely than women (52% to 48%) to receive MAID under "Track 1" (reasonably foreseeable natural death). Women were more likely to die by "Track 2" MAID (natural death not reasonably foreseeable), at nearly 57%.[54] And when it comes to psychiatric euthanasia in the Netherlands, women access euthanasia at nearly ***twice*** the rate of men,[55] which mirrors the disparity between the sexes in suicide attempts.[56] In the Netherlands, one group of researchers concludes "that the availability of [psychiatric euthanasia] in the Netherlands may render more effective the wish to die of women whose suffering from mental illness is unbearable."[57] The higher rate of women accessing Track 2 MAID in Canada raises concerns about whether women are using MAID as a highly effective means of suicide.

Many Canadians have been deemed eligible for and received MAID due to physical disabilities or illness, while also suffering from mental illness. Kiano Vafaeian was a young man with diabetes and vision loss. He was also depressed. Though several MAID assessors had found him ineligible for MAID, Vafaeian was euthanized in British Columbia in late 2025, once he managed to find a doctor who deemed him eligible.[58]

Canada should support suicide prevention for everyone at any stage of life. Anything else requires judging the worth, or supposed lack thereof, of a person's life. The Supreme Court fallaciously found there are only two options when facing suffering: end your own life early or suffer until you die.[59] As Psychiatrist John Maher notes, "The argument that somehow a messy death justifies supporting [medically assisted] suicide misses the point completely. What it justifies is treatment to prevent getting to a messy death in the first place."[60] People can find meaning in and through suffering. And thankfully, the means available for reducing suffering have also advanced significantly. Physical and psychological suffering can be alleviated, if not eliminated, through pain management, palliative medicine, and counselling. Sadly, many Canadians do not know the value of palliative care.[61]

License to kill: the deadly allure of advance requests

Despite widespread problems with MAID in Canada, pro-euthanasia advocates agitate for further expansion, including by allowing advance requests. Such requests would allow a person, particularly someone with an illness that will lead to incapacity, who does not currently want to die by MAID, to outline specific circumstances under which they would want to be euthanized in the future. Quebec has already moved ahead with advance requests, in direct violation of the *Criminal Code*. While Canada's current law permits consensual homicide, advance requests would legalize a form of nonconsensual homicide.

A person may make an advance request based on the present fear of a future condition (e.g. advanced dementia) that they have never experienced. But they might not, when that future condition arrives, actually wish to die. They may live well despite their condition and reduced mental capacity. Yet, when the time comes, they may be incapable of revoking their advance request or communicating that they have no wish to die.

Advance requests grant doctors a license to kill, which takes legal effect when, in the doctor's opinion, the patient has reached the condition described in the request. Given the patient's loss of capacity by that point, he is unable to confirm or deny the doctor's opinion.

As with suggesting MAID to a patient, if doctors suggest that a patient consider an advance request, it sends a message that life is not worth living once you have severely reduced mental capacity. This devalues the lives of such persons and causes others to fear becoming like them.

The legal availability of MAID shifts the societal discussion from how to alleviate suffering to which sufferers can be eliminated.

Advance requests allow for the subtle manipulation and abuse of those who may lose decision-making capacity. Elderly people at risk of losing capacity may sign documents they do not understand due to external pressures.[62]

While advance requests remain prohibited in Canada, patients with dementia and other neurocognitive conditions are eligible for euthanasia. Persons with dementia reported far lower rates of inadequate pain control, but higher rates of loss of dignity, being a perceived burden on family, friends, or caregivers, and experience of isolation and loneliness than those with other conditions. Such factors indicate that people need social and mental health supports, not euthanasia.[63]

Sadly, in some cases, medical professionals have failed to confirm consent before administering euthanasia. A recent report noted that 103 patients with dementia were euthanized in 2023 and 2024 in Ontario. One woman who died by MAID had advanced dementia, which often renders a person incapable of providing informed consent. The MAID eligibility assessment included an inadequate evaluation of cognitive impairments, despite her challenges with navigating daily routines. She had expressed a wish to die to a family member, who made a request for MAID to the care team. She later chose to move to long-term care instead. A few months later, a family member again initiated a referral for MAID. When this woman was euthanized, final consent was supposedly determined by her ability to repeat the consent question and squeeze the MAID provider's hand.[64]

We are all vulnerable

In 2024, the vast majority (over 95%) of Canadians requesting MAID cited their loss of ability to engage in meaningful activities as a reason for choosing MAID, while nearly half cited feeling like a burden to loved ones.[65] Of those whose death was reasonably foreseeable, 21.9% cited isolation and loneliness. For those whose death was not reasonably foreseeable, that jumped to 44.7%. People typically have several reasons for seeking MAID, the most predominant of which are based not on physical pain, but on existential, spiritual, social, or psychological suffering.

