



POSITION PAPER

Medical Assistance in Dying (MAiD)

Introduction

The Canadian Association of Social Workers (CASW) affirms its commitment to advancing policy in ways that directly reflect the CASW Code of Ethics, particularly the values of respecting the dignity and worth of all people and promoting social justice through equitable, publicly funded access to social and health care.

This paper operationalizes the Code's commitment to fair and inclusive support for all Canadians by calling on the federal government to protect self-determination while addressing the structural inequities and barriers to care that shape experiences of suffering, especially for people facing intersecting forms of oppression in the context of Medical Assistance in Dying (MAiD).

CASW urges the federal government, working with provincial and territorial governments and health and social-service systems to:

- 1. Clarify the purpose of practice interventions, such as assessment, relevant to each track**

Practice interventions, such as assessment, should include consideration of the social and structural contributors to intolerable suffering to facilitate access to relevant supports, thereby strengthening informed, autonomous choice without creating paternalistic barriers.

- 2. Resource practice supports**

Across both tracks, practitioners must have access to relevant supports must be resourced through training, interprofessional MAiD teams, service-navigation capacity, and sufficient time so that social workers and MAiD teams can avoid checklist compliance and provide ensure coordinated interventions that actively reduce suffering.

- 3. Ensure timely and accessible means to relieve suffering**

For people in both Track 1 and Track 2, governments and health systems must ensure timely access to services that alleviate suffering, such as home care, long-term care, disability and mental health supports, housing, and palliative care as well as systematically collect data on unmet needs so that MAiD decisions are not shaped by the absence or inaccessibility of supports.

- 4. Implement a basic income**

A guaranteed basic income is needed to reduce poverty-driven MAiD requests in both tracks by

stabilizing access to housing, food, and care, thereby preventing deprivation from unduly influencing end-of-life decisions.

5. Standardize national data across both tracks

Canada needs stronger national guidance for consistent data collection on both Track 1 and Track 2, including social, structural, and economic factors; social workers should help design and use these data to inform research, accountability, and equity-focused policy improvements.

6. Create a privacy-protective public data repository

A national, privacy-protective data repository covering both tracks should be established to enable independent research that supports transparency, informs practice, and drives continuous quality improvement while safeguarding individual confidentiality.

7. Establish national oversight and independent audits

A national committee, with social work representation, should oversee regular public reporting and independent interdisciplinary audits of MAiD in both tracks, ensuring accountability, examining how policies shape individual choices and system performance, and strengthening public trust.

Background

MAiD eligibility for people with chronic illness and disability

When MAiD was introduced in Canada in 2016, eligibility was limited to individuals whose natural deaths were considered “reasonably foreseeable.” Following court challenges, Parliament amended the law in March 2021 and established two pathways: Track 1 for people whose natural deaths are reasonably foreseeable, and Track 2 for people whose natural deaths are not reasonably foreseeable. In both tracks, applicants must meet the Criminal Code eligibility criteria, including having a grievous and irremediable medical condition. The introduction of Track 2 raised concerns about pressures on equity-denied groups through ableism, ageism, poverty, and other social determinants.

Exclusion of mental illness

Challenges of discrimination have been brought against the government for the exclusion of people whose sole underlying medical condition is a mental illness. Currently, section 241.2(2.1) of the Criminal Code, reads: “(2.1) For the purposes of paragraph (2)(a), a mental illness is not considered to be an illness, disease or disability.”¹ This clause means that individuals whose sole medical condition is a mental illness do not meet the eligibility requirement that they have a “grievous and irremediable medical condition,” even if they would otherwise satisfy all other MAiD criteria.

After Parliament extended the temporary exclusion of MAiD eligibility for people whose sole underlying condition is mental illness to March 17, 2027, the federal government announced in October 2026 that it intends to introduce legislation to make the exclusion indefinite while proposing to decriminalize

¹ <https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html>

advance requests under certain provincial conditions. At this time, the proposal remains a policy commitment and must complete the full parliamentary process before becoming law.

CASW and MAiD

CASW has been involved in MAiD discussions in several ways. In 2015 CASW released a statement of principles that balanced self-determination with protection for marginalized groups. In 2016 CASW published a discussion paper calling for recognition of social work in the Criminal Code, including clarification that social workers would not be prosecuted for discussing MAiD with a client. In 2018 CASW issued a statement recommending mature minors and advance requests in certain circumstances. In June 2026, the CASW Federation agreed that staff should develop a position paper that considers the important role that social workers play in MAiD. Staff collaborated with the CASW Board member from Prince Edward Island and with researchers from McGill and McMaster University to ensure that the content of this position paper is informed by current research and leading practices. This paper addresses both tracks because similar questions about unmet needs, inequitable access, and access to supports can arise even though Track 1 and Track 2 have different legal safeguards and prognostic contexts.

