

Euthanasia Legislation in Canada: Efficiency and Equity

Zhehan Li^{1,a,*}

¹United College, The Chinese University of Hong Kong, Union Road, Ma Liu Shui, Hong Kong, China

a. 1155157238@link.cuhk.edu.hk

*corresponding author

Abstract: In 2016, Canada passed Bill C-14 to legalize Medical Aid in Dying (MAID, hereinafter translated as euthanasia); in 2021, Canada passed Bill C-7, allowing a wider group of people to be eligible to apply for and accept euthanasia, this sparked controversy. Meanwhile, euthanasia will account for 3.3 percent of Canadian deaths in 2021. This paper uses the method of collecting official data for data analysis and comparative analysis to study Canada's euthanasia policy. Palliative care costs a lot in Canada, which may have an impact on the government's decision-making in terms of finances, but there is no absolute evidence that the Canadian government legislates for euthanasia to save medical expenses.

Keywords: euthanasia, end-of-life cost, efficiency, equity

1. Introduction (Euthanasia Definition and Medical Aid in Dying in Canada)

The term “euthanasia” (death) derives from the Greek words “EU” (good) and “Thanatos” [1]. Euthanasia would allow the patient to have a relatively “good death,” as opposed to condemning them to a lengthy, excruciating, or inhumane death. However, when used in its common sense, euthanasia refers to taking a person's life in order to relieve their suffering, typically caused by an incurable or fatal ailment [2]. Euthanasia was given the nickname “mercy killing” for this reason.

Since the practice was first legalized in Switzerland in 1942, the number of nations with some kind of assisted dying/suicide and voluntary euthanasia legislation continues to rise. Euthanasia is currently permitted in Canada, the Netherlands, Belgium, Columbia, and Luxembourg. Switzerland, Germany, the Netherlands, the Australian state of Victoria, as well as the US states of Washington, Oregon, Colorado, Hawaii, Vermont, Montana, Maine, New Jersey, California, and the District of Columbia, all permit assisted suicide [3].

Active voluntary euthanasia is permitted in Canada, which is the major topic of this article. Medical aid in dying (MAID) is the term used in Canada for euthanasia in its legal and voluntary form. Medical assistance in dying (MAID) is a procedure in which a doctor writes a prescription for a fatal quantity of a medicine that a competent adult with terminal disease plans to use to terminate his or her life upon request [4]. Meanwhile, the debate over Medicaid in Canada never stops. Some see it as helping the terminally ill die with dignity; some see it as another way to eliminate poverty in Canada. They worry that people will opt for Active voluntary euthanasia because of poverty.

2. Euthanasia in Canada

2.1. A Timeline of Events and Legislation Related to Euthanasia in Canada

In June 2016, the Canadian Parliament enacted federal legislation that makes it possible for eligible Canadians to request medical assistance in dying.

The previous Bill C-7: An Act to Amend the Criminal Code (Medical Aid in Dying) was introduced in Parliament on October 5, 2020, by the Minister of Justice and Attorney General of Canada. It proposed alterations to the national laws governing such aid.

Former Bill C-7, which modified the qualifications for receiving MAID and the evaluation process, was enacted by Parliament on March 17, 2021 (“Canada’s new medical assistance in dying (MAID) law,” 2021).

It is important to note that Joel Grieger and Michaela Estelle Okninski stated that the passage of Bill C-7 is the first significant update to the MAID Act, which is now approaching the conclusion of its fifth year of existence. It is obvious that the MAID environment in Canada has undergone tremendous change. Those who predicted “slippery slopes” will undoubtedly feel anxious as a result of these legislative changes, while advocates will emphasize the need of allowing access to a greater knowledge of suffering and death wishes, including dementia.

2.2. The Number of People Currently Using Euthanasia in Canada and Some Disputes

2.2.1. Total MAID Deaths in Canada, 2016 to 2021

The first five full years of MAID in Canada will end in 2021. 10,064 MAID arrangements were made in Canada in 2021, bringing the country’s total since 2016 of medically assisted deaths to 31,664. The annual growth in MAID provision has been rising consistently. Compared to 2020 and 2019, the overall number of MAID provisions increased by 34.3% and 26.4%, respectively, in 2021 (2019 over 2018).

With the passing of the new legislation in Canada, eligibility for people whose deaths were not predictable in a reasonable amount of time began on March 17, 2021. On March 12, 2020, the end-of-life standard was abolished in Québec. MAID became authorized in Canada after this date and was permitted for people in Québec where natural death was not reasonably foreseeable via a court exemption until revisions to the federal legislative framework for MAID were passed in March 2021 (“Canada’s new medical assistance in dying (MAID) law,” 2021).

