

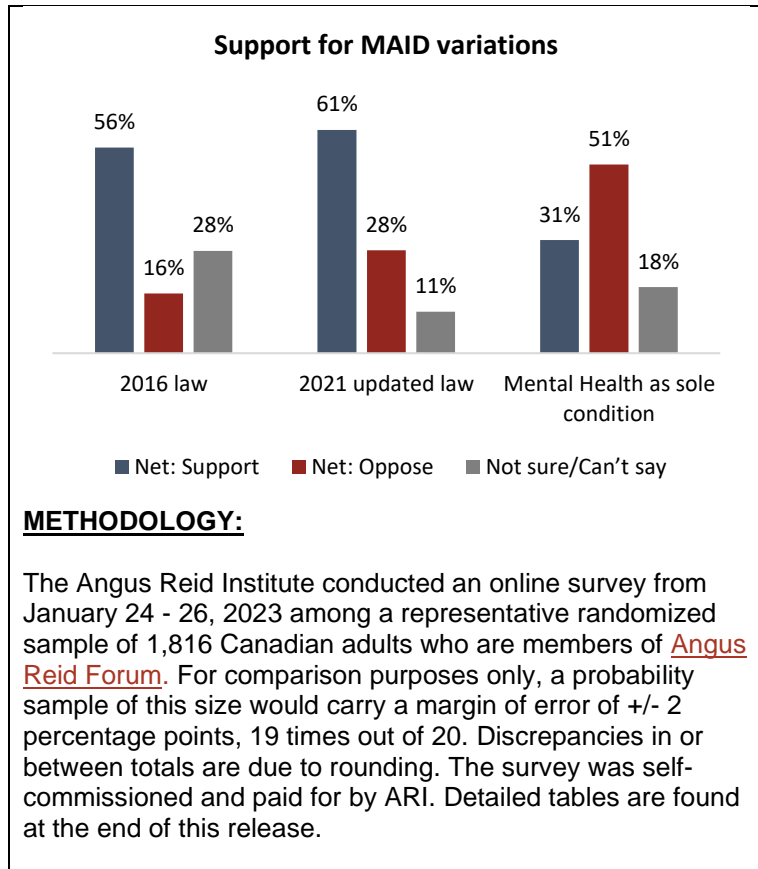
Mental Health and MAID: Canadians question looming changes to Canada's assisted-death law

Canadians divided whether surge in MAID since 2016 represents success or failure in health care

February 13, 2023 – As the Trudeau government [again delays changes](#) to Canada's medical assistance in death (MAID) laws that would have expanded coverage to those suffering solely from mental illness, new data from the non-profit Angus Reid Institute, conducted in partnership with [Cardus](#), finds Canadians generally supportive of the federal government's first two iterations of assisted dying legislation, but trepidatious when thinking about the likely next step.

Indeed, three-in-five Canadians (61%) say they support the current MAID law in Canada, which allows a patient to request the treatment under certain circumstances but without facing foreseeable death. This foreseeable death condition was a key component of the initial criteria in 2016 but was challenged in court and deemed unconstitutional.

The same support is not evident for the proposed addition of mental health as the sole condition for requesting MAID.



Just three-in-ten (31%) say they support the concept of offering MAID for irremediable mental illness. Half (51%) oppose this idea. Justice Minister David Lametti [said in early February](#) that the additional one-year delay (the government previously requested a two-year pause on expansion) will "provide time to help provincial and territorial partners and the medical and nursing communities to prepare to deliver MAID in these circumstances".

Since 2016 when the original MAID law was passed, the number of Canadians using the procedure per year has increased ten-fold, to more than 10,000 in 2021. Asked if they consider this a success, that Canadians are now controlling their end-of-life decisions, or a failure, that MAID may be overused or abused, Canadians are more inclined to see value in its availability. More than two-in-five (43%) say this, while one-quarter (25%) disagree and say this trend is a bad thing.

More Key Findings:

- Two-thirds (65%) say that potential MAID patients should have to exhaust all treatment options to access the procedure. One-quarter (24%) disagree.

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- Asked about different scenarios for MAID eligibility, Canadians hold varying views. Two-thirds say that someone dealing with debilitating chronic pain should be able to request MAID. Support is much lower in scenarios where a person is dealing with mental health challenges such as post-traumatic stress disorder (23%) or severe depression (22%)
- Faith is factor in views of assisted dying. Those who are Religiously Committed (defined by ARI's Spectrum of Spirituality) oppose access to MAID for all criteria. Others along the index, including the Privately Faithful, are more supportive of MAID in instances that do not involve mental health
- More than half of Canadians (55%) say they worry about MAID taking the place of improvements in social service. One-in-three are not concerned (36%)
- Will palliative care receive less attention and investment with MAID expanding? Older Canadians are largely unconcerned. More than half of those over the age of 54 say this is not a worry of theirs, while one-quarter express concern that palliative care may suffer.

About ARI

*The **Angus Reid Institute (ARI)** was founded in October 2014 by pollster and sociologist, Dr. Angus Reid. ARI is a national, not-for-profit, non-partisan public opinion research foundation established to advance education by commissioning, conducting and disseminating to the public accessible and impartial statistical data, research and policy analysis on economics, political science, philanthropy, public administration, domestic and international affairs and other socio-economic issues of importance to Canada and its world.*

About Cardus

*Founded in 1974, **Cardus** is an independent think tank located in the heart of Canada that focuses on human dignity, strong families, religious freedom, formative education, and healthy communities.*

