



Harms caused by institutional objections to medical assistance in dying: Ongoing challenges and catalysts for change



What is this research about?

Medical assistance in dying (MAiD) has been legal across Canada since 2016. Some people's access to MAiD has been impeded or obstructed by institutions (e.g., hospitals, hospices, and long-term care facilities) that object to MAiD. This study explores experiences of institutional objection in Canada and what has changed over time. It focuses on British Columbia, Ontario, and Nova Scotia as laws and policies on institutional objection differ in each Canadian province and territory.



What did we find?

People faced institutional objections grounded in religious values in faith-based facilities. They also faced objections in secular facilities based on a particular philosophy of palliative care. Objections were often top-down decisions, and not universally shared by staff.

Restrictions varied. Facilities refused to allow their staff or outside health professionals to:

- Give information about MAiD;
- Assess a patient's eligibility for MAiD; and/or
- Provide MAiD.

Some patients had to transfer elsewhere for MAiD assessment and/or provision.



What did we do?

We interviewed:

- Family caregivers of people who had MAiD;
- A patient in the process of seeking MAiD;
- MAiD assessors and providers (doctors and nurse practitioners who facilitate MAiD); and
- Other members of MAiD teams (people involved in coordinating MAiD programs with the provincial government or in healthcare facilities).

In 48 interviews, people discussed institutional objection. We analyzed what people said and developed recommendations based on their views and experiences.

“Patients need to come off the grounds of that [care home] building if I’m going to do assessments. I’ve done one in a café, I’ve done one in the park, done one on a park bench.”
– MAiD assessor/provider

Harms to patients/families

- Suffering caused by forced transfers
- Stigmatization
- Additional advocacy, paperwork, and logistics
- Less choice about where to die
- Forced choice between access to MAiD and access to palliative care
- Obstructed access to MAiD
- Disrupted therapeutic relationships

Harms to health professionals

- Emotional impacts (e.g. feeling they had “failed” the patient; distress from witnessing/participating in forced transfers against their conscience)
- Tension with other healthcare professionals
- Conflict with institutional position
- Workload pressures (e.g. time spent advocating for patient access and finding alternative locations)
- Lack of remuneration

“He had dozens of bone metastases from prostate cancer. I can’t imagine the agony of a bumpy ambulance ride for his death.” – MAiD assessor/provider

“There’s enough pain as it is. To then throw up these roadblocks on top of it is just cold.” – Family caregiver

Catalysts for change: In the six years that MAiD was legal in Canada, some facilities changed from prohibiting all aspects of MAiD to permitting assessments (and sometimes even provision) on site.

Some things helped reduce the harms caused by institutional objection:

- **Greater acceptance of MAiD** over time by medical professionals and the community
- **Advocacy** by health professionals and family members to minimize patient harms
- **Education and relationship-building** from MAiD teams and other health professionals
- **Institutional dynamics** including policy development and leadership from staff
- **Stronger regulation** including by provincial governments



What should happen next?

1. **Put patients first:** institutions should educate themselves about the harms that objections cause patients and adopt a patient-centred approach to avoid them.
2. **Support health professionals:** professionals within objecting institutions have diverse views on MAiD. Supports are needed both for those who share the institution’s views but also those who do not.
3. **Implement stronger regulation:** institutional objection remains a problem in some areas. Patients may often have no choice about where they are treated so regulation must protect patient access to MAiD.

For more information

This research briefing is based on Eliana Close, Ruthie Jeanneret, Jocelyn Downie, Lindy Willmott and Ben P White, “A qualitative study of experiences of institutional objection to medical assistance in dying in Canada: Ongoing challenges and catalysts for change” *BMC Medical Ethics* 24, 71 (2023).

More information about study limitations, research ethics and disclosures are available in the article:

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