



ADF INTERNATIONAL

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**Submission to the Human Rights Committee at its 145th Session**

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**CANADA**

**Submission by :**



ADF INTERNATIONAL



Canadian Physicians  
for *Life*

## Introduction

1. This report is a joint submission by ADF International and Canadian Physicians for Life. It provides information on Canada's implementation of its obligations under Articles 6(1) and 26 of the International Covenant on Civil and Political Rights (ICCPR).
2. This submission argues that Canada's rapidly expanding regime of state-facilitated death—the so-called 'medical assistance in dying' (MAID)—is contributing to the premature death of socio-economically disadvantaged persons, particularly persons with disabilities, and is failing to uphold its international legal obligation to respect and protect the equal right to life of every person, without distinction of any kind.
3. The submitting organisations note with deep concern that MAID was not reflected in the Committee's List of Issues,<sup>1</sup> despite having been raised as a grave human rights concern by various civil society actors, including disability rights organisations. We therefore respectfully urge the Human Rights Committee to engage with the Government of Canada on this issue during its forthcoming periodic review.

### (a) Medical Assistance in Dying

4. Canada's 'medical assistance in dying' (MAID) regime has become the fastest-growing assisted-dying program globally.<sup>2</sup> MAID has now become one of the leading causes of death in the country, accounting for 5.1% of all deaths in 2024.<sup>3</sup> In the province of Quebec, MAID deaths accounted for 7.3% of all deaths in 2023.<sup>4</sup>
5. In Canada, MAID encompasses both assisted suicide and euthanasia. Assisted suicide involves the provision of means for a person to end their own life, whereas euthanasia occurs involves a medical practitioner directly performing the intervention that causes death. Euthanasia constitutes more than 99% of MAID cases in the country.<sup>5</sup>
6. Data published by Health Canada, the government department responsible for national health policy, demonstrate an exponential increase in MAID-related deaths since legalization in 2016. Whereas 1,018 persons died from MAID in 2016, the number rose to 16,499 deaths in 2024.<sup>6</sup>

### *Legal Framework*

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<sup>1</sup> Human Rights Committee 'List of issues prior to submission of the seventh period report of Canada' CCPR/C/CA/QPR/7 (24 August 2021).

<sup>2</sup> Cardus 'From Exceptional to Routine: The Rise of Euthanasia in Canada' (7 August 2024) <<https://www.cardus.ca/research/health/reports/from-exceptional-to-routine/#:~:text=assisted%2Ddying%20program,-.Key%20Points,provided%20in%20a%20single%20day>>.

<sup>3</sup> Government of Canada 'Sixth Annual Report on Medical Assistance in Dying in Canada, 2024' (28 November 2025) <<https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2024.html>>.

<sup>4</sup> Ibid.

<sup>5</sup> ARPA Canada 'Assisted Suicide and Euthanasia (2021) p 4 <<https://arpacanada.ca/wpcontent/uploads/2021/09/ARPA-RespSub-MAiD2021-CIT.pdf>>.

<sup>6</sup> Supra note 1; Cardus 'From Exceptional to Routine' (7 August 2024) <<https://www.cardus.ca/research/health/reports/from-exceptional-to-routine/>>.

7. MAID has been legal in Canada since 2016, following a ruling of the Supreme Court. Canada now has one of the most permissive laws on the practice worldwide.<sup>7</sup> Bill C-14, adopted in spring 2016, limited MAID eligibility to persons with a 'grievous and irremediable medical condition where natural death is reasonably foreseeable', subject to the following requirements:
- they are eligible for government-provided health services in Canada;
  - they are at least 18 years of age and capable of making decisions with respect to their health;
  - their request for MAID is made voluntarily and without external pressure;
  - and they give informed consent after having been informed of all available options to relieve the suffering, including palliative care.<sup>8</sup>
8. In March 2021, in response to a 2019 judgment by the Superior Court of Quebec declaring Bill C-14 unconstitutional in light of its limited scope,<sup>9</sup> Canada's Parliament passed Bill C-7. This piece of legislation expanded MAID eligibility to individuals whose natural death is not reasonably foreseeable, but who fulfil the other eligibility criteria already set in Bill C-14. Bill C-7 also established new sets of 'safeguards' in this regard.<sup>10</sup>
9. Bill C-7 created two sets of eligibility criteria: 'Track One' for situations where a person's death is reasonably foreseeable and 'Track Two' in cases in which death is not imminent. This Bill waives several safeguards contained in Bill C-14. In both Track One and Track Two cases, only one instead of two 'independent' witnesses must now confirm that the person requesting MAID had given informed consent.<sup>11</sup> Furthermore, Bill C-7 undermines the independence requirement by extending witness status to persons paid to provide personal care or health care services to the person requesting MAID.<sup>12</sup> Additionally, for Track One applicants, the compulsory 10-day waiting period between signing a request for MAID and the day MAID is provided has been removed.<sup>13</sup>
10. Bill C-7 further expanded MAID to persons whose sole underlying condition is mental illness, subject to a 'sunset clause'. This provision was initially scheduled to take

