Canada (2015-)

History of legalisation

On 21 April 2010 the Canadian House of Commons defeated *Bill C-384 An Act to amend the Criminal Code (right to die with dignity)* by 228-59.[1]

The Quebec National Assembly passed an "*An Act respecting end-of-life care*" by a vote of 94-22. It came into effect on 10 December 2015. This Act permits euthanasia on the request of an adult who is "*at the end of life; with a serious and incurable illness; and in an advanced state of irreversible decline in capability*".[2]

On 6 February 2015 the Supreme Court of Canada in *Carter v Canada (Attorney General)* declared that provisions in the Canadian Criminal Code making it an offence to aid or abet suicide "unjustifiably infringe" section 7 ["*Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.*"] of the Charter of Rights and Freedoms "*and are of no force or effect to the extent that they prohibit physician-assisted death for a competent adult person who (1) clearly consents to the termination of life and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition*." The declaration was suspended for a year, giving the opportunity for the Parliament to amend the offending laws by providing a scheme for physician assisted suicide.

The core paragraph in the judgement reads that "*The right to life is engaged where the law or state action imposes death or an increased risk of death on a person, either directly or indirectly. Here, the prohibition deprives some individuals of life, as it has the effect of forcing some individuals to take their own lives prematurely, for fear that they would be incapable of doing so when they reached the point where suffering was intolerable. The rights to liberty and security of the person, which deal with concerns about autonomy and quality of life, are also engaged. An individual's response to a grievous and irremediable medical condition is a matter critical to their dignity and autonomy. The prohibition denies people in this situation the right to make decisions concerning their bodily integrity and medical care and thus trenches on their liberty. And by leaving them to endure intolerable suffering, it impinges on their security of the person*."[3]

The argument based on the right to life is specious as it takes no account of the inevitability that a law permitting euthanasia will result in wrongful deaths based on medical errors, coercion, discrimination against or differential treatment of the disabled and mentally ill and suicide contagion.[4]

The argument from liberty, if pressed to its logical conclusion, would require a law permitting assisted suicide or euthanasia on request by any person, including a minor, with capacity.

---

[1] http://openparliament.ca/bills/votes/912/

[2] http://legisquebec.gouv.qc.ca/en/pdf/cs/S-32.0001.pdf

[3] https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do

[4] https://www.australiancarealliance.org.au/wrongful_categories

The argument from security is based on a false claim that pain and other physical symptoms cannot be relieved by best practice palliative care.[5]

In response to the Supreme Court judgment, the Canadian parliament passed Bill C-14 which came into effect on 17 June 2016 and legalised euthanasia and assisted suicide on request for any adult who has "*a serious and incurable illness, disease or disability*"; is in "*an advanced state of irreversible decline in capability*"; and whose "*natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining*".[6]

"Death be reasonably foreseeable"

The Canadian law required that "death be reasonably foreseeable". The decision of the Ontario Superior Court of Justice in AB v Attorney General of Canada delivered on 19 June 2017, in paragraph 81, interpreted this requirement as **not requiring any connection whatsoever** between the underlying conditions for which euthanasia is sought and the reasonable foreseeability of death – which can be based simply on advanced age. The woman in this case was 79 years old.[7]

On 11 September 2019, the Quebec Superior Court, in the case of *Truchon c. Procureur général du Canada,* invalidated the relevant provisions in the Canadian law which limiting euthanasia to cases where "natural death has become reasonably foreseeable" and the Quebec law which required that the person be "at the end of life". The effect of this decision was suspended for six months.

The Canadian Government introduced Bill C-7 into the House of Commons in February 2020 to give statutory effect to the decision. The Bill passed with some amendments and became law on 21 March 2021.

From that date there is no longer a requirement that death be reasonably foreseeable.

732 cases of euthanasia where "death was not reasonably foreseeable" were reported for 2024 – an increase of 38.4% from 2023. Notably 56.7% of these cases involved women, so women, whose death is not reasonably foreseeable, are being euthanased at numbers 31% higher than men.