Federal Report on MAiD

Since its legalization in 2016, the government has published a total of six annual reports under the federal monitoring regulations, covering calendar years 2019 through 2024, with the sixth annual report released in late 2025. A brief overview of the information in the latest report is included below.

The Sixth Annual Report summarizes MAiD requests, assessments and provisions across Canada for the 2024 calendar year. Since implementation, Track 1 cases have increased from 7,451 in 2020 to 15,767 in 2024.

In 2024, MAiD was provided to 16,499 individuals. Track 1 accounted for 95.6% (15,767 provisions) and Track 2 accounted for 4.4% (732 provisions). Among resolved requests, 1,327 individuals were found ineligible (44.2% Track 1; 24.2% Track 2), 692 withdrew (58.1% Track 1; 16.8% Track 2), and 4,017 died of another cause (90.7% Track 1; 1.6% Track 2).

The number of Track 2 cases reported annually per year increased since 2021, from 18 in 2021, the year Track 2 was introduced, to 732 in 2024. While Track 2 remains a small proportion of total MAiD provisions, it is important to interpret year-over-year growth cautiously. The overall number of Track 2 cases remains limited, and observed increases may reflect the pathway's recent introduction and evolving system capacity, including a relatively small pool of assessors. It is therefore not possible to draw firm conclusions about long-term growth trends at this stage.

Furthermore, although the federal report details demographic information about Track 1 and Track 2 recipients, there is insufficient standardized data to fully understand how poverty, systemic unmet needs, and other social determinants are shaping Track 2 requests. That is, available data may not allow

us to disentangle the relationship between functional loss, isolation, loneliness, and the reasons a person seeks MAiD.

Social Work's Role

Social workers have crucial roles in MAiD under both Track 1 and Track 2, across practice, regulation and education domains. In practice, social workers support self-determination by helping people understand their options, document social and structural sources of intolerable suffering, and connect with supports tailored to their unique needs. In regulatory spaces, social workers contribute to the design and oversight of safeguards, data standards, and accountability processes that foreground equity and social conditions. As educators, they prepare current and future professionals to recognize social determinants, navigate complex systems, collect and interpret meaningful data, and address systemic marginalization and exclusion. These roles are reflected in the recommendations outlined below.

Recommendations

CASW recommends that the federal government, working with provincial and territorial governments and health and social-service systems:

1. Clarify the purpose of practice interventions, such as assessment, relevant to each track

Although core eligibility criteria and legal safeguards for MAiD are standardized federally across Canada under the Criminal Code, the practical delivery, oversight, and specific professional guidance vary by province and territory. Federal texts describe Track 2 safeguards in different ways. Some focus on informed-consent steps, while others call for attention to sources of suffering and vulnerability. For Track 2, the Criminal Code generally requires an assessment period of at least 90 clear days, unless the person may imminently lose capacity and the assessments can be completed sooner. This period is intended to support a careful assessment of eligibility and ensure that the person is informed of available and appropriate means to relieve suffering. Concerns about unmet or inaccessible supports are therefore particularly significant. Although similar gaps can arise in Track 1, the legal safeguards differ and policy responses should reflect each pathway's distinct context. Practice interventions, such as assessment, need a clearer purpose that considers the social and structural contexts underlying an individual's unique experience of intolerable suffering and facilitate access to relevant supports. This approach strengthens autonomy by helping to ensure that choice is fully informed and not driven by unmet needs.

Track 2 safeguards should identify, where possible, appropriate means to relieve intolerable suffering, including supports that address social and structural determinants of health. This interpretation moves beyond checklist compliance toward meaningful assessment without imposing paternalistic barriers. Safeguards should expand awareness of and access to supports rather than restrict eligibility through rigid or ableist assumptions. Social workers can support informed decision-making by helping people understand options, navigate services, and address barriers to accessing supports; these efforts can expand choice without delaying access solely for administrative reasons.

2. Resource practice supports

Effective practice supports require training, interprofessional MAiD teams, service-navigation capacity, and sufficient time for complex assessments. Track 2 cases may call for early engagement, case review, and sustained coordination. Without these resources, access to appropriate supports may become fragmented or reduced to administrative checklists. With them, social workers and MAiD teams can actively reduce suffering through coordinated intervention and advocacy.

3. Ensure means to relieve suffering are timely and accessible

People need real options for relieving suffering and living well with disabilities and chronic illness; these options include timely and accessible housing, home care, long term care, peer supports, disability supports, mental health care, and in-home palliative care. Access to palliative care offers support including medications that may not otherwise be available.