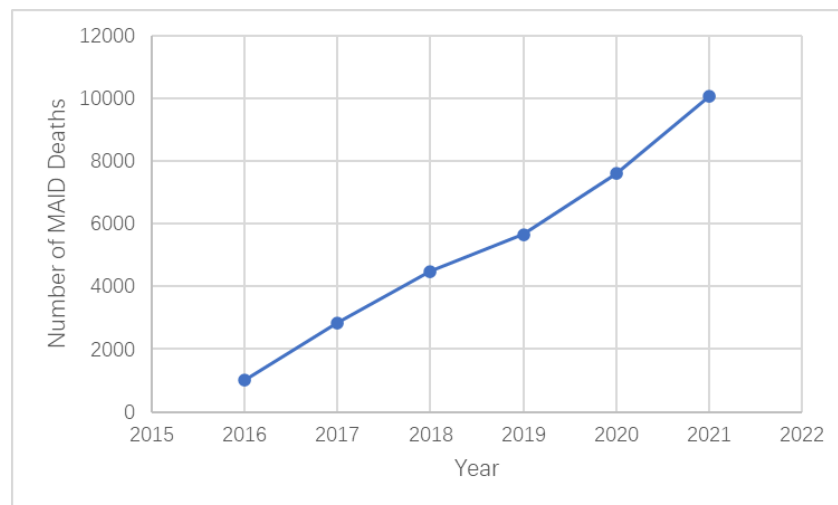


Figure 1: Total MAID Deaths in Canada, 2016 to 2021.

2.2.2. Some Disputes of MAID in Canada

In Canada, there are four main disputes about euthanasia. Whether the first mature minor can use euthanasia. The second is whether a mentally ill person can apply for euthanasia [5]. The third, assessing whether a person can use euthanasia is by law or by practice. The fourth one has been discussed in many media: whether euthanasia is to eliminate the poor.

This article is mostly concerned with the fourth point of contention. Some people think that there are instances in which people have sought to be killed because they weren't getting adequate government support to live. Others suggested that the Canadian government's legislation on euthanasia is to eliminate the poor. Marie-Claude Landry, chair of Canada's Human Rights Commission, stated that euthanasia "cannot be a default for Canada's failure to fulfill its human rights obligations." [6].

3. MAID Issues about Efficiency and Equity

3.1. People's Concerns

The British "Spectator" weekly (The Spectator) published an article "Why does Canada implement euthanasia for the poor?" by Yuan Yi Zhu, a researcher at Nuffield College, Oxford University, on April 30, 2022. ". The authors critique that Canadians from across the country are finding themselves too poor to improve their conditions to an acceptable level, even though they would prefer to be alive. "Canada has the lowest spending on social care of any industrialized country, only a minority of people have access to palliative care and wait times in the public health sector can be so excruciating that in 2005 while legalizing euthanasia, A Supreme Court has declared these waiting times a violation of the right to life [7]."

3.2. Cost Analysis of Medical Assistance in Dying in Canada

The creation of laws and policies is impacted by fiscal considerations. Even if the Canadian government insists that the legislation on euthanasia is not motivated by money. The Canadian government has shown worry about the financial benefits of assisted suicide even while it maintains that it is about human sovereignty. The country's parliamentary budget officer published a report on the cost savings that Bill C-7 would generate even before it became law. The old MAID system saved \$86.9 million annually, or, in the report's absurd words, "net cost reduction," and Bill C-7 would add an additional \$62 million in net savings annually.

Canada's healthcare costs will change if medical help for dying is legalized. Trachtenberg and Manns calculated that Medicaid for Death could reduce annual Canadian healthcare spending by \$34.7 million to \$133 million more than the direct costs associated with implementation by \$1.5 million to \$14.8 million. Therefore, providing medical assistance to dying patients in Canada does not impose any additional financial burden on the healthcare system, but can save a lot of money. It seems that euthanasia legislation is very efficient for the government because it greatly improves the government's utility and saves the fiscal expenditure on medical care. However, policies should not only consider efficiency but also equity. In public finance, efficiency and equity are important factors in measuring modern government [8].

3.3. Euthanasia and Assisted Suicide: Comparison in Canada and Switzerland

Switzerland is another country that has legalized assisted suicide. However, there are few media reports in Switzerland about people choosing medically assisted suicide because of poverty. Why is the Canadian government accused of promoting euthanasia legislation for some financial purpose,

while Switzerland is not charged with this purpose. According to the comparative analysis, the author believes there are mainly two reasons.

Firstly, compared to other high-income nations, particularly the United States, Canada spends more on end-of-life care, yet our performance is subpar. Our healthcare system's structural issues and inefficiencies encourage unnecessary and undesirable medical procedures at the end of life [9]. Canada has a very high rate of hospitalization (61 percent) and the prevalence of advanced diseases such as cancer in the last three months of illness (52 percent), which to some extent leads to the very high cost of palliative care. The cost of palliative care in Canada is relatively high, and the financial pressure is greater, so the government may choose to pass the euthanasia bill to reduce medical expenses.