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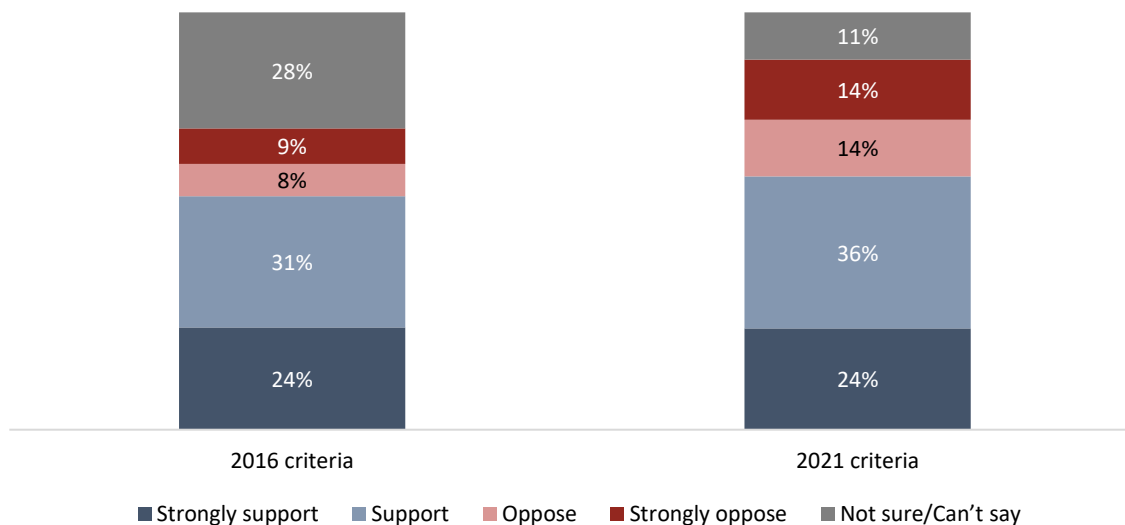
Part One: Assessing Medical Assistance in Dying Laws

The federal Liberal government implemented Canada’s first assisted dying law in 2016. This came after the Supreme Court ruled that prohibiting assisted dying was a contravention of the Canadian Charter of Rights and Freedoms. Under the initial criteria, mentally capable, consenting adults whose deaths were reasonably foreseeable were able to apply for MAID.

Support for MAID under 2016 and 2021 criteria

Canadians have been generally supportive of this 2016 criteria, and its successor, the 2021 legislation expanding MAID coverage to those Canadians dealing with serious, incurable illness or disability but whose deaths were *not* reasonably foreseeable. Note that respondents were given information about safeguards introduced with this law, which include a 90-day waiting period between requesting and accessing MAID, and the assessment of two physicians.

Support/Oppose for 2016 and 2021 MAID eligibility



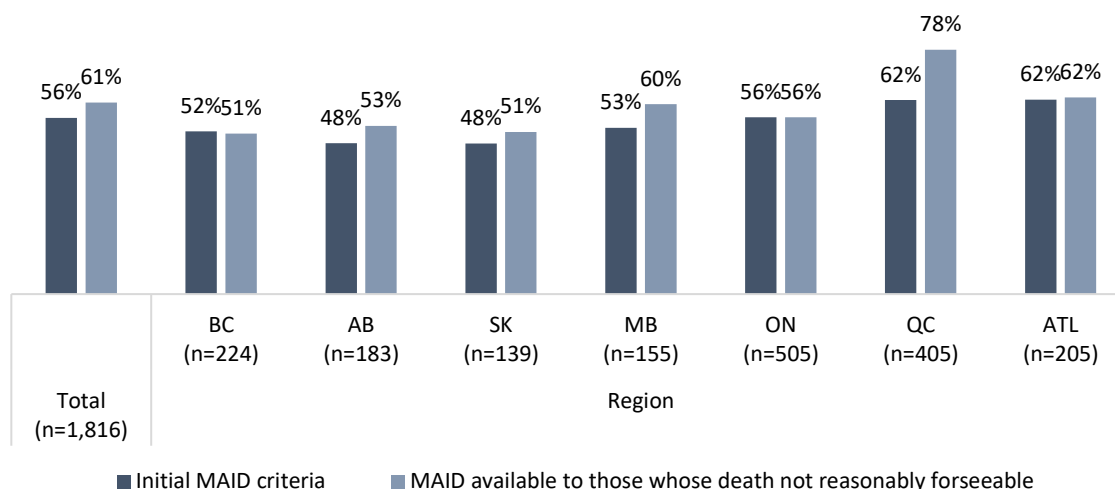
Quebec residents stand out as most supportive of MAID. In 2019 the Superior Court of Québec declared that the “reasonable foreseeability of natural death” provision in the 2016 law was unconstitutional. This challenge pushed the federal government to adopt new criteria in the 2021 law:

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Support for MAID

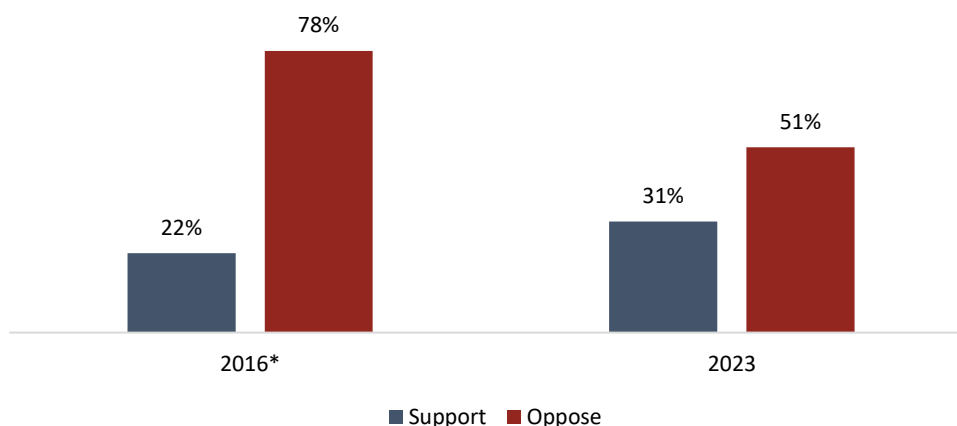


Mental health as sole condition for eligibility

Canada's MAID law was expected to change again in March of this year, with the Liberal government set to introduce a new eligibility – those suffering from mental illness. The senate voted to [amend Bill C-7](#), the 2021 law which aligned MAID eligibility with court requirements to remove foreseeable death as condition, in order to allow those who have grievous or irremediable mental illness to access this procedure. The government agreed but requested a two-year extension to prepare for implementation. That two years is set to expire in March, but the federal government is set to [extend that deadline further](#).

