

Medical assistance in dying: Complying with Bill C-14 in healthcare policy and practice

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On June 17, 2016, Bill C-14 on medical assistance in dying (MAID) was assented to by the Parliament of Canada. Health facilities should therefore develop and implement policies for access to MAID that comply with Bill C-14 and recognize MAID as a constitutionally protected right that is inextricably linked to an adult patient's autonomy and dignity in responding to grievous and irremediable medical conditions that cause enduring physical or psychological suffering that is intolerable to the patient and "their natural death has become reasonably foreseeable"^[1]. Regulated health professionals will need to comply with Bill C-14 in their private practices, any applicable policies of their health regulatory colleges and any institutional policies of health facilities where they provide services.

Although such policies should address issues such as clinical competency to provide MAID, conscientious objection at both the institutional and individual levels, and how to provide patient information and access to MAID in either of those circumstances (*i.e.*, by way of an effective referral or transfer of care), institutional and individual concerns regarding MAID should not trump eligible adult patients' paramount constitutionally identified right of access to MAID. In other words, in our view, publicly funded health facilities and regulated health professionals, like the Superior Courts between February 6, 2016 to June 6, 2016, are now just the gatekeepers of access to MAID under Bill C-14, and should have no discretion in this regard. Patients who do not meet Bill C-14 MAID eligibility criteria will have to resort to the courts to either obtain a constitutional exemption or challenge the validity of the additional criteria and safeguards.

This article continues in the links below

- [Carter v Canada \(Attorney General\)](#)
- [Bill C-14 and its Deviation from Carter 2015](#)
- [Constitutionality of Bill C-14 and Judicial Applications for Access to MAID](#)
- [Health Regulatory College Policies on MAID and Medico-Legal Liability](#)
- [Hospitals' and Health Facilities' Policies on MAID and Conscientious Objection](#)

[1] *Ibid*, section 241.2(2)(d).