Some Canadians have been pressured into choosing MAID. One family was horrified to learn that their mother, Joan, was offered MAID while in the hospital, alone, and in a heavily medicated state. She accepted the offer, but her family advocated for her and brought her home for palliative care, at which point Joan was able to say, regarding MAID, "Absolutely not. I want to live."[66]

Dr. Margaret Somerville, founding director of the Centre for Medicine, Ethics and Law at McGill University, says the Supreme Court of Canada's notion that suicide is freely chosen so long as the person is competent and not subject to coercion represents an extremely myopic understanding of vulnerability.[67] The United Nations Committee on the Rights of Persons with Disabilities stressed that the concept of autonomous "choice" oversimplifies matters. There are many social factors that contribute to that choice.[68] Social, psychological, and emotional factors are at play in every end-of-life decision.

Canada has moved swiftly from discussing euthanasia exclusively for terminally ill, near-death patients who request it, as proposed in the *Carter* case, to proactively offering it as an option to those with any serious illness or disability. Yet some contend that euthanasia should also be an option for people with advanced dementia who can no longer confirm their consent,[69] or for teenagers with cancer,[70] paralysis, or depression, or even for babies with severe birth defects, at their parents' request.[71] Opening the door to MAID transforms our conception of suicide from "a tragedy we should seek to prevent to a release from suffering we should seek to assist."[72]

The legal availability of euthanasia and medically assisted suicide shifts the societal discussion from how to alleviate suffering to which sufferers can be eliminated. It demonstrates a profound lack of compassion toward the most vulnerable Canadians: the elderly, the sick, the chronically depressed, those with disabilities, and the lonely. Even if a person has the requisite "grievous medical condition," her desire to die may be the result of a complex web of factors including hopelessness, fear, loneliness, shame, conflict with family members, emotional abuse, lack of access to palliative care, and so on.[73] Canada supposedly allows euthanasia to grant people greater autonomy over their end-of-life experience, but this comes at the expense of loving, life-affirming care.

Every person is inherently worthy of protection by law, regardless of physical or mental limitations.[74] The sanctity of human life is the foundation for human rights and equality under the law.[75] If individual autonomy trumps the sanctity of life, the most dependent among us are at risk.[76] Legalizing euthanasia or assisted suicide does not enhance the autonomy of suffering individuals. The legal change only provides a new criminal defence for medical professionals who take the lives of suffering people. The decision over who qualifies for state-sponsored death is made by society, through the law, and by the doctors and nurse practitioners who interpret that law - not by "autonomous individuals."[77]

Canada has chosen a system that expedites death for the vulnerable. Now, the federal government must stop further expansion and instead protect vulnerable Canadians.

POLICY RECOMMENDATIONS

Canada's current law places vulnerable people at risk and fails to affirm the intrinsic worth of all human beings.

ARPA Canada respectfully calls on Parliament to do everything in its power to uphold the intrinsic worth of all human life. The government crossed a sacred line by passing legislation permitting euthanasia. It ought not to continue expanding access to this extreme measure. Parliament should amend Canada's current permissive law to better protect those most vulnerable to abuses.

RECOMMENDATION #1:
Eradicate ableism

The only way to ensure that MAID is not an ableist program is to decouple it from disability and reserve it as an option that is strictly limited to those who are suffering at the end of their lives. Parliament can do so by:

- amending the eligibility criteria in section 241.2(2) by adding "(d) a medical practitioner with expertise in the condition that is causing the person's suffering provides a written opinion that the person's prognosis of natural death is six months or less" and
- deleting subsection 241.2(3.1) (safeguards for persons whose death is not foreseeable).

Failing that, "reasonable foreseeability of death" must be clarified to mean a patient has a prognosis of natural death within six months, in order to address the appalling abuse of the term and the "fast tracking" of patients who have years left to live.

RECOMMENDATION #2:
No further expansion

In addition to precluding mental illness as a sole underlying condition from MAID eligibility, Parliament must not legalize nonconsensual homicide through advance requests. Allowing advance requests encourages a culture of neglect for patients with neurocognitive conditions. Instead, the federal government should challenge Quebec's disregard of the *Criminal Code* prohibition on advance requests.