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<sup>7</sup> Carter v. Canada, Supreme Court of Canada (February 6, 2015) <<https://scc-csc.lexum.com/scc-csc/scccsc/en/item/14637/index.do>>.

<sup>8</sup> Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying) (assented to 17 June 2016) 241.2 (1) <<https://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent>>.

<sup>9</sup> Truchon c. Procureur général du Canada, Superior Court of the Province of Quebec, District of Montreal (11 September 2019) <<https://www.canlii.org/fr/qc/qccs/doc/2019/2019qccs3792/2019qccs3792.html>>.

<sup>10</sup> Bill C-7, An Act to amend the Criminal Code, medical assistance in dying (March 17, 2021) Section 241.2.3 <<https://parl.ca/DocumentViewer/en/43-2/bill/C-7/royal-assent>>.

<sup>11</sup> Ibid, 4(c).

<sup>12</sup> Ibid, 5.1.

<sup>13</sup> Government of Canada 'Canada's medical assistance in dying (MAID law)', Safeguards for persons whose natural death is reasonably foreseeable (31 July 2024) <<https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html>>.

effect on 17 March 2023.<sup>14</sup> This date was later postponed to 17 March 2024 through Bill C-39,<sup>15</sup> and subsequently extended to 17 March 2027 by Bill C-62.<sup>16</sup> Following this extension, Bill C-218 was introduced to permanently exclude mental illness as a basis for MAID eligibility. Notably, Bill C-218 would amend the Criminal Code to prevent mental disorders from being considered 'a grievous and irremediable medical condition' for the purposes of MAID.<sup>17</sup> A previous iteration of the bill failed by only a few votes.

### *Lack of Support for Vulnerable Persons: Social and Financial Vulnerabilities Fueling MAiD Requests*

11. In October 2024, an Associated Press investigation, relying in part on data obtained exclusively from Ontario's Office of the Chief Coroner, as well as from private email groups, revealed widespread concern among doctors and nurses regarding euthanasia requests from socially and/or economically vulnerable people whose suffering could have been addressed through financial, social, or housing support. They expressed deep discomfort with ending the lives of vulnerable people whose deaths were avoidable, even if they met the criteria in Canada's MAID system.<sup>18</sup>
12. One doctor wrote in an online forum that although his patient had a serious lung disease, his suffering was 'mostly because he is homeless, in debt, and cannot tolerate the idea of (long-term care) of any kind.' A respondent questioned whether the fear of living in a nursing home was truly intolerable. Another claimed that the prospect of 'looking at the wall or ceiling waiting to be fed [...] to have diapers changed' was sufficiently painful. The patient was eventually euthanized. Experts not affiliated with such forums said that while doctors and nurses need private space for discussion, the lack of transparency regarding controversial cases is alarming.<sup>19</sup>
13. Following the report's publication, the Province of Ontario confirmed in reports reviewing that many MAID recipients were not terminally ill. Rather, a considerable number of recipients pursued euthanasia or assisted suicide due to a lack of adequate housing, social, financial, and medical support (notably, inadequately treated mental illness and addictions). This finding is supported by the fact that Track Two recipients disproportionately lived in highly marginalized areas in Ontario.<sup>20</sup>

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<sup>14</sup> Bill C-7 Section 241.2.1; Government of Canada 'Delay of eligibility for medical assistance in dying for persons suffering solely from mental illness proposed by Ministers of Justice and Health' <<https://www.canada.ca/en/departement-justice/news/2023/02/delay-of-eligibility-for-medical-assistance-in-dying-for-persons-suffering-solely-from-mental-illness-proposed-by-ministers-of-justice-and-health.html>>.