Since 2016, when the Angus Reid Institute originally asked about this concept, Canadians have become more supportive of allowing those with mental illness to access MAID, but are still in majority opposition:

Support or oppose extending availability of MAID to people whose sole condition is mental illness/psychological suffering



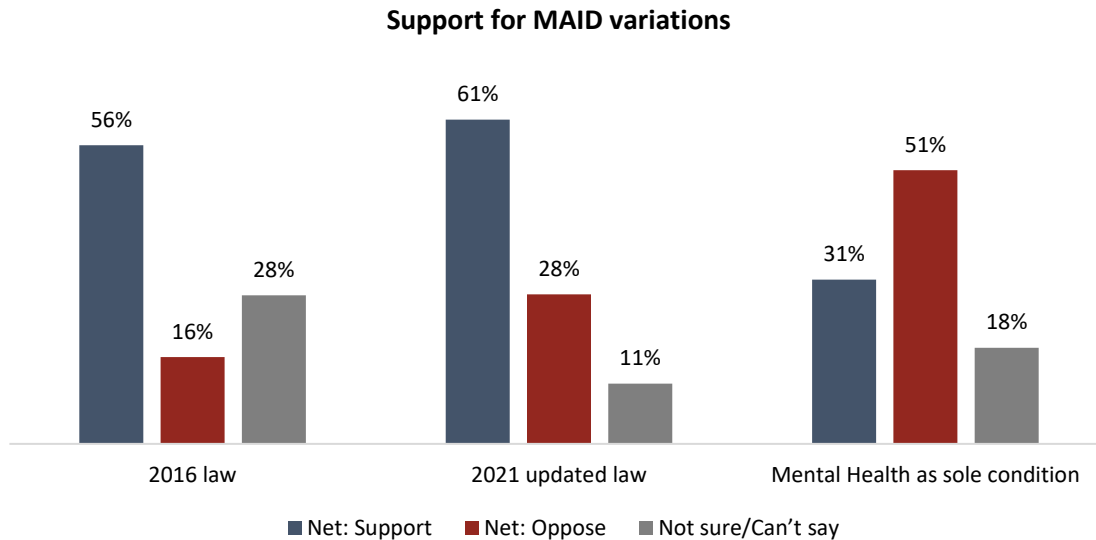
*see end of release for question wording

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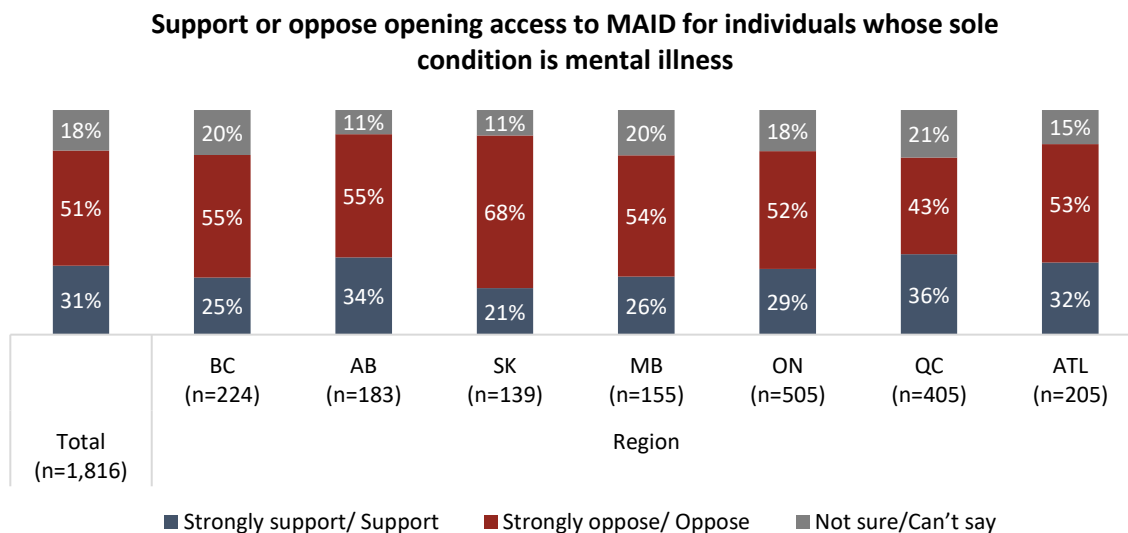
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Comparing this amendment to previous versions of Canada's MAID laws, the reversal in support is evident. Three-in-ten (31%) support MAID for those whose sole condition is mental illness, half as many as support the 2021 law without this provision:

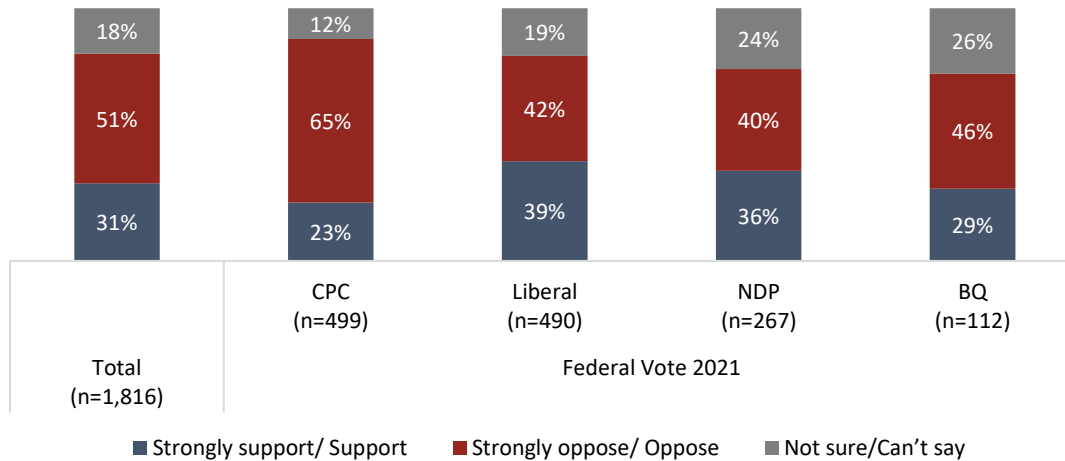


Support for MAID with mental illness as the sole condition peaks at slightly more than one-in-three (36%) in Quebec, and opposition reaches majority levels in all other regions:



Notably, while there are small differences across age and gender ([see detailed tables](#)), political affiliation remains a strong driving force for opposing views. Past Conservative voters voice heavy opposition, while past Liberals and New Democrats are largely divided:

Support or oppose opening access to MAID for individuals whose sole condition is mental illness

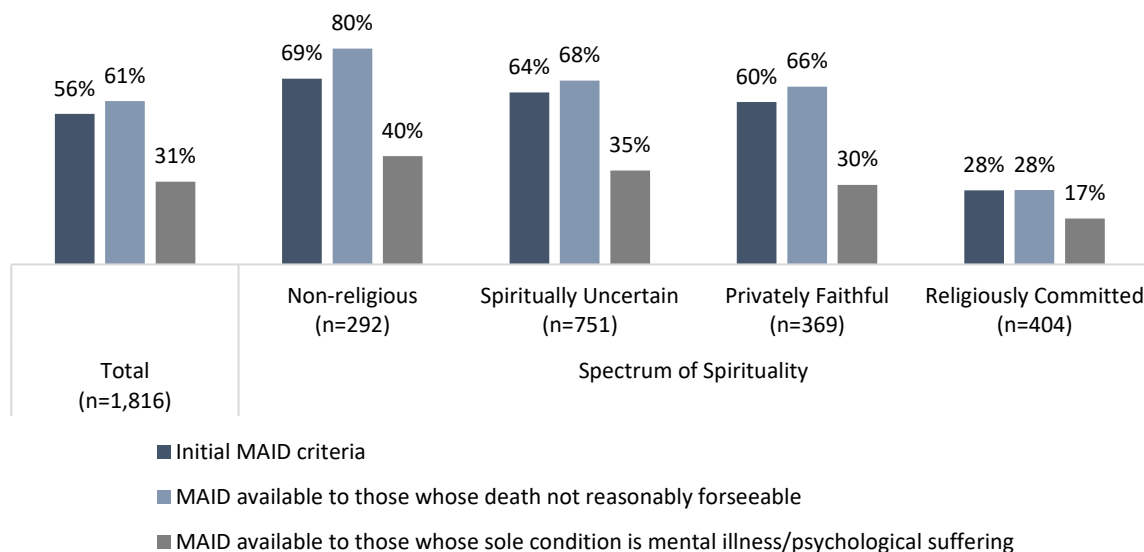


The Faith Factor

A person’s personal faith is a key indicator of support on this issue, regardless of which variation of MAID law they are assessing. That said, these views are much starker when mental health is not a part of the criteria. Consider that along the Angus Reid Institute’s Spectrum of Spirituality (see appendix for more on this) 80 per cent of the Non-Religious support the 2021 MAID law, compared to just 28 per cent of the Religiously Committed.

Notably, majorities from three groups along the Spectrum support the 2016 and 2021 MAID criteria, while none show majority support for MAID with mental suffering as the key factor for eligibility.

Support for MAID



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Part Two: When is MAID appropriate?

To better understand the nuances of this ongoing debate, the Institute offered Canadians a number of different scenarios for which someone may request MAID. Many of these have been drawn from real world examples.

Recently, for example, a [man in Ontario](#) requested MAID as an alternative to remaining homeless. In another instance, a veteran of the Armed Forces dealing with PTSD was [offered MAID](#) by a service agent. While they may be rare, as most MAID requests come from terminally ill medical patients, they are nonetheless valuable to understand.

Chronic pain, PTSD, depression

The only scenario that receives majority support (64%) is MAID for a person who is suffering from debilitating chronic pain. Two-in-five (40%) would support someone who has several serious health problems requesting MAID. Lower levels of support are found for mental disorders like serious depression (22%) or severe anxiety (16%).

Young women aged 18 to 34 appear most permissive with their views of when MAID is appropriate across these 10 examples.

For each, please tell us whether you support or oppose them seeking medical assistance to end their life (Percent who 'support' or 'strongly support' shown)							
	Total (n=1,816)	Male			Female		
		18-34 (n=255)	35-54 (n=300)	55+ (n=335)	18-34 (n=248)	35-54 (n=309)	55+ (n=369)
A person suffers from debilitating chronic pain	64%	58%	69%	70%	67%	55%	62%
A person with several serious health problems feels overwhelmed	40%	45%	44%	42%	46%	33%	31%
An inmate serving a life sentence in jail wishes to end his/her life	38%	43%	45%	38%	34%	38%	32%
A person feels their medical care needs are a burden to their family	31%	31%	38%	28%	41%	24%	28%
A person can't get access to medical care	25%	26%	28%	27%	31%	20%	19%
A person has no hope for the future and finds no meaning in their life	24%	23%	28%	27%	27%	16%	25%
An Armed Forces member is suffering from PTSD	23%	29%	23%	21%	32%	17%	18%
A person has severe depression	22%	24%	22%	18%	27%	17%	22%
A person has severe anxiety	16%	20%	19%	12%	20%	11%	14%
A person can't find affordable housing	9%	14%	13%	6%	12%	8%	4%

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There are considerable regional differences. Atlantic Canadians appears most permissive in their assessment of when MAID is appropriate, followed by Albertans and Quebecers.

For each, please tell us whether you support or oppose them seeking medical assistance to end their life (Percent who 'support' or 'strongly support' shown)								
	Total (n=1,816)	Region						
		BC (n=224)	AB (n=183)	SK (n=139)	MB (n=155)	ON (n=505)	QC (n=405)	ATL (n=205)
A person suffers from debilitating chronic pain	64%	59%	62%	58%	59%	63%	67%	68%
A person with several serious health problems feels overwhelmed	40%	29%	47%	29%	30%	41%	43%	41%
An inmate serving a life sentence in jail wishes to end his/her life	38%	35%	46%	41%	43%	38%	34%	44%
A person feels their medical care needs are a burden to their family	31%	25%	33%	20%	26%	34%	31%	34%
A person can't get access to medical care	25%	16%	20%	20%	21%	27%	30%	22%
A person has no hope for the future and finds no meaning in their life	24%	24%	24%	18%	16%	26%	23%	26%
An Armed Forces member is suffering from PTSD	23%	20%	21%	20%	17%	23%	23%	30%
A person has severe depression	22%	16%	27%	19%	15%	24%	18%	29%
A person has severe anxiety	16%	11%	18%	13%	17%	17%	13%	17%
A person can't find affordable housing	9%	7%	11%	6%	10%	11%	6%	9%