The second point is that the cost of using MAID is different. MAID is expensive in Switzerland and applicants must have sufficient financial support. In 2016, data provided by the documentary "How to Die: Simon's Choice" broadcast by the BBC showed that since 2002, more than 250 Britons have traveled to Switzerland to seek euthanasia, with an average cost of 7,000 pounds. Terry Pratchett, a famous British writer who suffers from Alzheimer's, once made a documentary about euthanasia called "Choose Death". In the documentary, Terry Pratchett points out that, for £10,000, euthanasia agencies in Switzerland can provide a one-stop service, including cremation and repatriation of the body [10]. So, it looks like poor people have a hard time applying for assisted death in Switzerland. However, applying for assisted death in Canada costs taxpayers only \$2,327, making it seem like no barrier to entry for the poor. It is much easier for poor people to apply for MAID in Canada than in Switzerland.

If it wants to reduce the poor's application for euthanasia due to poverty, Canada can appropriately increase the application fee for euthanasia. At the same time, Canada should introduce other policies to protect the rights of the poor and strengthen the supervision and management of euthanasia in practice. Moreover, supervision and management are more important than raising the application fee for euthanasia. We don't want to see people who really need euthanasia, that is, those who suffer from illness, do not choose euthanasia because of the cost of euthanasia.

3.4. Medically Assisted Deaths May Not Be Caused by Poverty

A new study conducted by academics in Ottawa found that problems like poverty, loneliness, or a lack of access to high-quality palliative care are not the driving forces behind medically assisted death.

James Downar, a specialist in palliative care at The Ottawa Hospital and the University of Ottawa, served as the study's lead author. He claims that the data reveals that "socioeconomic vulnerability" is not the primary cause of medically assisted death.

To conduct the study, 2,241 Ontarians who underwent the operation between June 2016 and October 2018 had their clinical and socioeconomic data evaluated. The outcomes were compared to those of 186,814 Ontario residents who passed away within the same time period. In comparison to the overall population, they discovered that 75% of Ontarians who received MAID were younger, richer, and more likely to be married at the time of their deaths. They accounted up 85% of the population of private dwellings, were roughly half married, and were more likely to live in higher-income neighborhoods [11].

Although the majority of individuals may opt for medical assistance in dying rather than in poverty, some people do. The Canadian government should take more action to lessen medically assisted dying due to poverty.

4. Conclusions

In recent years, Canada's euthanasia legislation has gradually developed and improved. But in the gap between law and practice, the Canadian government needs to take other measures to reduce the situation of people choosing euthanasia because of poverty and promote social fairness and justice. Considering the efficiency and fairness of the policy, the Canadian government can promote the harmonious development of the euthanasia bill and society by strengthening investment in the country's medical system, increasing investment in barrier-free housing and transportation, strengthening disability support and services, and mental health support.

References

- [1] *Euthanasia fact sheet.* (n.d.). Wayback Machine. Retrieved from <https://web.archive.org/web/20170805150346/www.worldrtd.net/euthanasia-fact-sheet>.
- [2] *Euthanasia.* (n.d.). University of Missouri School of Medicine. Retrieved from <https://medicine.missouri.edu/centers-institutes-labs/health-ethics/faq/euthanasia>.
- [3] Beuthin, R., Bruce, A., Hopwood, M., Robertson, W. D., & Bertoni, K. (2020). *Rediscovering the art of medicine, rewards, and risks: Physicians' experience of providing medical assistance in dying in Canada.* SAGE Open Medicine, 8.
- [4] VandeKieft, G. K. (2020). *End-of-Life Care: Medical Aid in Dying.* PubMed. Retrieved from
- [5] Konder, R., & Christie, T. (2019). *Medical assistance in dying (MAiD) in Canada: A critical analysis of the exclusion of vulnerable populations.* Healthcare Policy. *Politiques de Santé*, 15(2), 28-38.
- [6] 'Disturbing': Experts troubled by Canada's euthanasia laws. (2022). AP NEWS. Retrieved from <https://apnews.com/article/covid-science-health-toronto-7c631558a457188d2bd2b5cfd360a867>.
- [7] Zhu, Y. Y. (2022). *Why is Canada euthanizing the poor?* The Spectator. Retrieved from <https://www.spectator.co.uk/article/why-is-canada-euthanising-the-poor-/>.
- [8] Trachtenberg, A. J., & Manns, B. (2017). *Cost analysis of medical assistance in dying in Canada.* Canadian Medical Association Journal, 189(3), E101-E105.
- [9] Quinn, K., Isenberg, S., & Downar, J. (2021). *Expensive endings: Reining in the high cost of end-of-life care in Canada.*
- [10] BBC two-How to Die: Simon's Choice [Video]. (2016, February 10). BBC. <https://www.bbc.co.uk/programmes/b070jm26>
- [11] Downar, J., Fowler, R. A., Halko, R., Huyer, L. D., Hill, A. D., & Gibson, J. L. (2020). *Early experience with medical assistance in dying in Ontario, Canada: A cohort study.* Canadian Medical Association Journal, 192(8), E173-E181.