The official report is relaxed about this higher rate of killing women who are not dying claiming it is "consistent with overall population health trends where women experience long-term chronic illness, which can cause enduring suffering but would not typically make a person's death reasonably foreseeable".

Increase in numbers

In December 2025 the Sixth Annual Report on Medical Assistance in Dying in Canada was published. It stated that there had been 16,499 reported cases of euthanasia and assisted suicide in 2024, bringing the total of such deaths since legalisation to 76,800.

The number of cases each year has increased more than five and a half fold (581%) in the 8 years from 2,838 in 2017, the first full year of legalisation, to 16,499 in 2024 with annual increases of 57.8% (2018); 26.4% (2019) 34.2% (2020); 32.4% (2021); 31.2% (2022); 15.8% (2023) and 7.5% (2024).

---

[5] https://www.australiancarealliance.org.au/access_to_palliative_care

[6] https://laws-lois.justice.gc.ca/PDF/2016_3.pdf

[7] https://www.canlii.org/en/on/onsc/doc/2017/2017onsc3759/2017onsc3759.pdf

"Fewer than seven" cases of assisted suicide have occurred each year since 2019 with "fewer than five" in 2023 and not a single case in 2024. Canadian practice overwhelming uses euthanasia. The 2019 report states that "providers are less comfortable with self-administration [assisted suicide] due to concerns around the ability of the patient to effectively self-administer the series of medications, and the complications that may ensue".

In 2024 euthanasia and assisted suicide accounted for 5% of all deaths in Canada. Provincial rates of euthanasia are highest in Quebec (7.6%) and British Columbia (6.76%).

The latest report on euthanasia in Quebec covers 1 April 2024-31 Mar 2025. It states that there were 6,268 people euthanased in that 12-month period, representing 7.9% of all deaths in Quebec. Rates vary across the 18 Region sociosanitaire of Quebec – with 13.4% in Lanaidiere (including the city of Joliette); 10.6% on Bas-Saint-Laurent and 10.4% in Nationale-Capitale (Quebec city).

Unreported cases

There was a discrepancy of 289 cases (7.3%) of euthanasia between the number of official reports received (3,663) and the number of cases reported by institutions (3,629) and the College of Physicians (323) in Quebec for April 2021 to March 2022, suggesting a failure by physicians to report all cases to the Commission as required by law. The report suggests that a partial explanation may be double reporting through an institution and to the College of physicians and says it will investigate. However, the report does not refer to any results of investigation from a similar discrepancy in previous years reports.

The discrepancy in the April 2023 to March 2024 report was 157 (2.7%). If the 5874 reported by institutions and the College is the correct figure then the rate of euthanasia in Quebec would be 7.5% of all deaths (not 7.3%).

Failure to comply with the legal processes

According to the report for Quebec for April 2023-March 2024, 20 cases failed to comply with the law, including:

- Thirteen cases where the person did not have a grave and incurable condition;
- Three cases where the person was unable to give consent at the time euthanasia was administered;
- Two cases where there was no confirmation of eligibility from a second practitioner;
- One case where the signature on a form was provided by unqualified persons; and
- One case where the person was not insured as required under the law.

Of course, there is no remedy for the 20 people who were illegally killed.

Underlying conditions

Very limited data is provided on the "main condition" for which euthanasia is performed.

In 2022, for 8.3% of cases the "main condition" is reported as "multiple comorbidities" and a further 14.9% as "other conditions" - that is other than cancer, cardiovascular, respiratory, neurological or organ failure – together accounting for 23.2% of all cases. For these two categories combined, 25% of cases involved "frailty" and 11.9% involved diabetes. Other conditions cited included vision or hearing loss, tendency to falls; and difficulty swallowing.

In 2023, there was no reporting on multiple comorbidities, which were presumably now included under "other conditions", which accounted for 4,255 cases of euthanasia - 27.77% of all cases.

There were 92 cases where frailty was the sole condition; 23 cases where chronic pain was the sole condition and 106 cases where dementia was the sole condition, including 25 under Track 2 (death not reasonably foreseeable).

