

# Long COVID patient in Canada requests medical assistance in dying due to lack of health and social care

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17 September 2024

A Quebec man suffering from Long COVID recently requested Medical Assistance in Dying (MAID) due to the deplorable level of health and social care offered to support his debilitating condition. Sebastien Verret, 44, who has lived with Long COVID for more than three years, said he was exhausted from living in pain and worried about becoming an increasing burden to his family.

The former salesman contracted COVID-19 in December 2020, just days after beginning a new job at a long-term care home. Verret had registered with the “Je Contribu” platform, which was set up by the Quebec Ministry of Health and Social Services in March 2020 to help alleviate staff shortages at the start of the pandemic.

At first, he struggled with chronic fatigue, which then developed into nausea and seizures. Verret’s symptoms, instead of getting better over time, built up to the point that he had to choose which household chores he would attempt to complete while trying to care for his children.

CNESST, the Quebec government agency responsible for occupational health and safety, provided some compensation to help cope with his debilitating condition, but the bills piled up. By February 2023, Verret could no longer afford his housing and he was compelled to move in with his parents.

Speaking to the Canadian Press, Verret said, “I was in recovery. I was doing occupational therapy and I had hope—not that I would be cured, because I don’t think I’m ever going to be cured—but I had hope that I would be able to live with the disease, to deal with it.”

Living with his parents for a few months allowed Verret to restore some of his physical health and improve his financial situation to the point that he could rent his own accommodation again. “And then the downward spiral began,” he said. Without specialized care, the symptoms returned and intensified, “thrombosis, sepsis, cardiac arrest, inflammation, severe diarrhea, back pain and a diagnosis of collagenous colitis.”

He was denied domestic assistance through the provincial illness insurance program, and Verret’s condition worsened to the point that in June 2024, he once again found himself in the emergency department.

When told that the government could do nothing to help give him the time to substantially recuperate, Verret made the request for medical assistance in dying.

“I would like the government to wake up and give us help with domestic tasks ... to relax the rules for the program. That’s the solution,” he explained. “The six months I spent with my parents, I got back on my feet, and I had hope. I was almost ready to go back to work with a job that corresponded to my new reality.”

MAID was introduced in Canada in 2015. To qualify, the person had to be at least 18 years old, and their natural death had to be “reasonably foreseeable.” Following a legal challenge, a Quebec court perversely ruled that the restriction to accessing MAID violated the rights to life, liberty, and security of the person, and to equality. In response, the Liberal government passed Bill C-7 in 2021 to expand MAID to so-called “Track 2” cases, i.e., people with debilitating conditions who did not face an imminent natural death.

Emmanuelle Marceau, associate professor at the Université de Montréal’s (UdeM) School of Public Health told the *Canadian Press* that there are gaps in the country’s healthcare system when it comes to home care and housekeeping and that there are injustices linked to illness.

Marceau, also an associate researcher at the Centre for Research in Ethics (CRÉ), asked,

What is a life worth living? Is a life with a lot of physical suffering and little hope of change no longer worth it? With the opening of medical assistance in dying, there is a fear that people will feel that they no longer have a meaning. They no longer have a contribution for their loved ones, for their family, on the contrary, they see that they are preventing them. I think we must question someone who would like MAID for these reasons. At that point, we can ask ourselves as a society: aren’t we abandoning the most vulnerable?

In Quebec, a person wishing to obtain medical aid in dying must be at least 18 years of age and be capable of giving consent to care, which means the person must be able to understand the situation and the information given by health professionals as well as make decisions. The applicant must be in a situation in which they experience constant and unbearable physical or psychological suffering that cannot be relieved in a manner the person deems tolerable.

An applicant must also be in one of the following situations: 1) suffering from a serious disease and having a medical situation characterized by an advanced and irreversible decline in capacity, or 2) having a serious physical impairment resulting in significant and persistent disability.

In 2022, *The BMJ* (formerly the *British Medical Journal*) reported that according to Michel Bureau, president of the province’s Commission on End of Life Care, Quebec had become the jurisdiction with the highest proportion of people choosing MAID globally. Bureau told a press conference that 5.1 percent of deaths in Quebec were the result of MAID, whereas in the Netherlands it was 4.8 percent of deaths and in Belgium 2.3 percent. In the rest of Canada, rates had been steadily rising to reach

**MAID: A program of social euthanasia for the poor and disabled**

3.3 percent of all deaths in 2021, the year during which the criteria for accessing MAID were loosened.

Fortunately for Sebastien Verret the publicity surrounding his case seems to have given him new strength. After hearing from many others in the same situation, he decided to found the Quebec Long COVID Association. Speaking to Radio-Canada, Verret said, “The rage and anger that I could have had, I transformed into positive energy to try to create a unifying project.”

