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Reports expose how Canada's state-sponsored assisted suicide program disproportionately targets the socially vulnerable

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Serious questions have been raised about the implementation and direction of the euthanasia program in Canada known as Medical Assistance in Dying, or MAiD. In line with warnings made in previous articles on the *World Socialist Web Site*, medical professionals are pointing to clear indications that the program is becoming a convenient alternative to solving complex long-term social and economic problems.

After the Supreme Court of Canada struck down the Criminal Code prohibition on assisted suicide, legislation was enacted in 2016 that enabled people who have a grievous and irremediable medical condition, and whose natural deaths were "reasonably foreseeable," to request assistance in dying.

Among the other criteria for eligibility was that the applicant had to be at least 18 years old with the capacity for decision-making, had made the request voluntarily without external pressure and had been informed of all the means available to relieve their suffering, including palliative care. The original intention of the law was to support individual autonomy, offer freedom of choice and above all, reduce the suffering of terminally ill patients.

In 2019, the Superior Court of Quebec declared that the criteria that a person's natural death had to be "reasonably foreseeable" was too restrictive and therefore unconstitutional. The decision was based on the case of a pair of Quebec patients with incurable conditions, who without the same access to assisted dying would be forced to continue living in great pain. Rather than appeal the ruling, the federal government amended the MAiD law to remove the "reasonably foreseeable death" condition for eligibility. Thence forward there would two paths to access MAiD—resulting in a vast increase in potential eligibility. Track 1 is for persons with reasonably foreseeable natural deaths and Track 2 is for persons with non-reasonably foreseeable natural deaths.

Applicants in both Tracks must fulfill the requirements of the original legal guidelines—which include consultations with competent healthcare professionals and an explanation of alternatives—but Track 2 candidates must also be assessed by a specialist in their particular condition. They must also submit to a 90 day schedule for the application process from start to end. But in neither case is the patient required to exhaust all medical treatments before recourse to MAiD.

In a report from the Office of the Chief Coroner for Ontario that was not made available to the public but recently leaked to the media, "three purposively selected MAiD deaths" were reviewed among the recent Track 2 group of applicants.

The report noted, "The persons accessing MAiD belonged to groups who potentially experienced marginalization and structural inequities." Stopping short of suggesting that those factors played a major role in the motivation to access MAiD, the report nonetheless went on to say that "the themes identified during the review are not uncommon within the MAiD review process." More importantly, the review admittedly encompassed "only a small sample of MAiD Track 2 deaths, representing a notable limitation" in the scope of the report.

The report was issued by the MAiD Death Review Committee (MDRC) which was established in January of this year. The committee is comprised of 16 members from across multiple disciplines—law, ethics, medicine, social work, nursing, mental health and disability experts, and a member of the public—in an effort to bring diversity of expertise in providing oversight and transparency to MAiD in Ontario.

In one of the cases that was illustrated, an unemployed man in his late 40s with debilitating ulcers and a history of substance abuse and mental illness was granted medical assistance in dying. Some members of the MDRC were shocked to learn that in the course of the man's treatment, a psychiatrist had suggested euthanasia during a mental health assessment. Committee members questioned whether authorities tried hard enough to relieve the patients' condition before his MAiD request was fulfilled.

In another case, which was reported by the WSWS at the time, a woman in her 50s who suffered from depression, anxiety and mental illness was granted MAiD largely because she could not arrange suitable housing to relieve her suffering from multiple chemical sensitivity syndrome.

The third case that was selected for review involved a socially isolated man in his 40s with inflammatory bowel disease, and addictions to opioids and alcohol. Without consulting his family, he too was introduced to the possibility of MAiD during a psychiatric assessment. The MAiD provider actually drove him to the location where he underwent an assisted death.

The MDRC report details that since 2021, when the eligibility criteria were expanded, 2.6 percent of MAiD provisions have been completed under the Track 2 guidelines. In 2023, there were a total of 4,644 MAiD provisions of which 116 deaths were Track 2.

The data showed that Track 2 MAiD recipients were more likely to live alone. While 90 percent of Track 1 recipients provided an immediate family member as their next of kin, that was true for only 73 percent of the Track 2 group. In their case, they were more likely to have provided a friend, extended family member, or other person, such as a case worker, lawyer, or healthcare provider.