In 2024, for women the "other conditions" category now accounts for nearly one out of three (31%) deaths by euthanasia where death from the condition is considered to be reasonably foreseeable and 57.8% of cases where death is not reasonably foreseeable.

The 2024 report states "The conditions provided for the "other" conditions category include: diabetes, frailty, autoimmune conditions, chronic pain and mental disorders, but practitioners sometimes listed other conditions such as joint, bone and muscle issues, hearing and visual issues and various internal diseases in the write-in fields."

There was no further breakdown in the 2024 annual report on "other" conditions. However, there were 368 reported cases of euthanasia where dementia was the underlying condition.

In Ontario in 2023 there were 198 cases were diabetes and 422 cases were frailty were given as the "serious and incurable disease" for which death was "reasonably foreseeable" and euthanasia was administered.

In Quebec in April 2024-March 2025, 9% of cases were for "polypathology" – a combination of disorders.

In 2023, there were 9,461 cases of euthanasia for cancer, accounting for 10.9% of the 86,647 deaths attributed to cancer in Canada.

In only 177 cases in 2023 did the clinician administering euthanasia give their specialty as oncology. The majority (64%) of those administering euthanasia were primarily engaged in family medicine.

The 2019 report also notes that among those administering euthanasia were "a small number of practitioners identifying themselves as "MAID Providers." While this specialty is not officially recognized by medical certifying bodies in Canada, it may be considered a functional specialty by some providers when MAID is the primary focus of their practice.", that is doctors whose primary practice is euthanasia.

The 2022 report notes that the second opinion on eligibility was given by a nurse practitioner in 7.3% of cases.

Short time between initial request and euthanasia being performed

Until it was repealed from 21 March 2021, Section 241.2 (3) (g) of the Canadian Criminal Code required a physician to "*ensure that there are at least 10 clear days between the day on which the request was signed by or on behalf of the person and the day on which the medical assistance in dying is provided or — if they and the other medical practitioner or nurse practitioner referred to in paragraph (e) are both of the opinion that the person's death, or the loss of their capacity to provide informed consent, is imminent — any shorter period that the first medical practitioner or nurse practitioner considers appropriate in the circumstance*".

Nonetheless according to a study of euthanasia at three institutions in Quebec the median number of days between the request for euthanasia and the patient's death was just 6 days.[8]

[8] https://jme.bmj.com/content/early/2018/11/22/medethics-2018-104982

This study also found that in 32% of cases a palliative care consultation only took place less than 7 days before euthanasia was requested and in a further 25% of cases it took place on the same day or AFTER euthanasia was requested. This suggests that euthanasia is being routinely provided to people before they have had a chance to experience the full effect of palliative care to relieve their suffering and concerns.

Of the 7,384 people killed by euthanasia in Canada in 2020 for whom data is available on the length of time between first request and when euthanasia was administered some 34.3% or 2,532 people were euthanased in less than 10 days of first requesting it. For 905 of these people the only justification given for the haste with which euthanasia was performed was that loss of capacity to consent was imminent.

This raises real questions about the validity of the original request. If a person is on the verge of losing capacity what degree of certainty can there be that the person currently has full capacity?

In the period April 2023 to March 2024 in Quebec, 46% of people were euthanased less than 10 days after making a request. Only 15% of people had a prognosis of less than 2 weeks to live.

Under the revised law from 21 March 2021 there is no longer any required waiting period for any person whose death is said to be “reasonably foreseeable”. Same day request and lethal injection is acceptable.

With this change the annual reports from 2021 no longer include information about the length of time between a request for euthanasia and its implementation.

In cases where death is reasonably foreseeable, a 90-day waiting period is specified but if the two assessing practitioners think that loss of decision-making capacity is imminent this can be waived entirely. No information is given in the 2022 annual report as to in how many of these 463 cases was this 90-day waiting period waived. However, in 2023 it was waived for 28 (4.5%) people.