RECOMMENDATION #3:
Prohibit inducing suicide

Counselling a person to consider suicide remains a crime in all circumstances. Therefore, counselling or encouraging a person to seek a "medically assisted death" should be prohibited, and medical personnel should be prohibited from mentioning or discussing MAID with a patient unless the patient explicitly asks.

Parliament must reinforce the prohibition in section 241(1)(a) – counselling to commit suicide – by clarifying that medical professionals may only provide information about the provision of medical assistance in dying *upon request.*[78] Section 241(5.1) should be amended to state: "For greater certainty, no social worker, psychologist, psychiatrist, therapist, medical practitioner, nurse practitioner or other health care professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying *upon the person's request.*"

RECOMMENDATION #4:
Initiate a comprehensive review of MAID in Canada

Considering evidence of abuses in Canada and other jurisdictions, Parliamentarians should study issues related to the vagueness and permissiveness of the current law. To fully understand the scope and extent of these problems, the federal government should begin a comprehensive review of MAID in Canada and its effects. Canada's initial MAID legislation in 2016 required such a review after five years, but a comprehensive review was never undertaken.

RECOMMENDATION #5:
Strengthen safeguards

a. **Provide alternative options:** Require that all other reasonable treatment options be pursued. It is not enough that a patient has been "offered consultations" with other professionals. A patient must have tried all reasonable treatment options before being permitted to access MAID, so that MAID is truly a last resort.

b. **Increase waiting periods:** Amend section 241.2(3) to reinstate a minimum

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10-day waiting period for all MAID requests. And if MAID for those whose deaths are not reasonably foreseeable is not repealed, amend section 241.2(3.1)(i) to extend the waiting period for those whose death is not reasonably foreseeable to 180 days, or 6 months.

c. **Clarify the waiting period**: The existing waiting period (for Track 2 MAID) is ambiguous, given that it begins on the day the doctor begins to assess a patient's eligibility, not the day a written request for MAID is signed. A straightforward amendment would be to add a clarification in subsection 241.2(3.1)(i) that the waiting period begins the day the patient makes a written, signed, dated, and witnessed request for MAID.

d. **Enhance witness safeguards**: Reinstate the two independent witnesses requirement in section 241.2(3)(c) and 241.2(3.1)(c) and require that witnesses must be present when MAID is performed (not just when the written request is signed).

RECOMMENDATION #6:
Eliminate waiver of consent

Section 241.2(3.2) allows for a patient to make a "written arrangement" granting medical practitioners the authority to unilaterally decide when a patient has lost capacity to give or withhold consent to medical care and to then kill the patient at that time (provided capacity is lost *before* a date specified in the written arrangement). Unlike a written request for MAID, which requires one witness, this subsequent "written arrangement" requires no witness or second medical opinion.[79]

RECOMMENDATION #7:
Improve oversight

Establish an independent federal oversight body to review MAID approvals. Every approved MAID request must be reviewed by a medical professional and a legal expert before MAID is administered. The reviewers must agree on eligibility and ensure safeguards have been applied.[80] Additionally, the oversight body must include a mechanism to review cases of possible non-compliance and hear complaints from family members and loved ones. Adding oversight protects against cluster effects based on rogue doctors who interpret the rules liberally or play loose with safeguards and eligibility criteria.

RECOMMENDATION #8:
Prohibit compelled participation in homicide or suicide

Section 241.2(9) states, "For greater certainty, nothing in this section compels an individual to provide or assist in providing medical assistance in dying." To provide more teeth to section 241.2(9) and to protect conscience rights and the integrity of the medical profession, Parliament should add a further clarifying section: 241.2(9.1) "For greater certainty, any person who compels an individual to provide or assist in providing medical assistance in dying is guilty of (a) an indictable offence and liable to imprisonment for a term of not more than 5 years; or (b) is guilty of an offence punishable on summary conviction."

**All citations, with hyperlinks, are included in the electronic version of this report, available at ARPACanada.ca/policy-reports*

We hope you enjoyed reading this policy report.

We know that championing our policy recommendations will take courage, dedication, and hard work. We at ARPA Canada strongly believe that doing so would be consistent with God's calling for you in a position of civil authority (Romans 13), and for promoting the well-being of our neighbours, in line with Canada's constitution and legal history. We are grateful for your service and we remember you in our prayers.

RESPECTFULLY *SUBMITTED*
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