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Article abstract

Disha et al., in their 2023 paper in this journal, interchangeably frame the Canadian Criminal Code's 90-day assessment period safeguard for Medical Assistance in Dying (MAID) for people without a foreseeable natural death (Track 2) as a "waiting", "reflection", and "assessment" period. However, the law and formal guidance explicitly describe its purpose as an assessment period, only incidentally a reflection period, but not a waiting period. Accordingly, there is an urgent ethical, practical, and legal need to ensure MAID practitioners, their colleagues, and overseers rigorously understand and apply the law to protect patients' lives from transgressions and stop transgressors.

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RÉPONSE À – COMMENTAIRE CRITIQUE / RESPONSE TO – CRITICAL COMMENTARY

No Loitering: A Response to Disha et al. on Medical Assistance in Dying's 90-day Assessment Period

Christopher Lyon[a]

Texte discuté/Text discussed: Disha K, Bianchi A, Shanker R, Lukich N. Where Do I Go to Wait? Ethical Considerations During the 90 Day Reflection Period for MAiD. Canadian Journal of Bioethics. 2023;6(1):70-4

Résumé
Dans leur article de 2023 publié dans cette revue, Disha et al. qualifient indifféremment de « période d'attente », de « réflexion » et d'« évaluation » la période d'évaluation de 90 jours prévue par le Code criminel canadien pour l'aide médicale à mourir (AMM) pour les personnes n'ayant pas de mort naturelle prévisible (Volet 2). Cependant, la loi et les orientations officielles décrivent explicitement son objectif comme une période d'évaluation, accessoirement comme une période de réflexion, mais pas comme une période d'attente. En conséquence, il existe un besoin éthique, pratique et juridique urgent de s'assurer que les praticiens de l'AMM, leurs collègues et les superviseurs comprennent et appliquent rigoureusement la loi afin de protéger la vie des patients contre les transgressions et d'arrêter les transgresseurs.

Mots-clés
aide médicale à mourir, AMM, Code pénal, euthanasie, suicide assisté, éthique médicale, droit

Abstract
Disha et al., in their 2023 paper in this journal, interchangeably frame the Canadian Criminal Code's 90-day assessment period safeguard for Medical Assistance in Dying (MAID) for people without a foreseeable natural death (Track 2) as a "waiting", "reflection", and "assessment" period. However, the law and formal guidance explicitly describe its purpose as an assessment period, only incidentally a reflection period, but not a waiting period. Accordingly, there is an urgent ethical, practical, and legal need to ensure MAID practitioners, their colleagues, and overseers rigorously understand and apply the law to protect patients' lives from transgressions and stop transgressors.

Keywords
medical assistance in dying, MAiD, Criminal Code, euthanasia, assisted suicide, medical ethics, law

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INTRODUCTION

In a recent paper in this journal, *Where Do I Go to Wait? Ethical Considerations During the 90-Day Reflection Period for MAiD*, Disha et al. (1) explore "where patients should wait during the 90-day assessment period" for the non-foreseeable natural death track of Canadian Medical Assistance in Dying (MAID). Three co-authors are "practising healthcare ethicists…in non-acute care settings" (1) – one of several occupations, such as coordinators/navigators, with unregulated but direct roles in MAID assessments and deaths (2-4). The paper names Dr. Ellen Wiebe as its only peer reviewer.

Disha et al. (1) present their argument in the context of "patient X," a paraplegic person with a recent spinal cord injury requesting MAID who desires to remain in a rehabilitation facility during the legislated 90-day assessment period safeguard enumerated in the Criminal Code (5) due to their good relationship with staff, instead of their home or another clinical facility. Disha et al. frame this as a dilemma between "waiting" for the 90 days to expire in a hospital, care facility, or at home relative to his wishes, the beds and resources needed for other more critical patients, and the availability of home support. These authors interchangeably frame Track 2's 90-day period safeguard as an "assessment," "reflection," and "waiting" period. For instance, the title and one line of text refer only to a "reflection period" but are described as a "waiting and assessment" or "waiting and reflection period" (1).

Disha et al. conclude that there is no universal answer regarding where patients should "wait" but that individual cases should be considered through a "polyphonous" (i.e., multi-stakeholder) process to make any decision on waiting ethically defensible. This conclusion aligns with recent suggestions for broader consultation around MAID applications in the 2024 Ontario Chief Coroner's MAID Death Review Committee (MDRC) reports (6).

However, assessment, reflection, and waiting are very different concepts. Only the first two terms appear in current or past MAID legislation (5), where these authors most err.

Because of these points, misconstruing the 90-day assessment period as a "waiting period" and not the legislated "assessment period" undermines their argument and points to a broad and dangerous practitioner ignorance of fundamental Criminal Code safeguards. As an academic and a witness to a traumatic family MAID death with similar overtones (7,8), this prospect is professionally and personally frightening. I provide more specific commentary in the remainder of my response.

