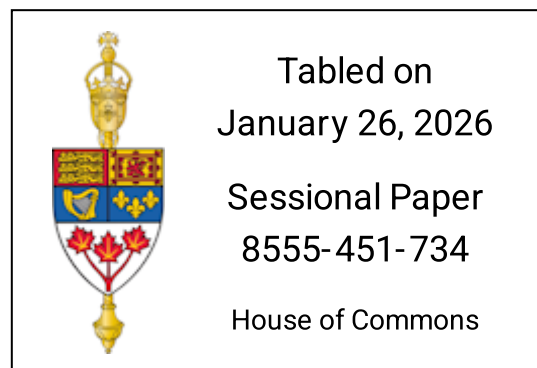

Question

With regard to the government's medical assistance in dying policy and preparations to expand eligibility to individuals whose sole underlying condition is a mental illness by March 2027: (a) what internal committees, working groups or advisory bodies are currently responsible for developing the framework for this expansion; (b) what consultations have been conducted since 2023, including, for each, the (i) dates, (ii) participants, (iii) summaries of written submissions received; (c) what draft guidelines, risk analyses or policy options have been circulated within the government or to external stakeholders; (d) what plans exist for formal parliamentary scrutiny prior to 2027, and will those plans include the tabling of all analyses and documents so Parliament and the public can review the work undertaken; (e) what safeguards, assessment criteria and clinical protocols is the government considering, particularly given the lack of consensus regarding the irremediability of mental illness; (f) since 2023, has the government consulted independent experts, including human rights experts, regarding potential impacts on vulnerable Canadians; (g) what concerns, warnings or dissenting opinions have been raised by federal officials, external experts or researchers; (h) what recommendations have been made to mitigate the risks identified in these analyses or consultations; (i) have any government analyses assessed the policy option of not proceeding with the expansion, in light of evidence that medical assistance in dying for mental illness cannot be implemented safely within an acceptable margin of risk to vulnerable Canadians; (j) how is the government working to protect the conscience rights of physicians who oppose medical assistance in dying, in light of recent Health Canada guidance encouraging clinicians to raise medical assistance in dying as an option; and (k) what complaints, reviews or appeals has the government received regarding medical assistance in dying delivery, and how it is addressing ongoing transparency concerns surrounding medical assistance in dying cases?

Response

This response was tabled in the House of Commons on January 26, 2026, as Sessional Paper 8555-451-734.



Presented by

Kevin Lamoureux

Parliamentary Secretary to the
Leader of the Government in
the House of Commons

Health Canada

Reply by: the Minister of Health

Name of Signatory: Signed by Maggie Chi

Reply

Health Canada

(a) what internal committees, working groups or advisory bodies are currently responsible for developing the framework for this expansion

The federal legal framework for medical assistance in dying is set out in the *Criminal Code* and provides the minimum requirements for the lawful provision of medical assistance in dying. These include eligibility criteria to determine who may be able to receive medical assistance in dying and procedural safeguards to ensure medical assistance in dying is safely provided.

Provincial and territorial governments are responsible for the organization, management and delivery of health services in their jurisdiction, including medical assistance in dying.

Health Canada has been working with the Federal/Provincial/Territorial Assistant Deputy Minister Committee on Medical Assistance in Dying to support provincial and territorial health systems on the safe and appropriate delivery of medical assistance in dying. This includes discussions on issues related to medical assistance in dying eligibility for individuals whose sole underlying condition is mental illness.

(b) what consultations have been conducted since 2023, including, for each, the (i) dates, (ii) participants, (iii) summaries of written submissions received

The [Parliamentary Special Joint Committee on Medical Assistance in Dying](#) was established by Orders of Reference from the House of Commons and the Senate during the 44th Parliament. Its work, including a list of all meetings, participants,

and written submissions received, is [available online](#).

Health Canada has also consulted extensively with Indigenous Peoples on end-of-life care, including medical assistance in dying. In 2024 Health Canada held 23 roundtables to hear Indigenous perspectives on end-of-life care, focused on medical assistance in dying, and also hosted an online survey. A “What We Heard” report summarizing the information collected through these engagement activities is planned for release in 2026.

Health Canada also publishes an [Annual Report on Medical Assistance in Dying](#), and published [What we heard: National conversation on advance requests for medical assistance in dying - Canada.ca](#) in October 2025.

(c) what draft guidelines, risk analyses or policy options have been circulated within the government or to external stakeholders?