In 2022, Sera Whitelaw, Trudo Lemmens and Harriette G.C. Van Spall, Medicine and Law faculty at McGill University, the University of Toronto and McMaster University, published an article in response to the revision of MAID restrictions by the federal government. Pointing to the pressures applied to the most vulnerable sections of society to use MAID, they wrote:

We must realize that Canada has significantly underfunded social support spending compared to other economically similar countries, which was recently shown in the 2020 Organization for Economic Cooperation and Development Social Spending update, and acknowledge this impact on health outcomes. Additionally, all decisions pertaining to MAID should be made in consultation with the best available evidence, while ensuring that proper safeguards are in place to protect our vulnerable populations. Lack of rigorous research, inadequate social support funding, poor living conditions, and inadequate access to care and support will continue to put individuals at risk. Consequently, if we fail to act promptly, we may find more people, particularly society’s most vulnerable, opting for MAID.

The COVID-19 pandemic has exemplified how disparities and despair could be alleviated with adequate support and services. As the MAID practice continues to grow, we need to insist that our legislative branches of government and health systems critically evaluate opportunities for improved services rather than further expanding MAID. This should include a detailed assessment of the underlying reasons why people opted for MAID, and how these underlying reasons should be addressed with better health care, social supports, disability services, and other measures that promote dignity in life, so that individuals do not seek to access a government-funded and health system-provided assisted death. It is important that we learn from our experiences in the COVID-19 pandemic context, while also adjusting our laws, systems, and processes to improve social justice and protect those who are in situations of heightened vulnerability.

That same year, the case of a 31-year-old disabled woman from Toronto who sought MAID after failing to secure appropriate housing for her condition was widely reported. As the *World Socialist Web Site* explained in its article on the case:

The increase in MAID cases makes a mockery of claims by its supporters that the expansion of the legislation to include “Track 2” cases was a “progressive” reform because it strengthened “personal medical choice.” There can be no talk of “free choice” when the most basic necessities of daily life are denied by a social order that prioritizes private profit over the protection of human life.

## MAID and the COVID-19 pandemic in Canada

It was not a coincidence that Canada’s ruling elite implemented what is in all essentials a program of social euthanasia in the midst of the COVID-19 pandemic. Like governments the world over, the Canadian Liberal government has prioritized the protection of corporate profits over human lives. Forced to implement temporary lockdowns in early 2020 due to wildcat strikes and mass opposition to the spread of the deadly virus among workers, the ruling class responded with a devastating back-to-work campaign that ultimately led to the abolition of all public health measures and the adoption of a policy of “forever COVID.” Official statistics show that over 50,000 Canadians have died so far from the entirely preventable disease, but the real figure is undoubtedly much higher.

According to a survey released by Statistics Canada in December 2023, roughly 7 percent of the adult population, about 2.1 million people, live with symptoms consistent with the definition of Long COVID. That is, having symptoms for three or more months after a confirmed or suspected infection with the virus that causes COVID-19, which could not be otherwise explained.

Of those who sought healthcare for their symptoms, about 40 percent had difficulty obtaining it. Currently there are no diagnostic tests that can account for the phenomenon and very few clinics across the country handle Long COVID cases. Of those that do so, many have either gone exclusively online or been discontinued. As the COVID-19 virus is allowed by the ruling class to continue circulating and mutating, the pool of potential Long COVID sufferers and potential MAID candidates will continue to grow even further, beyond what is already an unmanageable situation.

The OurCare Initiative, a survey of 10,000 Canadians, led by Dr. Tara Kiran, a family doctor and scientist with the MAP Centre for Urban Health Solutions at Toronto’s St. Michael’s Hospital, reported in February that an estimated 6.5 million Canadian adults (approximately 22 percent of the adult population) have no regular access to a family doctor or nurse practitioner. The problem is particularly acute in the Atlantic provinces and Quebec, where slightly more than 30 percent of people report having no primary care provider.

Dr. Kiran believes that governments need to spend tens of billions of dollars more on healthcare to avoid a serious deterioration in the quality of life for the average person. Speaking to CBC, she said, “Incremental improvement isn’t enough. Going from 77 percent covered to 80 percent or 85—that won’t cut it. We actually have to design around full population coverage and that means actually looking at our healthcare system differently. We need 10 times the investment that has been committed to realize that vision of high-quality primary care for everyone.”

It goes without saying that none of the established political parties would ever tolerate, never mind advocate, such a proposal. The only spending that the Liberals, New Democrats, Conservatives, and Bloc Quebecois would consider increasing ten times over is the war budget, which funds the ongoing US/NATO war on Russia, Canada’s support for Israel’s genocide against the Palestinians, provocations against China in the Indo-Pacific, and the rearming of Canada’s military to fight imperialist wars around the world. These same parties rushed to provide the country’s big banks and corporations with \$650 billion virtually overnight at the start of the pandemic to ensure the protection of their bottom lines.

Canada is a vast country with enormous wealth. Those who generate that wealth, the working class, must be the ones who determine social and economic priorities. The tens of billions of dollars earmarked for imperialist war by the bourgeois parties in Canada’s parliament must be expropriated and reassigned for the common good. The treatment of those

currently afflicted with Long COVID and the eradication of the virus before a tidal wave of suffering overwhelms the healthcare system must be a top priority. This can only be accomplished by a global strategy to combat COVID and other deadly diseases, which necessitates the political mobilization of the working class in the fight for world socialism.



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