<sup>15</sup> Bill C-39, An Act to amend the Criminal Code, medical assistance in dying (First Reading February 2, 2023) <<https://www.parl.ca/DocumentViewer/en/44-1/bill/C-39/first-reading>>.

<sup>16</sup> Bill C-62: An Act to amend An Act to amend the Criminal Code (medical assistance in dying), No. 2 <<https://www.justice.gc.ca/eng/csj-sjc/pl/charte-charte/c62.html>>.

<sup>17</sup> Parliament of Canada, Bill C-18 'An Act to amend the Criminal Code (medical assistance in dying)' (26 May 2025) <<https://www.parl.ca/legisinfo/en/bill/45-1/c-218>>.

<sup>18</sup> Associated Press 'Private forums show Canadian doctors struggle with euthanizing vulnerable patients' (16 October 2024) <<https://apnews.com/article/euthanasia-ethics-canada-doctors-nonterminal-nonfatal-cases-dfe59b1786592e31d9eb3b826c5175d1>>.

<sup>19</sup> Ibid.

<sup>20</sup> MAID Death Review Committee (MDRC) Reports 2024 1-3. See in particular Reports 1 ([https://cdn.theconversation.com/static\\_files/files/3515/2024.2\\_NRFND\\_Complex\\_Conditions\\_Final](https://cdn.theconversation.com/static_files/files/3515/2024.2_NRFND_Complex_Conditions_Final)

14. For example, one of the reports showed that people in the lowest 'material resource' (i.e., economic) quintile, constituted 28.4% of Track Two MAID recipients despite representing only 20% of the general population. In addition, individuals in the lowest 20% of the population experiencing the highest housing instability comprised nearly half (48.3%) of all Track Two MAID recipients.<sup>21</sup>
15. Another report shows that from 2019 to 2023, 42% of all MAID deaths involved people who required disability services, with 1,017 people lacking access to those services.<sup>22</sup>
16. A study of fifty-four Track Two patients found that two-thirds had a concurrent mental illness, one-fifth experienced difficulty accessing 'appropriate' treatment, and over one-third had not been offered 'all appropriate and available treatments.'<sup>23</sup>
17. Federal data also indicates that, according to MAID providers, more than 38% of their patients who received MAID from 2019 to 2023 expressed feelings of being a burden. It follows from such data that Canadian physicians are not reluctant to provide MAID in cases where suffering is largely intertwined, or a mere result of social vulnerability. This is exemplified by reports that clinicians responsible for Vancouver Coastal Health's assisted-dying team have informed patients with chronic pain conditions that choosing to die from MAID due to feelings of being a burden on loved ones can be considered an 'expression of love.'<sup>24</sup>
18. According to a report by Health Canada, 22% of MAID recipients chose death because of 'isolation and loneliness,' an increase of 5% from the previous year. While social isolation does not constitute an approved ground for MAID, available data demonstrate that it is a material factor influencing the decision to request it.<sup>25</sup>
19. Testimony from Inclusion Canada before a parliamentary committee confirms that Canadians with disabilities are being routinely and proactively offered MAID when they are seeking entirely different services and social supports.<sup>26</sup> The Canadian Human Rights Commission has similarly confirmed that socio-economic inequality is contributing to MAID requests, noting that 'too many people with disabilities in Canada lacked access to the basic supports and services, including health care,

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[Report %281%29.pdf](#)) and 3 (<https://www.ocswssw.org/wp-content/uploads/MAiD-Death-Review-Committee-Report-2024.pdf>).

<sup>21</sup> MAID Death Review Committee Report 2024 – 3 'Navigating Vulnerability in Non-Reasonably Foreseeable Natural Deaths' (October 2024) <<https://www.ocswssw.org/wp-content/uploads/MAiD-Death-Review-Committee-Report-2024.pdf>>.