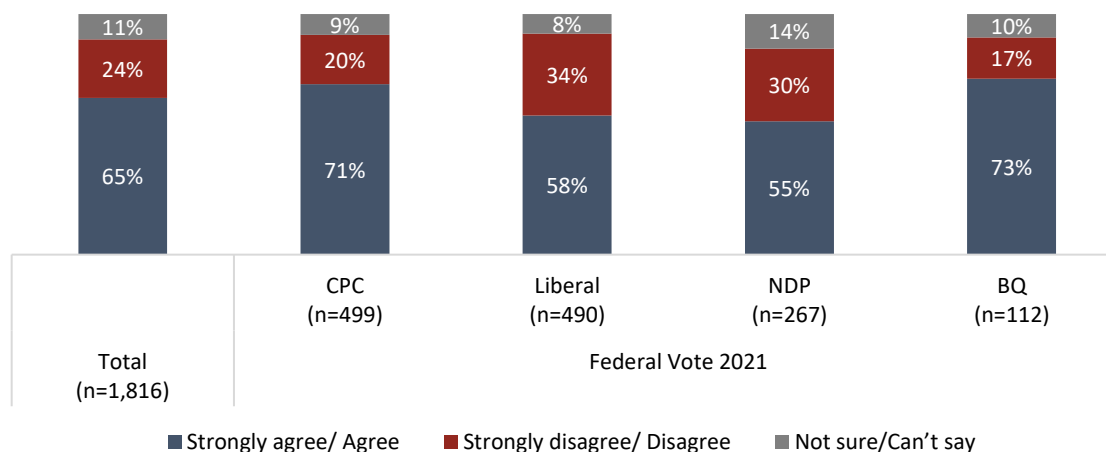
Importantly, Canadians want to ensure that if someone is going to seek MAID for a non-terminal illness, or a mental health issue, they have exhausted all treatment options before requesting MAID. Majorities across the political spectrum agree that this should be a condition for approval, that patients need to be informed of all their options currently but do not have to exhaust them:

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**Agree vs. disagree -
"Potential patients should have to exhaust ALL treatment alternatives
before MAID is available"**



Part Three: How many lives has MAID touched?

According to Health Canada between 2016 and 2021 more than 31,000 Canadians have received assisted dying. Data for 2022 is not yet available. The procedure is most common in Canada's two most populous provinces of Quebec and Ontario.

Total MAID procedures in Canada (0 performed in Nunavut and Northwest Territories)												
YEAR	Canada	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	YT
2016	1,018	194	63	11	24	191	494	9	24	-	-	-
2017	2,838	677	205	57	63	839	853	49	62	-	-	-
2018	4,480	951	307	85	138	1,500	1,236	92	126	8	23	12
2019	5,661	1,280	377	97	177	1,788	1,602	141	147	20	18	13
2020	7,630	1,572	555	157	214	2,378	2,275	160	188	37	49	13
2021	10,064	2,030	591	243	245	3,102	3,281	204	245	40	60	15
Total	31,664	6,704	2,098	650	861	9,798	9,741	655	792	111	175	67

But just how many Canadians' lives have been touched by MAID? Per this survey, about one-in-seven.

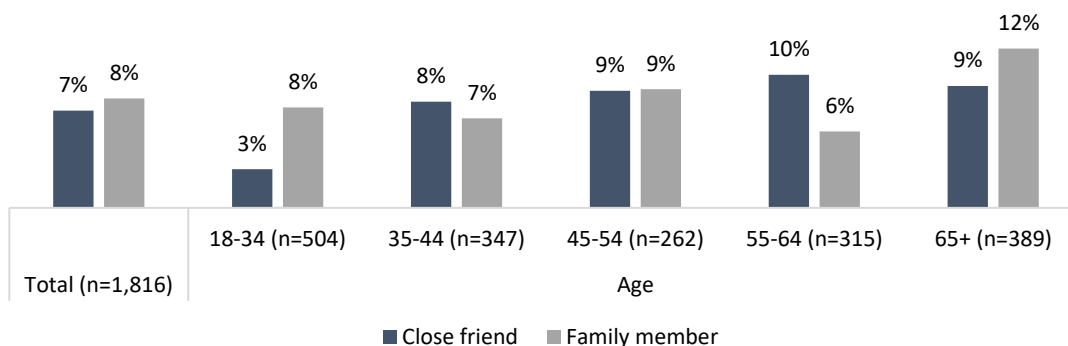
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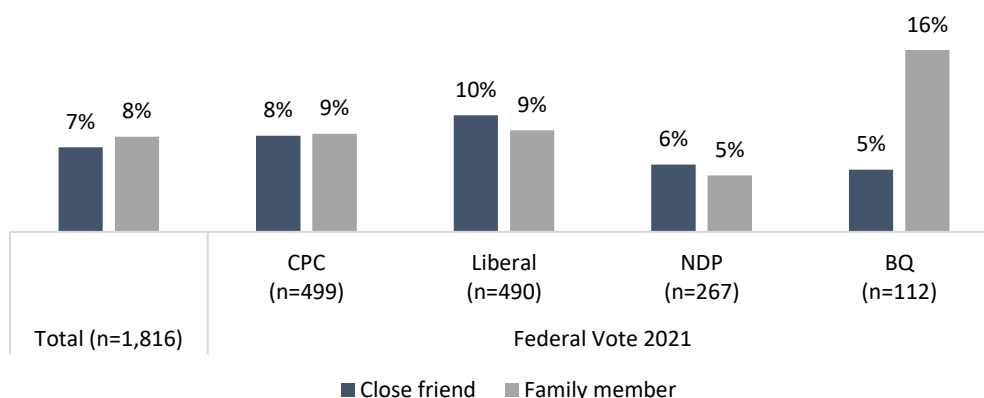
An equal number say they have had either a close friend (7%) or a family member (8%) choose to end their life this way. These experiences are most common for older people, but one-in-ten younger than 35 had someone close to them use MAID as well:

Since 2016, do you have any close friends or family members that have used this procedure to end their life?



Despite differing opinions by political affiliation over when MAID is acceptable, many Canadians of all political stripes have been close to someone who has chosen it:

Since 2016, do you have any close friends or family members that have used this procedure to end their life?



