

## Division over aspects of assisted dying, from MAID-free spaces to a prohibition on doctors raising it unsolicited

*Religious views and experiences with disability colour views of Medical Assistance in Dying*

**December 12, 2024** – Medical assistance in dying or MAID has been legal in Canada for nearly a decade but remains a relatively new frontier in medicine. As seen with [legislative changes](#) and [debates](#) in this country and MAID's burgeoning establishment around the world, parameters for this procedure are still being established.

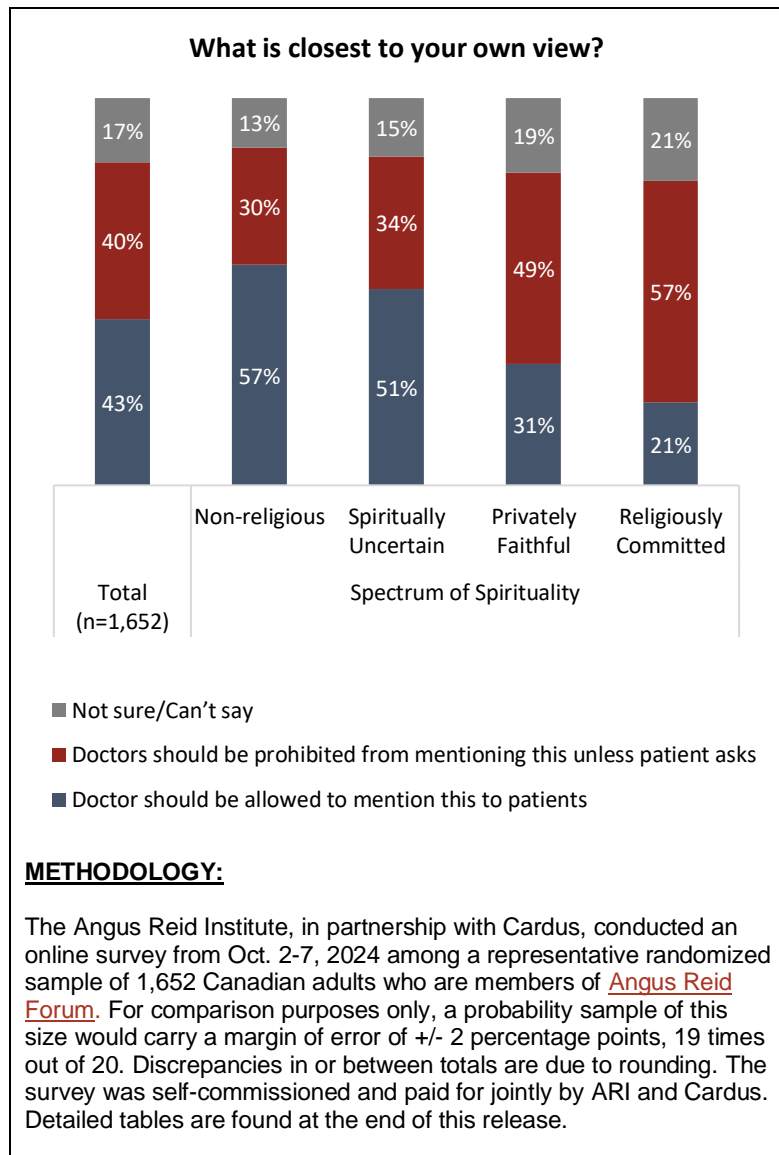
Indeed, the United Kingdom parliament voted [for the first time to pass a strict version](#) of assisted dying in late November of this year. Though that bill still needs to [clear the House of Lords and parliamentary committees](#), it would have the U.K. joining a small group of nations that have codified this procedure.

With many questions being answered in real-time, Angus Reid Institute, in partnership with Cardus, asked Canadians to weigh in on several key debates around Canada's MAID law.

In [some jurisdictions](#), for example, doctors are prohibited from raising assisted dying with a patient unsolicited, to protect against undue influence. Canadians offer divided views on this concern. Asked whether this should be left solely up to the patient to mention, prohibiting the doctor from broaching the subject, 43 per cent say doctors should be free to use their discretion, while 40 per cent say they should not be able to raise it unless a patient does first.