<sup>22</sup> Cardus 'In Contrast to Carter: Assisted Dying's Impact on Canadians with Disabilities' (16 September 2025) <<https://www.cardus.ca/research/health/reports/in-contrast-to-carter/>>.

<sup>23</sup> Ellen Wiebe and Michaela Kelly 'Medical assistance in dying when natural death is not reasonably foreseeable: Survey of providers' experiences with patients making track 2 requests' Can Fam Physician 69(12):853-858 (December 2023) <<https://pmc.ncbi.nlm.nih.gov/articles/PMC10949259/>>.

<sup>24</sup> Supra note 20.

<sup>25</sup> Ibid.

<sup>26</sup> Parliamentary Finance Committee hearing on Bill C-4, 'An Act respecting certain affordability measures for Canadians and another measure' (8 October 2025) <<https://www.youtube.com/watch?v=vkbuPPXKE0s>>.

medication and equipment’ and that they ‘were turning to medical assistance in dying because they felt they had no other options’.<sup>27</sup>

20. Case studies found that timely mental health interventions can lead to withdrawal of MAID requests; however, access to adequate mental health care in Canada remains limited, including among young people. One third of Canadians aged 15 or older with mental health care needs reported that those needs were not fully met, while only half of Canadians who experienced a major depressive episode reported receiving ‘potentially adequate care.’<sup>28</sup>
21. There is no provision in Canadian law that prohibits healthcare professionals from initiating a discussion about MAID.<sup>29</sup> Rather, Canada’s Criminal Code states that ‘[f]or greater certainty, no social worker, psychologist, psychiatrist, therapist, medical practitioner, nurse practitioner or other health care professional commits an offence if they provide information to a person on the lawful provision of medical assistance in dying.’<sup>30</sup> In this respect, Canada departs from other jurisdictions where such initiation is prohibited as a safeguard intended to protect vulnerable persons.<sup>31</sup>
22. As a result of Track Two MAID causing premature deaths and increasing discrimination and stigma against people with disabilities, a coalition of disability rights organizations, together with two directly affected individuals, filed a Charter challenge with the Ontario Superior Court of Justice, urging the court to strike down Track Two of Canada’s MAID regime. The coalition argues that MAID is driving vulnerable persons to seek death due to social deprivation, poverty, and lack of essential support services, and that it sends a ‘devastating message that life with a disability is a fate worse than death.’ The applicants are urging the government to ‘end helping people with disabilities commit suicide and start supporting them to live.’<sup>32</sup>

### *Notable Cases*

23. A substantial number of cases have emerged in which physicians, nurses, and other professionals have recommended MAID to persons with disabilities who had never expressed interest in euthanasia or assisted suicide, as well as cases in which

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<sup>27</sup> United Nations Office of the High Commissioner for Human Rights ‘Experts of the Committee on the Rights of Persons with Disabilities Commend Canada for Accessible Voting Measures, Ask about Medical Assistance in Dying for Persons with Disabilities and on Persons with Disabilities in the Labour Market’ (11 March 2025) <<https://www.ohchr.org/en/meeting-summaries/2025/03/experts-committee-rights-persons-disabilities-commend-canada-accessible>>.

<sup>28</sup> The Centre for Addiction and Mental Health Canada ‘The Crisis is Real’ <<https://www.camh.ca/en/drivingchange/the-crisis-is-real>>.

<sup>29</sup> Canadian Association of MAID Assessors and Providers ‘Bringing up Medical Assistance In Dying (MAID) as a clinical care option’ (2022) p 2 <<https://camapcanada.ca/wp-content/uploads/2022/02/Bringing-up-MAiD.pdf>>.

<sup>30</sup> Canada Criminal Code, section 241 (5.1) <<https://laws-lois.justice.gc.ca/eng/acts/c-46/section-241.html>>.

<sup>31</sup> See, for example, New Zealand: End of Life Choice Act 2019 (16 November 2019) art 10(1) <<https://www.legislation.govt.nz/act/public/2019/0067/latest/whole.html>>.

<sup>32</sup> Inclusion Canada ‘Disability Rights Coalition Challenges Discriminatory Sections of Canada’s Assisted Dying Law in Court’ (26 September 2024) <<https://www.inclusioncanada.ca/post/disability-rights-coalition-challenges-discriminatory-sections-of-canada-s-assisted-dying-law-in-cou>>.



persons with disabilities have sought MAID due to financial insecurity and lack of adequate social and medical support.