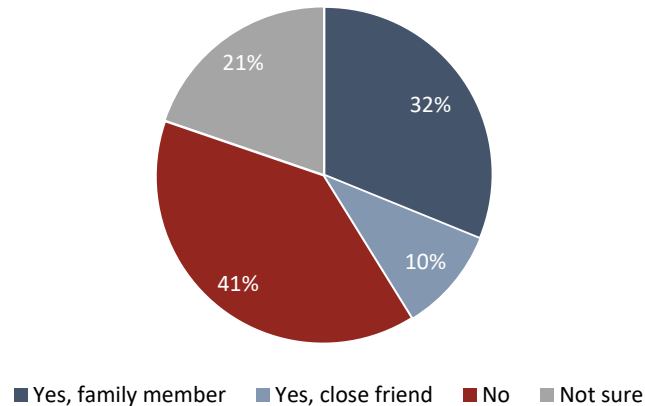
Respondents 40 years of age and older were asked a secondary question. Even if they do not know anyone who has used MAID, can they think of a situation in the past where a close friend or family member likely would have chosen this? One-in-three (32%) say that a family member most likely would have ended their life with MAID, while one-in-ten (10%) say a close friend would have:

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Thinking back over past decades, is there a close friend of family member who you believe would likely have chosen access to MAID had it been available to them at the time?
Respondents over 40 (n=1,073)



Part Four: Perceived effects of MAID in Canada

MAID has become a much greater part of the Canadian consciousness over the past decade, with laws and revisions taking root in the medical system, and evidently millions now having a connection to the practice through their friends or family.

Is growing MAID use a good or a bad thing?

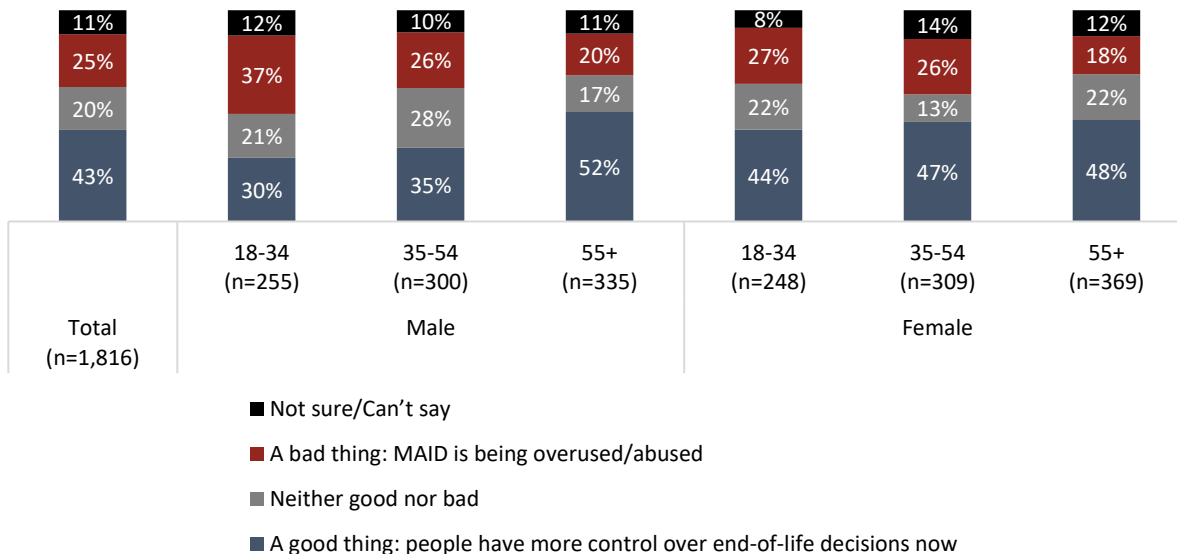
A plurality (43%) says this is a positive trend for Canadians, who have greater control over their own end of life decisions, while one-quarter say it is a bad thing (25%), subject to overuse and abuse. A significant amount of uncertainty and ambivalence is also prevalent.

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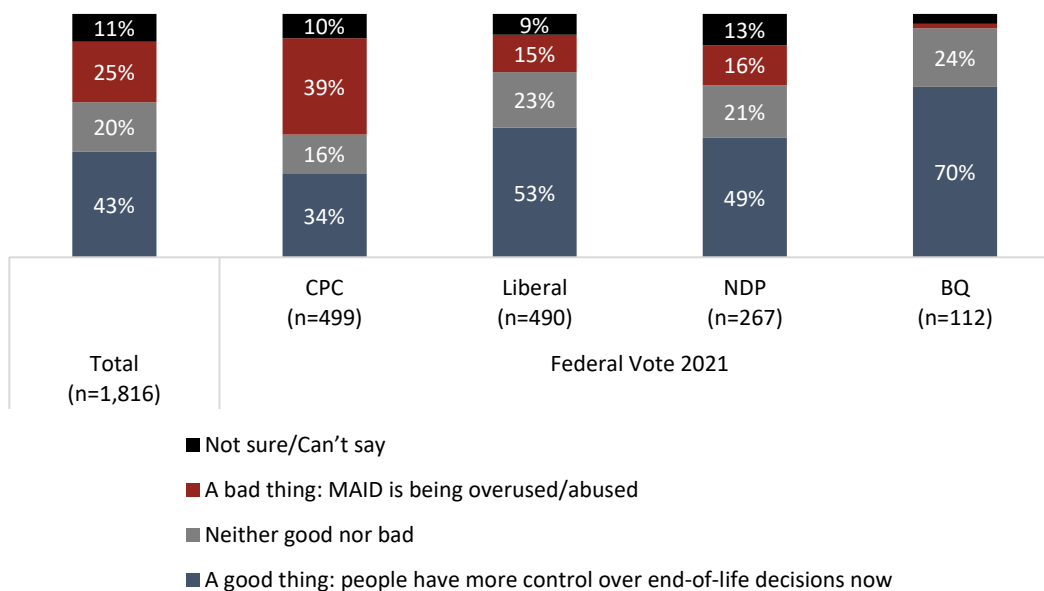
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Thinking about this, would you be more likely to say the increase in the number of MAID deaths since 2016 is ...