Potentially driving some of this concern is the fact that 41 per cent worry patients may feel pressured to choose MAID if it is offered by a doctor. An identical number disagree that this is a potential issue.

This isn't to say that Canadians are against MAID. As previous Angus Reid Institute research noted, support for the idea has risen through the years. Indeed, four-in-five say any doctor should be required to refer a patient to another doctor to receive the procedure if they want it, regardless of the original doctor's



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moral or ethical beliefs. Further, three-quarters (73%) also say they have no concerns about receiving care from a doctor that performs MAID.

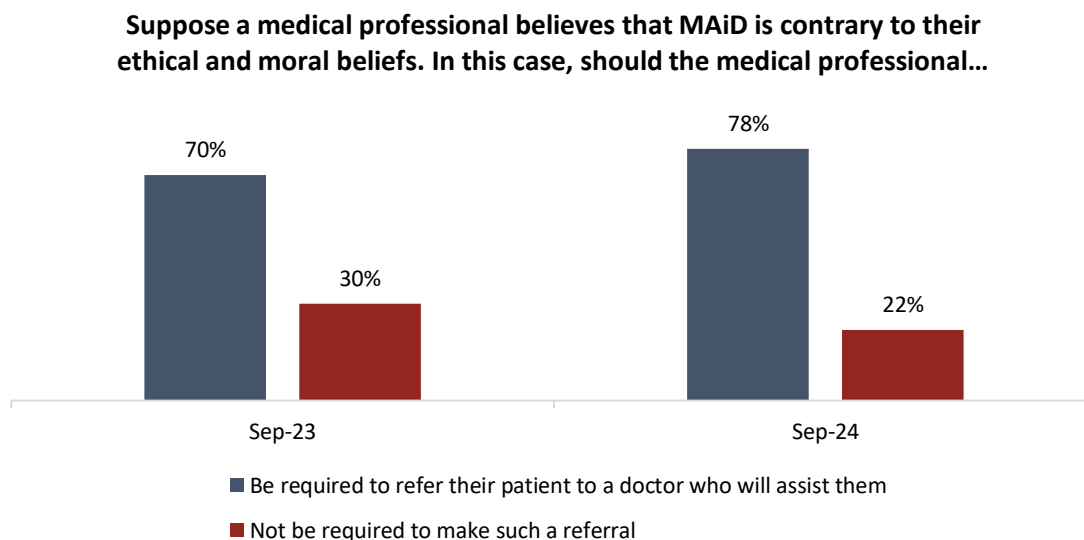
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As [experiences with medical assistance in dying increase](#) and more Canadians are touched by this procedure, debates over it continue to unfold. Canadians' views of this aspect of medicine are nuanced, showing support for choice but preferring restraint in some forms.

### **Four-in-five say doctors should be required to refer patient to another doctor for MAID**

One aspect of this conversation is relatively uncontroversial and evidently growing in agreement. That is, that even if a doctor does not believe in MAID, that person has a professional obligation to ensure that a referral for the procedure is made, if desired by the patient. Four-in-five Canadians (78%) say that a medical professional should be required to refer, up eight points compared to last year:

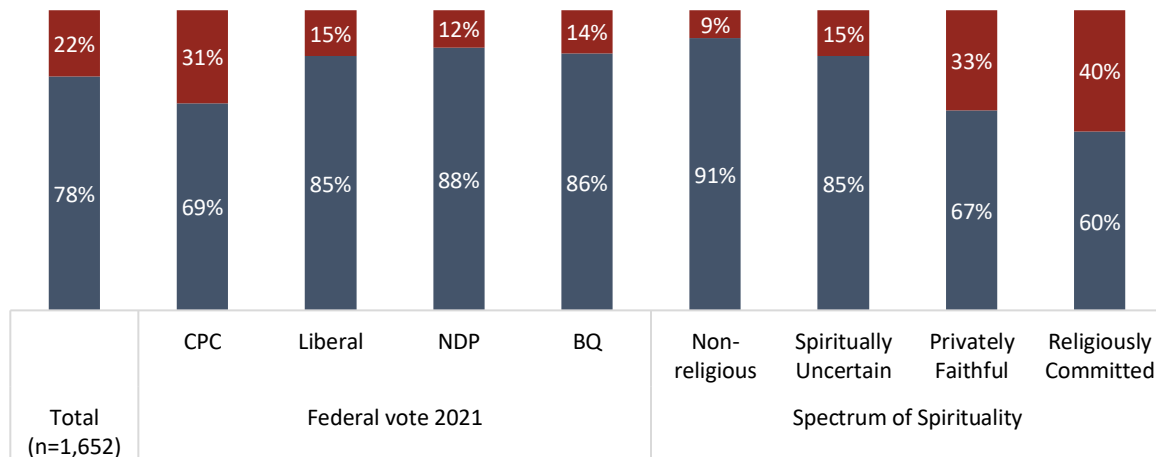


Notable in this preference are the views of those historically most skeptical of MAID – the Religiously Committed on the Angus Reid Institute and Cardus's [Spectrum of Spirituality](#). While this group is indeed most likely to disagree with the necessity of a referral, a majority still say this should be made, regardless of a doctor's ethical or moral position:

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**Suppose a medical professional believes that MAiD is contrary to their ethical and moral beliefs. In this case, should the medical professional...**

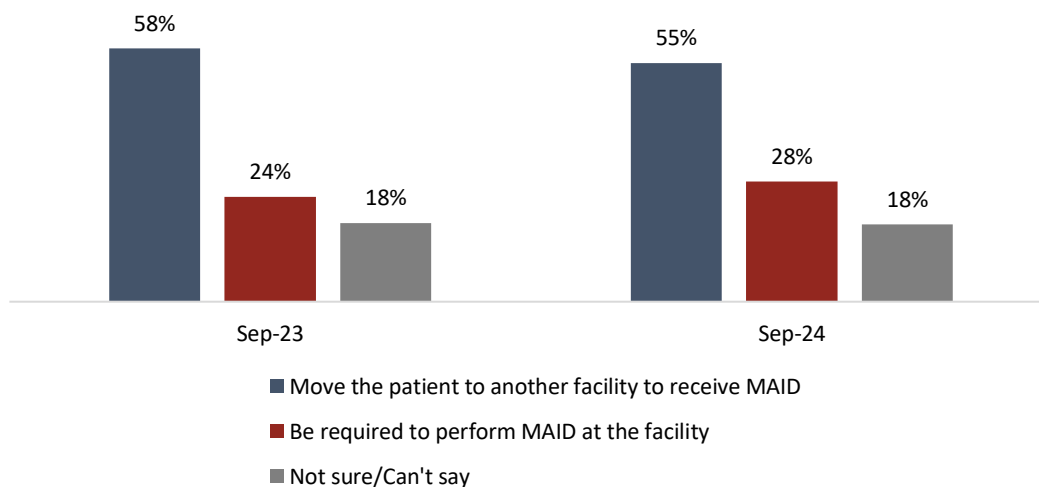


■ Be required to refer their patient to a doctor who will assist them ■ Not be required to make such a referral

**Canadians prefer patient transfer rather than requiring MAID at religious hospitals**

As to whether certain spaces should be required to perform MAID, Canadians are less convinced. Supposing a patient was receiving care at a hospital or other health-care facility whose religious, moral and ethical codes are opposed to MAID, and that person decided they wanted to receive MAID, approaching three-in-10 say the hospital has an obligation to offer it, but a small majority say that the patient should be transferred to another facility:

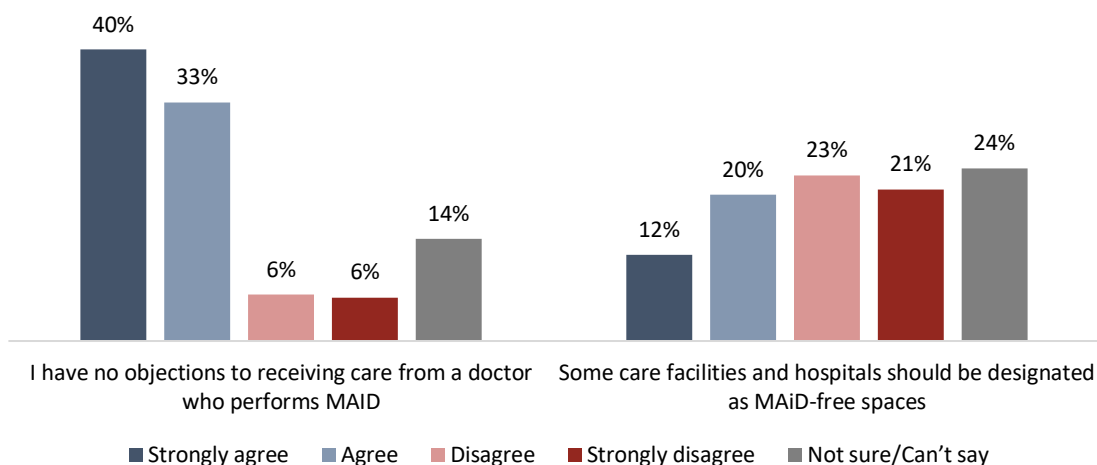
**In your opinion, what should the hospital or health-care facility have to do in this case?**



**MAID-free spaces?**

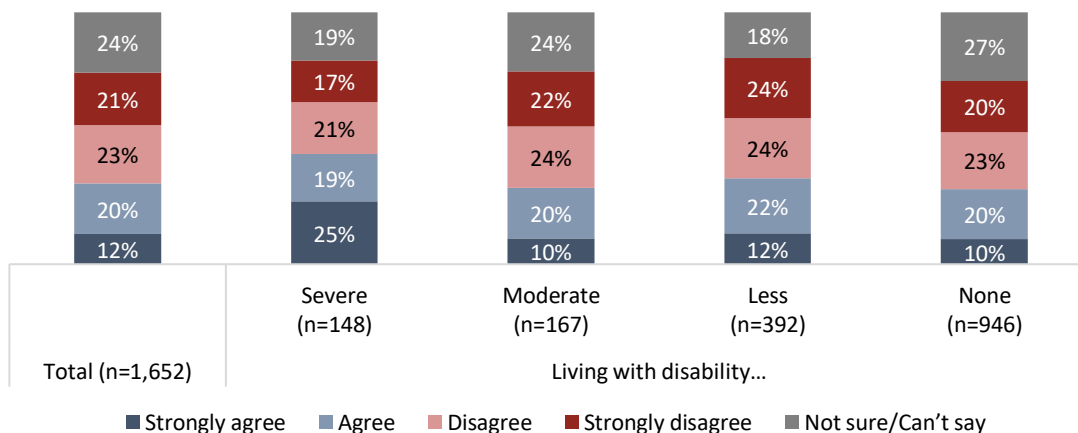
Canadians are also split on their support of so-called MAID-free spaces, that is, hospitals or facilities where the procedure is not performed. While a larger proportion (44%) disagrees with a need for such spaces, a still significant proportion (32%) feels this is a worthwhile option to have available. The former view is perhaps due to low levels of concern about receiving care from a doctor who performs MAID:

**Agree vs. disagree**



Division about MAID-free spaces spans the spectrum of disability challenges in Canada. Those with severe conditions are most likely to say that spaces should be designated free of MAID but are still close to evenly split (44% agree, 38% disagree). Others lean toward disagreeing, but no group reaches a majority view on either side of the debate. That said, those with severe disability are twice as likely as all other groups to strongly agree with the concept of MAID-free spaces:

**Agree vs. disagree -  
"Some care facilities and hospitals should be designated as MAID-free spaces"**

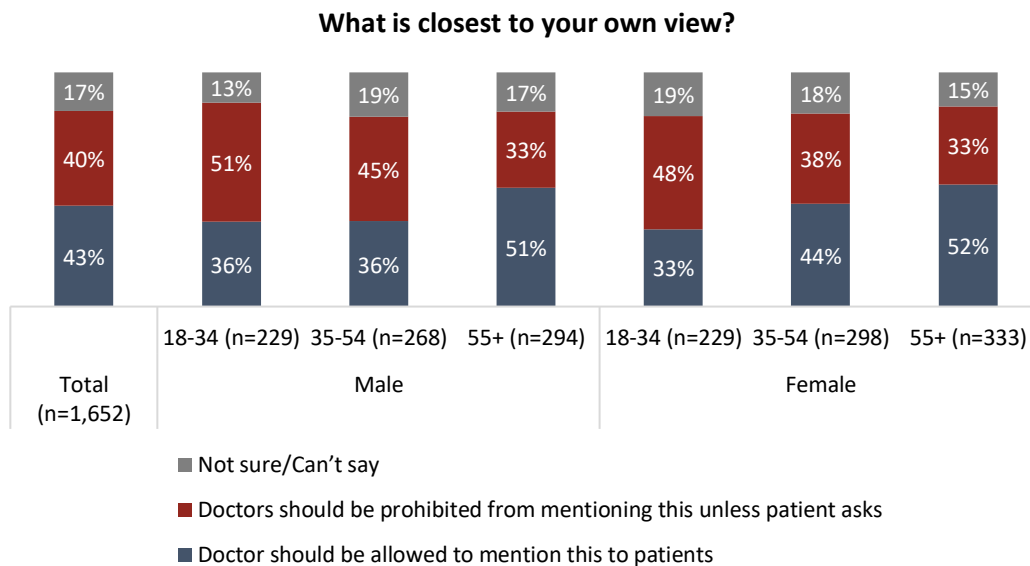


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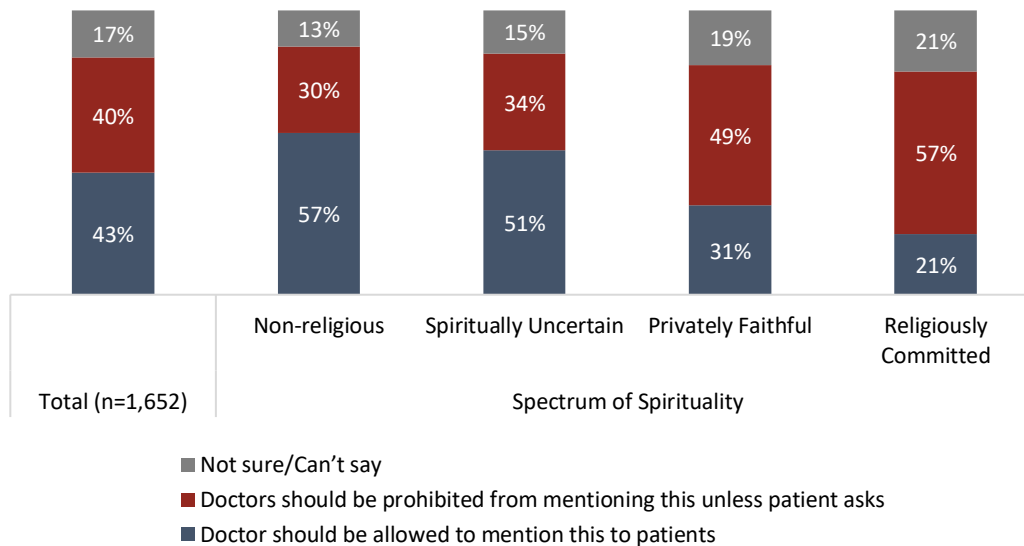
**Should doctors be prohibited from suggesting MAID?**

In some jurisdictions that allow MAID, including some Australian states, doctors are prohibited from mentioning the procedure to terminally-ill patients, instead leaving it to the patient and their family to broach the subject. Some argue that this prevents patients from being influenced, while others say it restricts patients from knowing about all end-of-life care options. Canadians are divided about this question, with close to equal numbers saying doctors should and shouldn't be prohibited from raising the subject. Notably, older Canadians are more supportive of doctors raising MAID than younger ones:



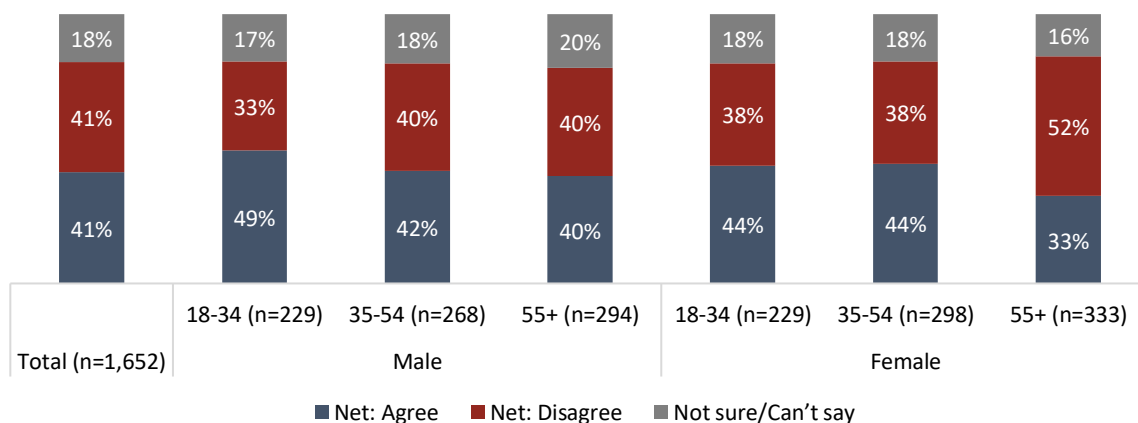
Views across the Spectrum of Spirituality vary significantly on this question. Among the Non-Religious, a two-to-one preference for allowing doctors to mention this is noted. Among both the Privately Faithful and the Religiously Committed this perspective shifts, with the Religiously Committed almost three-times as likely to feel doctors should be prohibited from mentioning MAID and it should be left up to the patient:

**What is closest to your own view?**



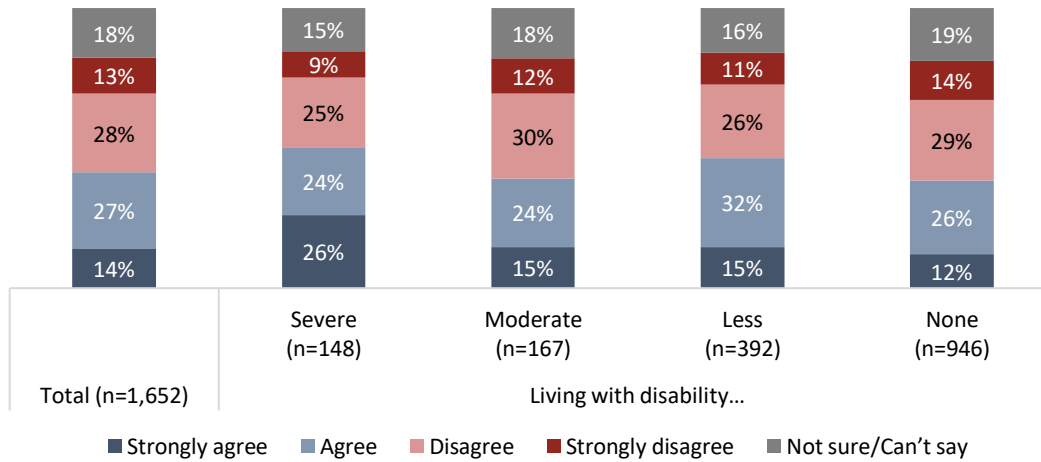
Part of the of the evident skepticism about raising MAID may be rooted in the sense that it may be seen as pressure from patients who it is offered to as an option. Again, younger people are more likely to feel this could happen, while older Canadians, and particularly women over the age of 54 are most likely to disagree with this concept:

**Agree vs. disagree -  
"Patients may feel pressured to choose MAID when doctors offer it as an option"**



Notably, those Canadians who are dealing with a more severe form of disability are most likely to agree that pressure from a doctor could be a concern. Half among this group (50%) say this compared to 38 per cent among those with no disability challenges:

**Agree vs. disagree -  
"Patients may feel pressured to choose MAID when doctors offer it as  
an option"**



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