24. In August 2018, Roger Foley, a 42-year-old man with an incurable neurological condition, released audio recordings in which hospital staff repeatedly suggested MAID to him and threatened to charge him CAD 1,800 per day for continued hospital care if he did not accept discharge, despite his repeated requests to live at home with appropriate supports. Speaking virtually to a group of policymakers, Mr. Foley argued that recent provisions on MAID 'facilitate the humiliation, abuse, and degradation of [...] vulnerable people with disabilities by improperly exploiting vulnerability and weakness in times of desperation.'<sup>33</sup> The United Nations Special Rapporteur on the rights of persons with disabilities subsequently brought attention to Mr. Foley's case in a communication to the Government of Canada, expressing serious concern, among others, about threats to his right to life.<sup>34</sup>
25. In 2019, Heather Hancock, a woman living with cerebral palsy, reported that nurses at Medicine Hat Regional Hospital, where she received treatment, told her that '[she] should do the right thing and consider MAID' and that '[she is] being selfish. [...] not living, [...] merely existing.'<sup>35</sup> This case illustrates the deeply harmful stereotypes that view needing help with activities of daily living as rendering life is 'undignified'.
26. In 2022, a Paralympian and military veteran who sought a domestic wheelchair ramp through Veterans Affairs Canada was offered MAID by her caseworker. This occurred a week after the Minister of Veterans Affairs testified before a parliamentary committee that as many as 5 other veterans were offered MAID, prompting an internal investigation.<sup>36</sup> A House of Commons committee hearing in November 2022 revealed that one of the five veterans did accept the offer.<sup>37</sup>
27. In December 2022, a 65-year-old man obtained initial approval for euthanasia by a medical professional. Although he lived from epilepsy and a number of other chronic conditions, he explicitly cited his failing financial situation as his primary motivation seeking MAID and expressed his intention to 'shop' for a second doctor willing to

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<sup>33</sup> Dying Well 'Roger Foley' <<https://www.dyingwell.co.uk/stories/roger-foley/>>.

<sup>34</sup> The Special Rapporteur on the right of persons with disabilities and the Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, UA CAN 3/2019 (August 7, 2021) <<https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gld=24754>>.

<sup>35</sup> Daily Mail 'The disabled woman battling euthanasia in Canada after nurses said she was 'selfish' for living' (13 July 2024) <<https://www.dailymail.co.uk/health/article-13625001/disabled-woman-euthanasia-Canada-nurse-suicide.html>>.

<sup>36</sup> Independent 'Paralympian claims Canada offered to euthanise her when she asked for a stairlift' (4 December 2022) <<https://www.independent.co.uk/news/world/americas/christine-gauthier-paralympian-euthanasia-canada-b2238319.html>>.

<sup>37</sup> Canadian veterans were offered assisted suicide in five instances, committee hears (November 25, 2022) <<https://nationalpost.com/news/canadian-veterans-assisted-suicide>>.

approve the request.<sup>38</sup> In February 2023, he claimed to have received the required second approval.<sup>39</sup>

28. In 2024, a woman undergoing life-saving cancer surgery in Canada was offered MAID by doctors as she was about to enter the operating room.<sup>40</sup> She later recanted feeling frightened, alone, and confused, questioning 'Why was I being asked about assisted dying, when I was on my way into what I truly believe was life-saving surgery?' The woman stated that repeated offers of MAID made her feel 'like a problem that needed to be rid of instead of a patient in need of treatment'.<sup>41</sup>
29. In 2025, Nicolas Bergeron, a man with incurable cancer, reported being pressured by a social worker to consider MAID. In doing so, the social worker described in graphic terms how unpleasant a natural death could be in comparison to MAID. According to Mr. Bergeron, 'She said to me, "It's not pleasant — you could die between two sheets, vomiting feces, sir. If you were in palliative care, I'd take you up to a nice room upstairs. It would take an hour, and everything would be over."'"<sup>42</sup>
30. As reported by the Associated Press in its 2024 investigation, a middle-aged worker unable to return to work due to ankle and back injuries told his doctor that the government's measly support was 'leaving [him] with no choice but to pursue MAID.' Although other physicians claimed in an email discussion group that the patient met legal criteria due to severe pain, social strain, and inability to work, his doctor expressed hesitation since the man cited reduced government payments as a key factor.<sup>43</sup>
31. Normand Meunier, a 66-year-old quadriplegic man from Quebec, requested MAID after developing a severe bed sore during a four-day hospitalisation at Saint-Jérôme Hospital in 2024. An inquiry revealed that despite repeated requests to hospital staff, Meunier was not given access to a special pressure mattress that he normally used at home needed to prevent the development of bedsores during his stay, resulting in a wound that deteriorated to the point where bone and muscle were exposed. Mr. Meunier had previously suffered other bedsores, but none as debilitating. Steven Laperrière, the director general of the Regroupement des activistes pour l'inclusion au Québec, which supports people with disabilities,

