

News Items About the Use of Medical Assistance in Dying Raise Concerns About the System in Canada

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Volume 6, Number 3-4, 2023

Numéro hors-thème & AMM
Open Issue & MAID

URI: <https://id.erudit.org/iderudit/1108010ar>

DOI: <https://doi.org/10.7202/1108010ar>

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Publisher(s)

Programmes de bioéthique, École de santé publique de l'Université de Montréal

ISSN

2561-4665 (digital)

[Explore this journal](#)

Cite this document

Straube, S., Els, C. & Fan, X. (2023). News Items About the Use of Medical Assistance in Dying Raise Concerns About the System in Canada. *Canadian Journal of Bioethics / Revue canadienne de bioéthique*, 6(3-4), 132–133. <https://doi.org/10.7202/1108010ar>

Article abstract

Several recent news items discuss cases where medical assistance in dying seems to be sought not because the medical situation is beyond hope despite optimal supports, but rather because supports that could theoretically be available are inaccessible in practice or, if accessible, are apparently insufficient. We discuss these developments.

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LETTRE À L'ÉDITEUR / LETTER TO THE EDITOR

News Items About the Use of Medical Assistance in Dying Raise Concerns About the System in Canada

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Résumé

Plusieurs articles récents traitent de cas où l'assistance médicale à mourir semble être demandée non pas parce que la situation médicale est sans espoir en dépit d'un soutien optimal, mais plutôt parce que les soutiens qui pourraient théoriquement être disponibles sont inaccessibles dans la pratique ou, s'ils sont accessibles, sont apparemment insuffisants. Nous discutons de ces développements.

Mots-clés

aide médicale à mourir, AMM, reportages, pauvreté, circonstances socio-économiques, Canada

Abstract

Several recent news items discuss cases where medical assistance in dying seems to be sought not because the medical situation is beyond hope despite optimal supports, but rather because supports that could theoretically be available are inaccessible in practice or, if accessible, are apparently insufficient. We discuss these developments.

Keywords

medical assistance in dying, MAID, news reports, poverty, socioeconomic circumstances, Canada

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We have previously written in this journal about a woman seeking medical assistance in dying (MAID) because she was experiencing multiple chemical sensitivities and reportedly had no access to appropriate housing (1). Since then, we have read a news report that discussed several patients with disabilities considering MAID in the context of poverty (2). Another news report discussed a woman with fibromyalgia contemplating MAID, and saying she would not consider it were it not for her inability to make ends meet and that the Ontario Disability Support Program would not provide her enough money to live (3). We also note reports about yet another patient, a quadriplegic woman from Ontario, who has applied for MAID, again stating that she could not access help from the Ontario Disability Support Program in a timely fashion (4,5).

These cases are similar in that MAID seems to be sought not because the medical situation is beyond hope despite optimal supports, but rather because supports that could theoretically be available are inaccessible in practice or, if accessible, are apparently insufficient. We fear that the cases that are reported in the news may be the tip of the proverbial iceberg, as others in comparable circumstances may not be willing to be featured in the media reporting on MAID.

Even if going to the media is a cry for help, these cases raise some concerns: Firstly, they illustrate the lack of practically accessible supports for patients in need, and the extent to which poverty represents a form of coercion that interferes with truly informed consent in decisions around MAID. With more plentiful financial resources, getting help in the home or remaining more socially connected might have been possible and could have made a difference for these individuals. Secondly, the question needs to be asked whether there is scope creep in the MAID system due to the specific circumstances of how it is applied, and whether the current checks and balances to ensure that MAID is accessed for valid reasons are adequate. Now that a legal and accessible option to MAID exists, it is impossible not to know that it can be accessed, even if other – more costly – options would be more appropriate and desired by the individual seeking MAID. Thirdly, and arguably the most serious concern, is that the fact that such cases are possible at all points to a fundamental flaw with the MAID approach. The question needs to be asked whether a system that allows for such developments is suitable. One cannot help but wonder if it would not be more compassionate were the resources devoted to supporting a dignified death instead used to allow a dignified life for those most in need, who may be in pain, poor, socially isolated and at a point of desperation, but who are nonetheless still living meaningful lives. People with disabilities and the elderly would appear to be particularly at risk, and in need of advocacy.

Reçu/Received: 13/07/2023

Conflicts d'intérêts

Aucun à déclarer

Publié/Published: 04/12/2023

Conflicts of Interest

None to declare

Édition/Editors: Hazar Haidar & Aliya Affdal

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