The increase in MAID requests is most likely to be viewed negatively by past Conservative voters, while other partisans lean heavily toward positivity or value neutrality:

Thinking about this, would you be more likely to say the increase in the number of MAID deaths since 2016 is ...



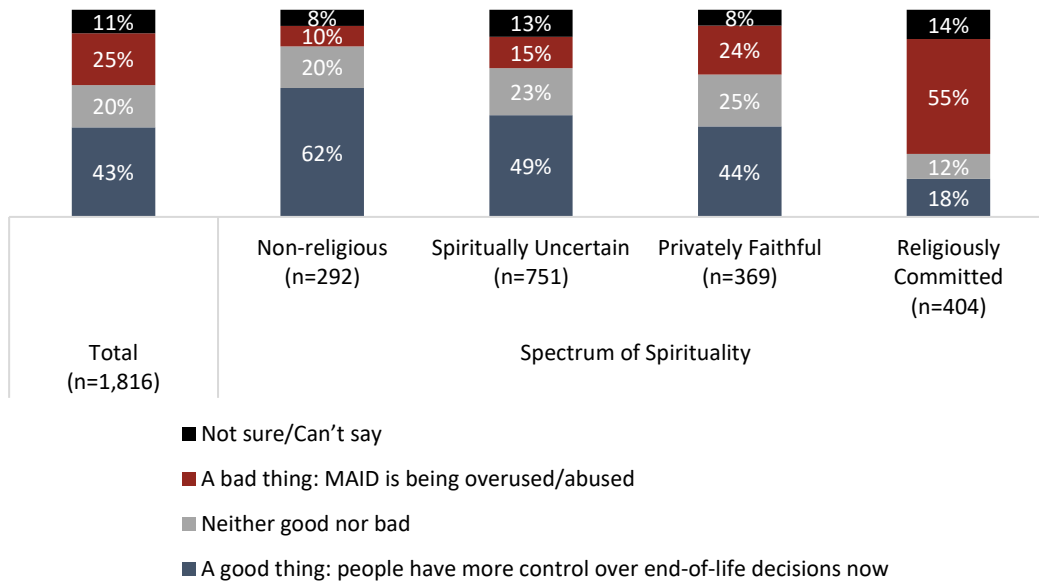
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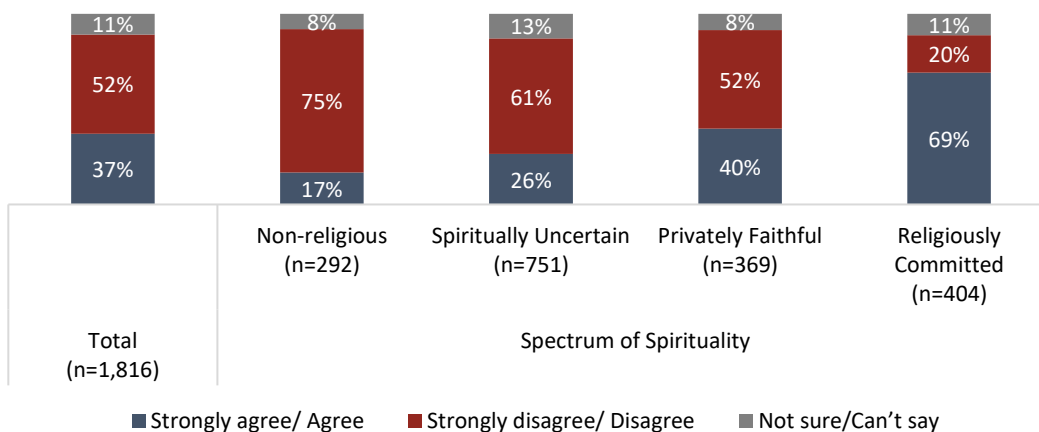
The group most averse to the MAID trend are the Religiously Committed. Within this group, 55 per cent view the progression as a bad thing for Canada, and just one-in-five (18%) view it positively:

Thinking about this, would you be more likely to say the increase in the number of MAID deaths since 2016 is ...



Part of this may be in part due to the perceived value of natural death among some Canadians. Asked if they believe assisted dying has a devaluing effect on human life, seven-in-ten of the Religiously Committed feel that it does. This is not an uncommon opinion in Canada overall, and is held by 37 per cent across the country:

Agree vs. disagree - "The increasing prevalence of MAID has cheapened the value of human life in Canada"



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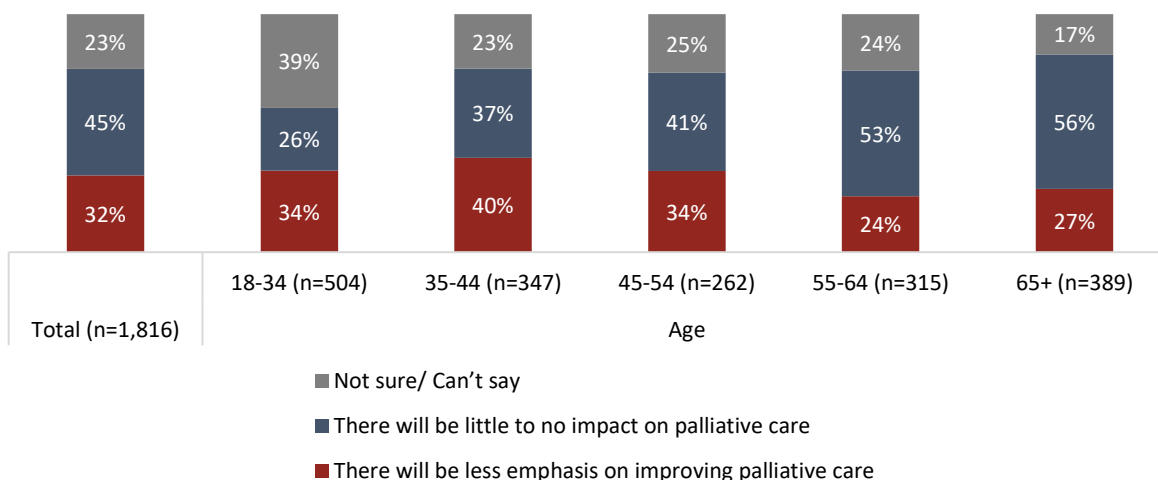
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Will palliative care or social services suffer?