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<sup>38</sup> Daily Mail 'EXCLUSIVE: 'I don't want to die, but I don't want to be homeless': Canadian man, 65, has a doctor's approval for euthanasia despite admitting becoming POOR is a main reason he's applying to die' (December 9, 2022) <<https://www.dailymail.co.uk/news/article-11516989/Canadian-man-doctors-approval-euthanasia-despiteadmitting-POVERTY-main-factor.html>>.

<sup>39</sup> Bridge City News 'Medicine Hat senior charged with kidnapping, receives second approval on MAID application' (January 18, 2023) <<https://bridgecitynews.ca/medicine-hat-senior-charged-with-kidnapping-receives-secondapproval-on-MAiD-application/>>.

<sup>40</sup> The Telegraph 'I went for a mastectomy and they offered me assisted dying, Canadian cancer patient reveals' (14 October 2024) <<https://www.telegraph.co.uk/us/news/2024/10/14/disabled-woman-canada-assisted-suicide-cancer-surgery/>>.

<sup>41</sup> The Christian Institute 'Canadian grandmother offered euthanasia before 'life-saving' cancer surgery' (1 November 2024) <<https://www.christian.org.uk/news/canadian-grandmother-offered-euthanasia-before-life-saving-cancer-surgery/>>.

<sup>42</sup> Le Soleil <<https://www.lesoleil.com/chroniques/mylene-moisan/2025/10/18/laide-medicale-a-mourir-ca-vous-dit-JYOV2YTD6JCCXGUGMKFSFQX774/>>.

<sup>43</sup> Supra note 18.



described the case as ‘a crying shame’, stating that Meunier ‘would probably still be alive today’ if ‘staff had been really professional about it’.<sup>44</sup>

### *Lack of Accountability*

32. Reports demonstrate a widespread lack of accountability in the implementation and oversight of Canada’s MAiD regime.
33. Between 2018 and 2024, Ontario’s MAiD regulators tracked 428 cases involving possible criminal violations, yet none were referred to law enforcement. Internal documents indicate that Ontario’s Office of the Chief Coroner, responsible for overseeing cases, has deemed compliance issues as merely warranting ‘informal conversation’ with the practitioner or an ‘educational’ or ‘notice’ email. In one instance, the head of the Office claimed during a private presentation that the euthanasia of a minor—illegal under Canadian law—would not automatically lead to a police report.<sup>45</sup>
34. Two members of Ontario’s MAiD Death Review Committee—an advisory group formed by the Chief Coroner to help improve the MAiD system in the province—have called for a comprehensive investigation into all cases flagged by the Coroner’s Office. Experts have deplored the systemic failure to report every suspected violation of the law to the police for independent investigation and prosecutorial review.<sup>46</sup>
35. The first-ever MAiD death in Canada investigated for criminal negligence in 2020 was closed after Fraser Health, a regional health authority in British Columbia, refused to release critical documentation, barring police from verifying compliance.<sup>47</sup>
36. A 2025 investigation based on documents obtained through a freedom of information (FOI) application, uncovered systematic failures in British Columbia, including thousands of paperwork errors among 2,767 MAiD deaths recorded in 2023, the absence of public reporting on violations, and an oversight unit led by the same health officials responsible for delivering MAiD in the province. The Ministry of Health’s MAiD Oversight Unit has not published a public report since it took responsibility for MAiD oversight from the province’s chief coroner in 2018.<sup>48</sup>
37. The aforementioned FOI materials included a ‘briefing decision note’ arguing that the oversight unit should not be overly rigorous in reporting infractions of MAiD delivery protocols to professional colleges or the police, on the grounds that doing