Advanced directive

Euthanasia can now (since 21 March 2021) be provided on the basis of an advanced directive to persons who have lost decision making capacity, and are on Track 1 (death reasonably foreseeable). This is not supposed to be done if the person resists or refuses by "*words, sounds or gestures*". However, this requirement is undermined by a provision that "*involuntary words, sounds or gestures made in response to contact do not constitute a demonstration of refusal or resistance*".

In Canada in 2023, 594 (4% of Track 1 cases) cases of euthanasia involved euthanasia of a person who at the time they were killed was incapable of giving consent. This increased in 2024 to 785 people (5% of Track 1 cases).

In Ontario in 2023, 190 (4.2%) cases of euthanasia where death was “reasonably foreseeable” involved euthanasia of a person who at the time they were killed was incapable of giving consent. Of these 5 cases involved euthanasia on the same day as a first request for it was made. How confident can we be that a person was competent when they requested euthanasia but had become incompetent that same day at the time euthanasia was performed? A further 59 cases involved euthanasia of an incompetent person based on a “waiver of final consent” and request for euthanasia made between 2 and 7 days earlier.

In Ontario in 2024, 254 (5.12%) of all cases of euthanasia involved euthanasia of a person who at the time they were killed was incapable of giving consent.

Reasons for requesting euthanasia

A study from an Ontario hospital reported that those who received euthanasia tended to be white and relatively affluent and 95% of them indicated that loss of autonomy was the primary reason for their request. Other common reasons included the wish to avoid burdening others or losing dignity and the intolerability of not being able to enjoy one's life. Few patients cited inadequate control of pain or other symptoms.[9]

The 2024 annual report lists reasons for requesting euthanasia with separate percentages for Track 1 and Track 2. The most cited reasons are "loss of ability to engage in meaningful life activities" (95.1%, 97.5%) followed closely by "loss of ability to perform activities of daily living" (85.4%, 85.1%). were the most common reasons for a euthanasia request.

Inadequate control of pain, or concern about it, is reported for 59.8% of those in Track 2. In 2023 there were 166 people in Track 2 for whom chronic pain was an underlying condition, including 52 people under 65 years of age. The 2023 report notes that "Individuals with chronic pain often encounter challenges related to the availability and accessibility of treatment such as long wait times, limited access to services in rural and remote areas and financial barriers to accessing certain services, such as psychological support and physiotherapy." Canada is killing people, including young people, with chronic pain rather than improving access to treatment.

Disturbingly, in 2024, 48.4% of Track 1 and 50.3% of Track 2 reported as a reason for their euthanasia request "Perceived burden on family, friends or caregivers" and 21.9% of Track 1 and 44.7% of Track 2 reported "Isolation or loneliness". (In Quebec for April 2024-March 2025, 50% of people cited a perceived burden on families, friends or caregivers and 24% cited isolation or loneliness).

So, in 2024, 3780 people were euthanased in Canada at least partly because they were experiencing loneliness and isolation, including 327 people whose death was not reasonably foreseen.

A voluntary request?

The 2023 annual report states that practitioners reported that they had consulted directly with the patient to determine the voluntariness of the request for euthanasia in 15,248 cases. This means that in 95 cases the practitioner who administered euthanasia did NOT consult directly with the person he or she euthanased to "determine the voluntariness of the request"!

No Disability Support

In 2023 there were 432 cases where disability support services were needed but NOT received including 5 cases where the needed services were "not accessible" and 369 cases which were reported as "Required disability support services but such services were not provided and it is not known if such services were accessible to the person". Apparently the euthanasia practitioner did not bother to find out if needed disability support services were accessible or not before agreeing to kill the person with a disability who needed such services!

The 2020 report stated that "Disability support services could include but are not limited to assistive technologies, adaptive equipment, rehabilitation services, personal care services and disability based income supplements." The 2021 report admits that, even for those who were reported as having received disability support services, the data "does not provide insight into the adequacy of the services offered".

[9] https://www.worldrtd.net/sites/defat/files/newsfiles/MAID%20protocol%20Canada%20hospital.pdf

Disability – the story of Candice Lewis

Candice Lewis was a 25 year old Canadian woman who happened to have cerebral palsy.