Medical assistance in dying is a health service provided by provincial and territorial health systems as part of end-of-life or complex care within a federal legal framework for medical assistance in dying, which establishes robust eligibility criteria and stringent safeguards that must be met for an individual to receive medical assistance in dying. The responsibility for regulation of clinical practice and the management of health services like medical assistance in dying rests with provincial and territorial ministries of health, as well as a number of provincial and territorial bodies, including provincial and territorial health professional regulatory bodies.

To support provincial and territorial governments in the safe and appropriate delivery of medical assistance in dying, the federal Government has funded a number of projects, including:

- Providing funding for the Canadian Association of Medical Assistance in Dying Assessors and Providers to develop and deliver the [Canadian Medical Assistance in Dying Curriculum](#), an accredited bilingual curriculum for clinicians. The curriculum includes modules on complex medical assistance in dying scenarios and provides the main clinical practice considerations involved in medical assistance in dying for persons with mental illness.
- Funding the development and publication of a [Model Practice Standard for Medical Assistance in Dying](#) and an accompanying [Advice to the Profession](#) document by the Medical Assistance in Dying Practice Standards Task Group.
- Funding for the Canadian Psychiatric Association to develop clinical practice guidelines to support health care practitioners in assessing requests for medical assistance in dying where a mental illness is the sole underlying medical condition. These guidelines will address issues related to suicidality and irremediability of mental disorders. The work is expected to be completed in early 2026.

(d) what plans exist for formal parliamentary scrutiny prior to 2027, and will those plans include the tabling of all analyses and documents so Parliament and the public can review the work undertaken?

[Bill C-62](#) from the 44th Parliament included a provision that a Joint Committee of both Houses of Parliament undertake “a comprehensive review relating to the eligibility of persons whose sole underlying medical condition is a mental illness to receive medical assistance in dying” by February 2026. As committees are masters of their own domain, it will be responsible for publishing all analyses and documents it receives.

(e) what safeguards, assessment criteria and clinical protocols is the government considering, particularly given the lack of consensus regarding the irremediability of mental illness

The federal government has been working closely with its provincial and territorial partners through the Federal/Provincial/Territorial Assistant Deputy Minister Committee on Medical Assistance in Dying to support health system readiness for Medical Assistance in Dying through sharing best practices, strengthening collaboration and deepening the

work with experts and stakeholders on needed supports to allow for the safe implementation of medical assistance in dying in Canada. This work includes discussing the issue of eligibility for individuals whose only condition is mental illness.

In 2021, the Ministers of Health and Justice launched an Expert Panel on Medical Assistance in Dying and Mental Illness to conduct an independent expert review on the issue of eligibility for individuals whose only condition is mental illness. This panel consisted of psychiatrists, ethicists, legal experts and persons with lived experience. The [Final Report of the Expert Panel on MAiD and Mental Illness](#) is available online.

Health Canada provided funding to the Canadian Association of Medical Assistance in Dying Assessors and Providers to develop and deliver the [Canadian Medical Assistance in Dying Curriculum](#), an accredited bilingual curriculum for clinicians. The curriculum includes modules on complex medical assistance in dying scenarios and provides the main clinical practice considerations involved in medical assistance in dying for persons with mental illness.

Health Canada published a [Model Practice Standard for Medical Assistance in Dying](#) and an accompanying [Advice to the Profession](#) document, developed by an expert task group of clinicians. These documents underscore the importance of:

- ensuring that a person's request for medical assistance in dying is consistent with the person's values and beliefs, is unambiguous and enduring;
- ensuring a person's request for medical assistance in dying is rationally considered during a period of stability, and not during a period of crisis (which may require serial assessments);
- being alert to the possibility of acute suicidality and mobilizing individual suicide prevention efforts where appropriate.

Finally, Health Canada is funding the development of clinical practice guidelines to support health care practitioners in assessing requests for medical assistance in dying where a mental illness is the sole underlying medical condition. These guidelines will address issues related to suicidality and irremediability of mental disorders and are being done by the Canadian Psychiatric Association. The work is expected to be completed in early 2026.

(f) since 2023, has the government consulted independent experts, including human rights experts, regarding potential impacts on vulnerable Canadians

Anyone who makes the difficult decision to apply for Medical Assistance in Dying has their situation carefully assessed by medical professionals, and there are safeguards in place to protect vulnerable people. More information on these safeguards is available at [Canada's medical assistance in dying \(MAiD\) law](#).