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<sup>44</sup> CBC ‘Quadriplegic Quebec man chooses assisted dying after 4-day ER stay leaves horrific bed sore’ (12 April 2024) <<https://www.cbc.ca/news/canada/montreal/assisted-death-quadriplegic-quebec-man-er-bed-sore-1.7171209>>.

<sup>45</sup> The New Atlantis ‘A Pattern of Noncompliance’ (11 November 2024) <<https://www.thenewatlantis.com/publications/compliance-problems-MAiD-canada-leaked-documents>>.

<sup>46</sup> Ibid.

<sup>47</sup> The Squamish Chief ‘Letter: Gaps in MAiD not noted in Squamish Chief piece’ (18 January 2025) <<https://www.squamishchief.com/opinion/letter-gaps-in-MAiD-not-noted-in-squamish-chief-piece-10096759>>.

<sup>48</sup> The B.C. Catholic ‘Provincial MAiD regime high on errors, lax on enforcement, and reluctant to do anything about it, B.C. Catholic investigation finds’ (21 July 2025) <<https://bccatholic.ca/news/catholic-van/provincial-MAiD-regime-high-on-errors-lax-on-enforcement-and-reluctant-to-do-anything-about-it-b-c-catholic-investigation-finds>>.

so ‘may discourage physicians or nurse practitioners from providing MAID despite high demand.’ This demonstrates a systemic bias towards facilitating death rather than ensuring compliance with Canada’s legislation. Despite identifying 2,833 ‘reporting issues’ and ‘completion errors’ in 2023 alone, the oversight unit has referred only 22 cases to regulatory bodies for possible disciplinary action, and just two cases to law enforcement.<sup>49</sup>

38. Moreover, provincial privacy laws have been invoked to prevent family members or even police from obtaining access to medical records related to MAID, further undermining transparency and accountability.<sup>50</sup>

#### *The Right to Life and Non-Discrimination in International Law*

39. Under Article 2(1) of the International Covenant on Civil and Political Rights (ICCPR), States Parties undertake to respect and ensure the rights recognised in the Covenant without distinction of any kind.<sup>51</sup>

40. Article 6(1) of the ICCPR states that ‘Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.’<sup>52</sup>

41. Moreover, Article 26 of the ICCPR establishes the right to non-discrimination, stating that ‘[a]ll persons are equal before the law and are entitled without any discrimination to the equal protection of the law’.<sup>53</sup>

42. Read together, these provisions require States Parties not only to refrain from arbitrary deprivation of life, but also to ensure that legal protections for the right to life are applied equally and without discrimination. In this regard, the permissibility of euthanasia and assisted suicide under Canada’s MAID regime undermines the State’s obligations under the Covenant by creating a differentiated standard of protection for the right to life. Persons deemed ‘eligible’ for MAID are, in effect, excluded from the full protection of Article 6 on the basis of their status as persons with disabilities or persons in vulnerable social, economic or other situations.

43. Canada should restore protections for the right to life in law and practice by repealing its MAID legislation. Rather than facilitating death, the State should prioritise the provision of quality health and other care and support services, including high-quality, comprehensive palliative care to address pain and other symptoms, as well as the psychological, socio-economic, and spiritual assistance necessary to uphold the dignity and human rights of every person.

44. Many of the concerns outlined above have been echoed by various UN mechanisms. In its 2025 Concluding Observations on Canada’s second and third periodic review,

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<sup>49</sup> Ibid.

<sup>50</sup> Christopher Lyon ‘Canada’s Medical Assistance in Dying System can Enable Healthcare Serial Killing’ HEC Forum (2025) 37:65–105  
<[https://pmc.ncbi.nlm.nih.gov/articles/PMC11832602/pdf/10730\\_2024\\_Article\\_9528.pdf](https://pmc.ncbi.nlm.nih.gov/articles/PMC11832602/pdf/10730_2024_Article_9528.pdf)>.