In September 2016 Candice went to the emergency room at Charles S. Curtis Memorial Hospital in St. Anthony after having seizures.[10]

Dr. Aaron Heroux told her she was very sick and likely to die soon. He offered her assisted suicide. The doctor also proposed assisted suicide for Candice to her mother Sheila Elson.

This offer was repeated despite both Candice and her mother making it clear that this was not an option Candice would consider. Dr Heroux told Sheila she was being selfish by not encouraging her daughter to choose assisted suicide.

Candice has described how bad it made her feel that a doctor was offering her assisted suicide.

More than twelve months later Candice had recovered well and her health was much improved. Candice wasn't having any seizures, was now able to feed herself, walk with assistance, use her iPad. She was more alert, energetic and communicative. She was able to walk down the aisle as a bridesmaid at her sister's wedding in August 2017. She was doing what she loved most, painting and being with her family.[11]

Candice and her mother Sheila have been interviewed by Kevin Dunn, who is producing a film on euthanasia and assisted suicide called Fatal Flaws. The film of the interview can be viewed here.[12]

There are several take home lessons from Candice's experience:

- Doctors can get the prognosis wrong.[13] Candice was told she was dying but is flourishing twelve months later. A wrong prognosis can lead to assisted suicide or euthanasia. A life can be thrown away needlessly;
- People with a disability already suffer discrimination in health care. When assisted suicide and euthanasia are legal, people with a disability are more at risk of being offered death as a solution because doctors and others consider that they would be better off dead[14];
- Once doctors are authorised by the law to provide assisted suicide and euthanasia some of them will feel empowered to offer it to anyone they think would be better off dead. This undermines patients' trust in doctors and can cause great distress.

Sadly, Candice has since passed away from natural causes.

Financial issues: Denied assisted living but offered assisted suicide

Roger Foley, who has a crippling brain disease, has been seeking support to live at home. He is currently in an Ontario hospital that is threatening to start charging him $1,800 a day. The

[10] http://www.northernpen.ca/news/local/st-anthony-mother-claims-physician-assisted-death-was-wrongly-offered-for-her-daughter-25491/

[11] http://www.northernpen.ca/community/candice-lewis-seeing-her-condition-improved-83812/

[12] https://youtu.be/hB6zt43iCs8

[13] https://www.australiancarealliance.org.au/a_wrong_prognosis_part_1

[14] https://www.australiancarealliance.org.au/better_off_dead

hospital has told Roger that his other option is euthanasia or assisted suicide under Canada's medical assistance in dying law.[15]

Prisoners

As of August 2020, 11 prisoners who were federally incarcerated in a Canadian prison had requested euthanasia and three of these prisoners were euthanised. [16]

In one case a terminally ill prisoner, who was a non-violent recidivist serving a two year sentence, was denied compassionate leave or parole. His request for euthanasia was assessed by a prison doctor and then by another doctor, while the prisoner was shackled and guards were present.

Canada's federal prison ombudsman has commented critically on each of the three cases and called for a complete moratorium on any further euthanasia of federal prisoners, because incarceration compromises individuals' ability to consent to euthanasia.[17]

Practitioners frequently killing patients

Of the 2112 physicians and 154 nurse practitioners who euthanased people in 2024, 102 of them did 37.5% (6190 people including 199 whose death was not reasonably foreseeable) of the killing between them, averaging 60 people each practitioner. Five practitioners killed between 11 and 20 people each for whom death was not reasonably foreseeable.

Conclusion

Canada's court ordered experiment with euthanasia is out of control with numbers spiralling upwards and the lonely, disabled and women with chronic conditions increasingly at risk of being euthanased instead of helped.

[15] https://www.australiancarealliance.org.au/canada_assisted_suicide_not_assisted_living

[16] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8742296/

[17] https://www.oci-bec.gc.ca/cnt/rpt/annrpt/annrpt20192020-eng.aspx#s3