Many studies show that these supports are often limited, with long wait times, gaps in coverage, and services that are hard to access. Disability communities and people living with chronic illness have also identified substantial variability across the country in access to the means to relieve suffering. It is currently unclear how much the absence or inaccessibility of supports influences decisions to apply for MAiD. This gap in understanding must be addressed by collecting robust information that is used to inform policy and practice at the individual, team, and national levels. When intolerable suffering is not fully understood and relevant options are unavailable or inaccessible in a timely way, individuals' choices are constrained.

4. Implement a basic income

A stable income floor helps remove poverty as a driver of MAiD requests. Poverty is a major determinant of health and wellbeing. When income is unstable, housing, food, and care become uncertain. A basic income lowers the risk that deprivation shapes the decision to access MAiD. This framework is especially relevant to MAiD because of the variability in practice, processes and accessibility across the country. There are distinct service delivery models and resourcing for each province and territory. For example, some provinces have dedicated centralized services whereas other jurisdictions use existing practitioner pathways.²

5. Establish more robust national guidance for standardized data on MAiD requests especially for Track 2 cases

Currently, the number of Track 2 cases is a very small portion: in 2024, people in Track 2 accounted for 4.4% of all MAiD provisions in Canada (732 of 16,499 cases).³ This means that there is little information about the factors influencing the decision to withdraw or complete MAiD for Track 2 applications.

² <https://www.cambridge.org/core/journals/canadian-journal-on-aging-la-revue-canadienne-du-vieillessement/article/medical-assistance-in-dying-alberta-approach-and-policy-analysis/C40F7F37512122CF6825287D59962E16>

³ <https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2024.html>

Current federal reporting does not currently collect or report individual-level income by track leaving important questions about economic and social vulnerability in Track 2 unanswered.

Further, the current federal reporting does not adequately capture social, structural and economic contributors to Track 2 requests. Overall, Canada has well developed systems for gathering certain kinds of data about MAiD, but limited data about the contexts and factors that drive MAiD requests. National guidance should support standardized collection of data on unmet needs, service access and the effects access to supports has on MAiD outcomes.

Social workers can help to develop, collect and use standardized data on social, structural, cultural and clinical factors. These data are essential for research, accountability and equity-driven policy improvement and can provide information on the extent to which access to supports and resources affects people's requests for MAiD.

Within MAiD teams, social workers are skilled in understanding individual circumstances and play a key role in documenting experiences of intolerable suffering, identifying unmet needs, and identifying barriers to supports that may contribute to suffering. Analysis of these insights can help systematize interventions tailored to individual contexts. Social workers' attention to nuance broadens understanding and can help translate lived experiences into more responsive systems of support.

MAiD requires ongoing, systematic monitoring supported by robust data including the consistent, standardized collection of sociodemographic and socioeconomic information for people who request and receive MAiD, as well as linking individual MAiD records with social and health administrative datasets (such as home care) with area-level data on service supply and wait times. Building an integrated approach to data requires coordinated action across provincial and territorial governments and across health and social service sectors.

6. Create a public privacy protective data repository

Make data available under strong privacy rules so independent research can inform practice and policy. Public access supports transparency and continuous quality improvement while protecting individuals. By making standardized data available under strict privacy safeguards and clear governance rules, independent research could examine how MAiD is accessed across regions and populations, how safeguards function in practice, and how social, economic, and health system factors shape requests and outcomes. This practice, in turn, would support evidence-informed policy, help identify inequities and unintended consequences, and enable continuous quality improvement at local, provincial/territorial, and national levels. Publicly accessible (but privacy-protected) data would also promote transparency and accountability and ensure that debates and decisions are grounded in robust, shared evidence.

7. Establish a national committee to oversee regular public reporting and independent interdisciplinary audits

National oversight would ensure public trust. Accountability includes publishing transparent reports, conducting independent audits and examining how policies affect individual choices as well as system performance. Community driven accountability helps to identify gaps, promote improvement and

support genuine choice rather than procedural compliance. Social work must be part of this process by being represented at the national committee, actively involved in designing, implementing and monitoring these systems. Existing provincial oversight, such as coroner-led reviews, demonstrates how clarified interpretation of safeguards can improve practice. Social work representation is essential to ensure that social dimensions of suffering are meaningfully examined.

Conclusion

Social workers are central to making choices real by connecting people to supports and advocating across systems. Strengthening safeguards, resourcing practice, expanding services, stabilizing income, and learning from data will ensure people experience assistance in living alongside assistance in dying.