In a [1994 senate committee](#), Dr. Neil Macdonald told senators studying euthanasia that: “One cannot in a moral society consider terminating a fellow citizen's life, if that citizen is suffering because of lack of access to good palliative care.” Concerns have evidently lingered for decades about balancing the improvement of palliative care with the option for ending a life. Those closest in life to requiring palliative care are least likely to be worried about the impact of increasing access to MAID, though one-in-three Canadians (32%) are worried that the emphasis on palliative care improvement will diminish:

Some people say that more access to MAID will mean less emphasis on improving palliative care at home, in hospital or hospice. Others feel that these changes will have little to no effect on the availability of palliative care.
What do you think?



More prominent a concern is that MAID may begin to take the place of adequate social services. If indeed mental health becomes a sole condition for eligibility for the procedure, some have suggested that poor access to services may push some to end their life early rather than seek more help. Under the mental health criteria for MAID patients will have to show that they have “[seriously considered](#)” their other options but are not required to prove that they have tried each treatment.

Patients seeking MAID for mental illness will also need to receive assessments from two professionals and wait 90 days from the request until the procedure is performed.

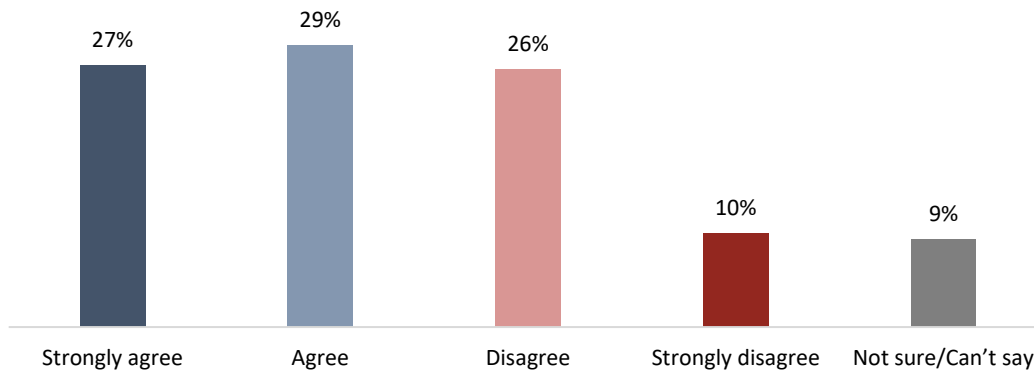
One-in-three Canadians (36%) are not worried about MAID taking the place of improvements in social service, but more than half are concerned (55%).

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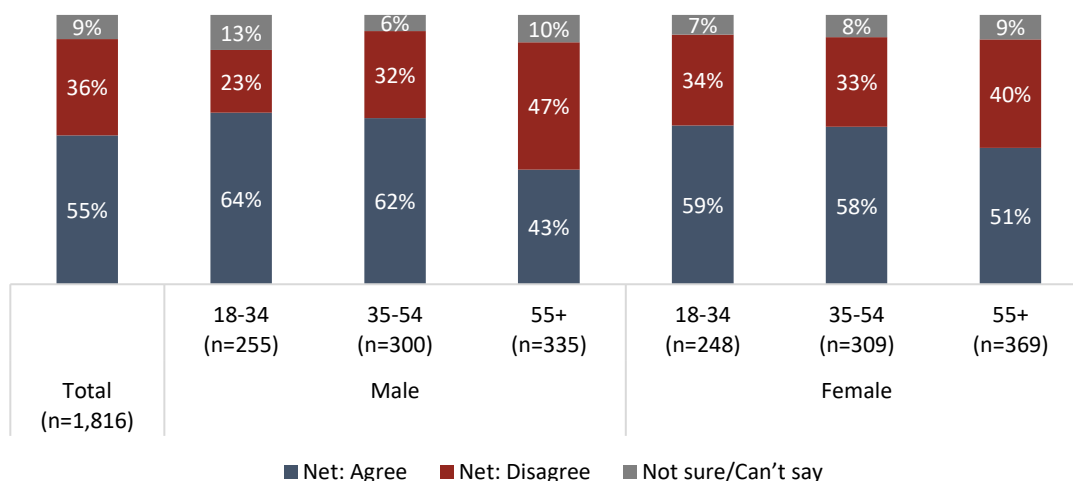
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Agree vs Disagree: "I'm worried that MAID will be a replacement for adequate social services in Canada"



Men over 54 are least concerned with this potential shift in priorities in Canadian health care and social services, while men younger than that express the most consternation:

Agree vs Disagree: "I'm worried that MAID will be a replacement for adequate social services in Canada"



Appendix:

Mental Health Question Wording:

***2016 question:** What is your view on how Canada should approach this issue:

Doctor assisted suicide should be made available to persons with psychological suffering – such as depression, even though they have no terminal physical disease

Psychological suffering on its own should not be considered a valid reason for obtaining a doctor assisted suicide

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2023 question:

The federal government is considering another change to the law, opening access to MAID for individuals whose sole condition is mental illness.

How do you feel about this? Would you say you support or oppose it?

Strongly support
Support
Oppose
Strongly oppose
Not sure/Can't say

The Spectrum of Spirituality

In order to situate faith in Canada, a number of important elements need to be considered. How intensely does one believe? Do they engage with religion regularly? Do they read holy scripture? With the spectrum of spiritual belief and practice in mind, Angus Reid Institute researchers created a composite index based on responses to several questions about faith and experience with God or a higher power. This enabled researchers to group respondents into like-minded segments. The following factors were measured in the data analysis:

Belief in God or a higher power

Belief in life after death

How often, if at all, a person prays to God or a higher power

How often a person attends religious services

How often a person reads the Bible or other sacred text

How often a person feels they experience God's presence

How important it is to a person that their child to be educated about faith and involved in a faith-based community

ARI researchers used respondents' answers to these questions to create a continuum of faith, with those providing more answers indicating belief near the high end, and those with fewer answers suggesting a degree of personal faith near the low end.

Along this continuum, four distinct groups emerge: Non-Believers, Spiritually Uncertain, Privately Faithful and Religiously Committed.

For detailed results by age, gender, region, education, and other demographics, [click here](#).

For detailed results by the Spectrum of Spirituality, [click here](#).

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