<sup>51</sup> International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171 (ICCPR) art 2(1).

<sup>52</sup> Ibid, art 6(1).

<sup>53</sup> Ibid, art 26.

the Committee on the Rights of Persons with Disabilities expressed that it was 'extremely concerned about the 2021 amendments' to Bill C-7, which further expanded MAID eligibility criteria through 'Track Two', and called for its repeal. The Committee underscored that Canada was de-emphasizing a 'myriad of support options' that could allow vulnerable persons, such as persons with disabilities, to live dignified lives, highlighting 'the systematic failure of the State Party to address the social determinants of health and well-being with regard to poverty alleviation, access to healthcare, accessible housing, prevention of homelessness [...], and the provision of community-based mental health support and employment support'. The Committee also urged Canada not to further expand MAID including to mature minors and advance requests.<sup>54</sup>

45. As early as 2017, due to concerns regarding Bill C-14, the Committee had already recommended that Canada ensure individuals seeking MAID are provided with alternative courses of action and to appropriate palliative care, disability support, home care, and other social measures that support a dignified life and promote human flourishing.<sup>55</sup>
46. In February 2021, the Special Rapporteur on the rights of persons with disabilities, the Independent Expert on the enjoyment of all human rights by older persons, and the Special Rapporteur on extreme poverty and human rights jointly issued a communication to the Canadian government, warning that Bill C-7 would result in human rights violations if enacted. The experts highlighted that expanding MAID to persons with disabilities who are not terminally ill would violate the right to life under all core international human rights instruments.<sup>56</sup>
47. Following an official visit to Canada in 2019, the Special Rapporteur on the rights of persons with disabilities noted with extreme concern the implementation of MAID legislation from a human rights perspective, highlighting in particular that persons with disabilities living in institutional settings were being pressured to seek medical assistance in dying.<sup>57</sup>

## **(b) Recommendations**

48. Considering the above, ADF International calls on the Human Rights Committee to include the following recommendations in its Concluding Observations on Canada's 8th periodic review:

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<sup>54</sup> Committee on the Rights of Persons with Disabilities 'Concluding observations on the initial report of Canada' (April 15, 2025) <[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2FC%2FCAN%2FCO%2F2-3&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2FC%2FCAN%2FCO%2F2-3&Lang=en)>.

<sup>55</sup> Committee on the Rights of Persons with Disabilities 'Concluding observations on the initial report of Canada' (May 8, 2017) <<https://docs.un.org/en/CRPD/C/CAN/CO/1>>.

<sup>56</sup> Mandates of the Special Rapporteur on the rights of persons with disabilities; the Independent Expert on the enjoyment of all human rights by older persons; and the Special Rapporteur on extreme poverty and human rights, OL CAN 2/2021 (February 3, 2021) <<https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gId=26002>>.

<sup>57</sup> Report of the Special Rapporteur on the rights of persons with disabilities 'Visit to Canada', A/HRC/43/41/Add.2 (December 19, 2029) para 69 <<https://documents.un.org/doc/undoc/gen/g19/348/81/pdf/g1934881.pdf?OpenElement>>.

- a. Restore equal protection for the right to life in law and practice including for those whose death is not imminent by amending the Criminal Code to prohibit euthanasia or assisted suicide;
- b. Pending the repeal of relevant legislation, refrain from any further expansion of eligibility, including particularly to children and persons living with mental illness or through advance requests;
- c. Amend the Criminal Code to explicitly prohibit health practitioners from persuading, encouraging, or inducing requests for medical assistance in dying;
- d. Ensure that all alleged violations of criminal law, safeguards, or professional obligations in the context of MAID are promptly, independently, and thoroughly investigated, and prosecuted, with particular attention to cases involving persons with disabilities and other persons in vulnerable situations;
- e. Establish independent, easily accessible, and adequately resourced review mechanisms with full access to medical records, empowered to investigate MAID processes and suspend requests where appropriate;
- f. Strengthen policies and increase investments to promote the physical, mental, social and economic well-being of persons in vulnerable situations;
- g. Take all necessary measures to ensure that all patients have access to high-quality, comprehensive palliative care.



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