The federal government carried out extensive consultations on issues surrounding Medical Assistance in Dying prior to 2023, and continues to do so today. The Council of Canadian Academies conducted a comprehensive expert review of the available evidence on medical assistance in dying where a mental illness is the sole underlying medical condition, identifying gaps in knowledge, and outlining the risks and benefits of allowing medical assistance in dying in these circumstances. Its [final report](#) was tabled in Parliament in 2018. Additionally, the [Expert Panel on Medical Assistance in Dying and Mental Illness](#) was launched to undertake a review “respecting recommended protocols, guidance and safeguards to apply to requests for medical assistance in dying by persons who have a mental illness.” Its [final report](#) was tabled in Parliament in 2022.

The federal government has continued to engage with provinces and territories on an ongoing basis on the topic of medical assistance in dying where a mental illness is the sole underlying medical condition, given their role in implementing safe and appropriate Medical Assistance in Dying services in Canada.

Through the Public Health Agency of Canada, the Mental Health Promotion Innovation Fund aims to improve mental health for individuals and communities where interventions are delivered and to reduce systemic barriers for population mental health in Canada. Target populations include First Nations, Inuit, Métis, newcomers, 2SLGBTQI+, and other groups experiencing socio-economic risk factors.

The federal government is also proud to continue its support for the 9-8-8: Suicide Crisis Helpline. 9-8-8 went live and operational on November 30, 2023, and provides people across Canada with access to suicide prevention support through trained responders by phone calls and text, 24/7/365, in English and French. The 9-8-8: Suicide Crisis Helpline is led by the Centre for Addiction and Mental Health, which has recruited 39 local, provincial, and national crisis and distress lines to the 9-8-8 responder network to offer suicide prevention supports across Canada.

(g) what concerns, warnings or dissenting opinions have been raised by federal officials, external experts or researchers

The Special Joint Committee on Medical Assistance in Dying heard from a wide range of experts and researchers on the subject of medical assistance in dying from persons with a mental illness. The testimony from the committee hearings are [available online](#).

The topic of medical assistance in dying where a mental illness is the sole underlying medical condition came up during [Health Canada's engagement with Indigenous Peoples](#) on the broader topics of end-of-life care and medical assistance in dying. The findings from these engagements are available in [the "What We Heard" report](#).

(h) what recommendations have been made to mitigate the risks identified in these analyses or consultations

In its [report](#) tabled in January 2024, the Special Joint Committee on Medical Assistance in Dying recommended that medical assistance in dying where a mental illness is the sole underlying medical condition should not be made available in Canada until the Ministers of Health and Justice are satisfied that it can be provided safely. In 2023, provinces and territories similarly advised the federal government to further extend the deadline of the sunset clause temporarily excluding eligibility for persons with a mental illness as a sole underlying medical condition (which was done via former Bill C-62).

(i) have any government analyses assessed the policy option of not proceeding with the expansion, in light of evidence that medical assistance in dying for mental illness cannot be implemented safely within an acceptable margin of risk to vulnerable Canadians

The evidence on the safe implementation of medical assistance in dying for persons whose sole underlying condition is a mental illness varies.

In its final report, the Expert Panel on Medical Assistance in Dying and Mental Illness (the Expert Panel) made several recommendations to support the safe implementation medical assistance in dying where a mental disorder is the sole underlying medical condition. Its recommendations set out a careful approach to assessing medical assistance in dying requests from persons with mental illness, and other medical assistance in dying requests that raise questions regarding irremediability, capacity, structural vulnerability, and suicidality.

Firstly, the Expert Panel provided recommendations on what would be required to constitute a "[grievous and irremediable medical condition](#)". In summary, they recommended that:

- "Medical assistance in dying assessors should establish incurability with reference to treatment attempts made up to that point, outcomes of those treatments, and severity and duration of illness, disease or disability."
- "Medical assistance in dying assessors should establish irreversibility with reference to interventions tried that are designed to improve function, including: recognized rehabilitative and supportive measures that have been tried up to that point, outcomes of those interventions, and the duration of decline."
- Incurability and irreversibility be assessed on a case-by-case basis, that takes into account the nature and severity of medical conditions the person has, their overall health status, their baseline function as well as their life goals.

- Requesters and assessors must come to a shared understanding that the person has a serious and incurable illness, disease or disability and is in an advanced state of irreversible decline in capability.

