

# MAID: SOME ETHICAL REFLECTIONS (OR, 'REFLECTIONS OF AN ETHICIST')

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# Ethics and the Law

“Physician assisted death must remain against the law; however, there may be exceptional circumstances in which it is the ethical thing to do.”

Grant Gillette (physician/bioethicist—my emphasis)

The law has changed with regard to medical assistance in dying, however, questions about the ethical management of end-of-life care remain open . . .

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## Medical assistance in dying

Learn about medical assistance in dying, including the request process, who is eligible and who can provide the service. Also find out how the service is being carried out across Canada.

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# Who is eligible for medical assistance in dying?

**In order to be eligible for medical assistance in dying, you must meet all of the following conditions. You must:**

- be eligible for health services funded by the federal government, or a province or territory
- be at least 18 years old and mentally competent (this means capable of making health care decisions for yourself)
- have a grievous and irremediable medical condition

# Who is eligible for medical assistance in dying?

- make a request for medical assistance in dying which is not the result of outside pressure or influence
- give informed consent to receive medical assistance in dying (this means you have consented to medical assistance in dying after being given all of the information needed to make your decision, including information about:
  - your medical diagnosis
  - available forms of treatment
  - available options to relieve suffering, including palliative care

# What about mental illness?

- People with a mental illness are eligible for medical assistance in dying as long as they meet all of the listed conditions.
- However, you are not eligible for this service if:
  - you are suffering only from a mental illness
  - death is not reasonably foreseeable when considering all the circumstances of your medical condition
  - a mental illness reduces your ability to make medical decisions

# Grievous and irremediable medical condition

**To be considered as having a grievous and irremediable medical condition, you must meet all of the following conditions. You must:**

- have a serious illness, disease or disability
- be in an advanced state of decline that cannot be reversed
- be suffering unbearably from your illness, disease, disability or state of decline
- be at a point where your natural death has become reasonably foreseeable, which takes into account all of your medical circumstances
- You do **not** need to have a fatal or terminal condition to be eligible for medical assistance in dying.

# Where from here? Medicalizing suicide?

- Mental illness
- Mature minors
- Advance directives
- Dementia



# Cultural shift?: Some passing comments

“I practiced as an oncologist for over 20 years and I can’t remember a patient ever raising the issue of assisted death with me . . . .” —  
Oncologist

“The law is just recognizing what we’ve all been doing . . . .” —  
Respirologist

“Many of us [physicians] can probably think of cases over the years where we knew that what we were doing might hasten a death . . . . But that was a matter of hours or maybe a couple of days . . . . But weeks or years . . . . I don’t know . . . . It seems different to me . . . .” —Physician

“The Supreme Court decision to allow medical assistance in dying has fundamentally altered the nature of the physician/patient relationship.” —Physician/ethicist RCPSC

## *Sympathy & Compassion:* Proceeding with Caution

"It is easy to declare with great fanfare that we will brook no diminution in our commitment to supporting and caring for those at the edge, even if [medical assistance in dying] is allowed. But . . . physicians are fallible, hospitals are bureaucracies, and stress is real. There is ample cause to fear that providing an exit marked ['medical assistance in dying'] would make all—families, clinicians, and researchers—less prone to linger in the room of the dying."

--*Susan Wolf, HCR Supplement (Jan/Feb 1989)*

Thank you