Not surprisingly, given privacy rights in the medical sphere, the information collected about individual MAiD recipients does not include socioeconomic data. Instead the MDRC relies on general data from the residential neighbourhood where a MAiD recipient lived to provide insight into the level of marginalization and vulnerability the individual may have experienced. Using an index developed by Public Health Ontario, the Centre for Urban Health Solutions and St. Michael's Hospital, the MDRC was able to report that "Track 2 recipients are more likely to reside in areas of the province with high levels of marginalization (28.4%) than Track 1 recipients (21.5%)."

In an understated observation, the report remarked:

> MDRC members who advocate for vulnerable persons presented that a goal of this review should be the consideration of equitable access to health and social care systems. They emphasize that persons who access MAiD with a NRFND [non-reasonably foreseeable natural deaths] should have comprehensive care options to mitigate suffering, including appropriate medical care, counselling, disability and mental health supports, and community-enriching activities. MDRC member advocates positioned that MAiD should not be the solution for societal and policy failures. Some other members stated that societal and policy deficiencies should not disenfranchise persons from accessing MAiD provided that reasonable attempts were made to access services.

Speaking to the media after the publication of the MDRC report, Sonu Gaind, a professor of medicine at the University of Toronto, said he was alarmed at the handling of mental health conditions in those seeking MAiD. He explained, according to the Associated Press (AP), "What we're doing in many cases is the opposite of suicide prevention."

Trudo Lemmens, a professor of health law and policy also at the University of Toronto, said, "Either the law is too broad, or the professional guidance not precise enough. Or it is simply not seen as a priority to protect some of our most vulnerable citizens." Lemmens continued that it is possible that medical professional bodies and judicial authorities are "unwilling to curtail practices that appear ethically problematic."

Perhaps more damning are the leaks provided in a separate investigation by the AP that was published shortly before the MDRC report.

When the MAiD legislation was enacted, doctors and nurse practitioners set up confidential email discussion groups that avoided identifying individual patients in order to discuss potentially problematic instances. Those forums are now organized by the Canadian Association of MAiD Assessors and Providers.

Numerous messages concerning complex medical and ethical issues regarding Track 2 requests from patients across the country initiated passionate debate.

According to AP, responses included: "I don't want (euthanasia) to become the solution to every kind of suffering out there" and "I have great discomfort with the idea of MAiD being driven by social circumstances. I don't have a good solution to social deprivation either, so I feel pretty useless when I receive requests like this."

Kasper Raus, a researcher at Ghent University's Bioethics Institute in Belgium, told the AP, "The question about who gets euthanasia is a societal question. This is a procedure that ends people's lives, so we need to be closely monitoring any changes in who is getting it," adding, "If not, the entire practice could change and veer away from the reasons that we legalized euthanasia."

Given that the amendments to the federal MAiD legislation enacted in 2021 fundamentally changed the character of the legalized euthanasia program, and that the first report of a provincial MAiD death review committee (the only one of its kind in the country) has exposed anecdotal and statistical evidence that poor and disadvantaged applicants are being given easier access to MAiD, there should be a major response from the relevant authorities. MAiD is far more than a medical issue—it is a critical social policy initiative that affects every single person, especially those who possess the fewest resources to avoid having to resort to the most desperate measures.

But such a response cannot be expected from the capitalist state and political parties that support it, all of whom have embraced the principle of "profits before life." It is significant in this regard that the expansion of MAiD eligibility took place side by side with the ruling elite's adoption of a "let it rip" policy during the early stages of the ongoing COVID-19 pandemic, claiming the lives of tens of thousands in Canada and infecting millions with a potentially deadly virus.

Moreover, governments at all levels, whether led by the union-backed Liberals, the Conservatives, Quebec nationalists, or New Democrats, have enforced a rigorous austerity program over the past three decades that have cut social services to the bone. At the same time, handouts to the super-rich have increased dramatically even as their wealth surges, driving income inequality in Canada to the highest level on record. Huge sums of society's resources have been redirected into the military to enable Canadian imperialism to wage war around the world in alliance with its US ally. As a result, there is nothing left to help the most complex medical cases among the socially vulnerable sections of the population, apart from a suicide pill.

Recognizing the right of the terminally ill to secure relief from unbearable pain without exploiting this as an excuse to cull society's most vulnerable is a task that only a workers' government committed to socialist policies can accomplish. Only when the pre-eminence of the accumulation of private profit over everything else has been abolished, and social policies are implemented to meet the basic needs of the vast majority rather than the wealthy few, can the decision to end one's life be truly a "last resort" chosen freely by the individuals concerned.