Secondly, the Expert Panel emphasized the importance of [comprehensive capacity assessments](#) when assessing decision-making capacity. They recommended that “medical assistance in dying assessors should undertake thorough and, where appropriate, serial assessments of a requester’s decision-making capacity in accordance with clinical standards and legal criteria.” From their perspective, “in order to undertake rigorous capacity assessments, assessors must be familiar with standardized, validated, capacity assessment tools such as the MacArthur Competence Test for Treatment.”

Thirdly, the Expert Panel underscored the importance of ensuring that people requesting medical assistance in dying have access to the [fullest possible range of social supports which could potentially contribute to reducing suffering](#). To this end, they recommended that “‘community services’ in Track 2 Safeguard 241.2(3.1)(g) should be interpreted as including housing and income supports as means available to relieve suffering and should be offered to medical assistance in dying requesters where appropriate.” For reference, Track 2 Safeguard 241.2(3.1)(g) states that medical assistance in dying assessors and providers must “...ensure that the person has been informed of the means available to relieve their suffering including, where appropriate, counselling services, mental health and disability support services, community services, and palliative care and has been offered consultations with relevant professionals who provide those services or that care.”

Finally, the Expert Panel stressed that it is important for medical assistance in dying assessors and providers to ensure the [consistency, durability and well-considered nature of a person’s medical assistance in dying request](#). To address concerns regarding suicidality, they recommended that medical assistance in dying assessors “should ensure that the requester’s wish for death is consistent with the person’s values and beliefs, unambiguous and rationally considered during a period of stability, not during a period of crisis.” From their perspective, people requesting medical assistance in dying for a mental illness should be “assessed serially, including when possible, during periods of remission or reduced symptoms, and not during periods of acute emotional distress or crisis.”

The federal government continues to work with provinces and territories on the safe and appropriate implementation of medical assistance in dying, including where mental illness is the sole underlying condition.

(j) how is the government working to protect the conscience rights of physicians who oppose medical assistance in dying, in light of recent Health Canada guidance encouraging clinicians to raise medical assistance in dying as an option

Nothing in the *Criminal Code* compels practitioners to provide or assist in providing medical assistance in dying. This is stated expressly under subsection 241.2(9).

The delivery of health care and the regulation of medical professionals fall within the jurisdiction of the provinces and territories. No province or territory compels practitioners to provide medical assistance in dying. However, provincial and territorial regulatory bodies can adopt policies requiring “effective referrals,” as is the case in Ontario. In the medical assistance in dying context, this means a practitioner who conscientiously objects to medical assistance in dying must provide a patient with an effective referral in a timely manner to allow the patient to access care and not expose them to adverse clinical outcomes due to a delay. Such policies have been challenged under the Charter and have been upheld as a reasonable limit on freedom of conscience and religion.

Health Canada does not have the constitutional jurisdiction nor mandate to issue clinical guidance to health care practitioners.

In 2022 the Medical Assistance in Dying Practice Standards Task Group, with financial support from Health Canada, developed resources to support provincial/territorial colleges of physicians and nurses to develop their own guidance documents. The [Task Group’s Advice to the Profession document](#) elaborates upon several clinical questions, including when it may be appropriate to a health care provider to initiate a discussion about medical assistance in dying.

(k) what complaints, reviews or appeals has the government received regarding medical assistance in dying delivery, and how it is addressing ongoing transparency concerns surrounding medical assistance in dying cases

Medical assistance in dying is a health service provided by provincial and territorial health systems as part of end-of-life or complex care within a federal legal framework for medical assistance in dying, which establishes robust eligibility criteria and stringent safeguards that must be complied with in order for an individual to receive medical assistance in dying.

The responsibility for regulation of clinical practice and the management of health services like medical assistance in dying rests with provincial/territorial ministries and provincial and territorial health professional regulatory bodies. They are responsible for oversight of health service delivery, including for ensuring compliance with the requirements of the *Criminal Code*. Members of the public who have concerns about a practitioner's adherence to the medical assistance in dying requirements are encouraged to contact the health professional regulatory body in their province or territory (that is, the College of Physicians or the College of Nurses).

Comprehensive reporting on medical assistance in dying is a critical component in supporting transparency and fostering public trust in the application of the law in Canada. Federal regulations require that provincial and territorial ministries of health—and, where there is no designated provincial or territorial representative, health providers and pharmacists—provide information to the federal government related medical assistance in dying services. The regulations also require that the federal Minister of Health publish a report of these pan-Canadian data annually. These [annual reports on medical assistance in dying](#) provide information on several areas, including:

- who is requesting medical assistance in dying
- why they're requesting medical assistance in dying
- circumstances in which medical assistance in dying is and is not provided