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ASSESSMENT, YES, REFLECTION MAYBE, BUT NOT A WAITING PERIOD

The Criminal Code (5) distinguishes between MAID eligibility criteria (sections 241.2(1), (2)) and safeguards (sections 241.2(3), (3.1)). Eligibility criteria for Track 2, which Disha et al. describe, require someone to be 18 or older, have a grievous and irremediable medical condition, enduring and intolerable suffering, and make a voluntary request for MAID. Safeguards differ and require several protective undertakings to ensure lawful and defensible eligibility assessments. For Track 2 patients, those without a reasonably foreseeable natural death, this includes the 90-day "assessment period." Track 1, for those whose natural deaths are deemed reasonably foreseeable (i.e., terminal illness), lacks a mandatory assessment period. All track-relevant criteria and safeguards must be met for MAID to be lawfully approved and provided.

Health Canada, the federal health department, unequivocally describes this period as the "minimum" timeframe for Track 2 assessment, to be extended if necessary.

> The 90-day minimum assessment period has a different purpose…The law requires that at least 90 clear days must pass between the day on which the first assessment begins by a MAID assessor and the day MAID is provided. It intends to ensure that the patient and assessors have enough time to explore relevant aspects of the patient's situation. It doesn't have to provide reflection time for the patient, although it could do this as well. (9)

This guidance, reflecting criminal law changes permitting Track 2 death (5), states this period can only be shortened if both assessors "agree the patient is at imminent risk of losing capacity to consent, **and** have completed their assessments, **and** agree the patient is eligible to receive MAID" (9). The federal justice department and Charter statements are consistent with this view (10-12).

The initial change to the Criminal Code in 2016 that permitted MAID applied only to people with a "reasonably foreseeable natural death" and required a "10-day reflection period" (9) before the earliest they could be euthanized or (outside of Québec, which does not allow it) prescribed lethal doses of medication for self-administration (exceedingly rare) after they were approved. The purpose of those 10 days was to give the patient "time to reflect on whether to proceed" with death (9). However, this mandatory reflection period was abolished for Track 1 in 2021, with critics arguing that 10 days of reflection unnecessarily prolonged suffering and was thus unethical (13). But this reasoning does not apply to more challenging Track 2 cases.

In October 2024, Ontario's MDRC repeated Health Canada's interpretation, going so far as to suggest the "arbitrary" 90-day period may be too short for the robust assessments it is meant to accommodate (6). The 2024 Ontario report even red flags a case where a person's,

> assessors considered the 90-day assessment period to be a 'waiting period' and documented the possibility of reducing the timeline should his natural death become reasonably foreseeable (e.g., untreated septicemia). (6)

The MDRC characterized this approach as "without adherence to safeguards in place to promote safety and quality care" amid "concerns that 'track switching' might be occurring, with limited opportunity to identify potential legislative [read: Criminal Code] breaches" (6).

It is therefore incontestable that these 90 days are the statutory minimum time for Track 2 assessment, only incidentally for patient "reflection," and are in no way formally conceived as a "waiting period." In that respect, it is highly alarming that these authors' mistaken interpretation appears to be used in clinical MAID. Noteworthy then, this possibly criminally offensive short-cutting of Track 2 cases is reflected in formal guidance from the Canadian Association of MAID Assessors and Providers (CAMAP), which tells MAID assessors they can qualify a person for Track 1,

> if they have demonstrated a clear and serious intent to take steps to make their natural death happen soon or to cause their death to be predictable. Examples might include stated declarations to refuse antibiotic treatment of current or future serious infection, to stop use of oxygen therapy, to refuse turning if they have quadriplegia, or to voluntarily cease eating and drinking. (14)

Other materials from this organization and an affiliated law professor speculate that clinicians can even advise patients of these methods of suicide to hasten death, shorten the assessment period, or make them eligible for Track 1 MAID (15-17). However, none of these optional actions – let alone an intent to try one – are irremediable disabilities, diseases or illnesses required for eligibility, nor do they indicate the imminent loss of capacity needed to shorten the assessment period. Indeed, in an update following a widely publicized controversial court injunction blocking a MAID death in Alberta in 2024, MV, the Track 2 requestor in the case, reportedly refused food for a remarkable 25 days around June 2024 before she resumed eating and continued to live (4,18). Although the update states she was reapproved for MAID months later for unknown reasons, attempting suicide by starvation did not lead to her death nor appear to qualify her for MAID (or hastened access) under either track. She had not used her reapproval and was "at a community care facility" in October 2024 (18).

In this light, where patient X should spend those 90 days *or longer* is much more a matter of well-informed legal and medical necessity than an informal ethical dilemma about relative convenience, comfort, or guesswork about the law.

OTHER ERRORS

Disha et al. also claim that during the 90 days, the "relevant support and services must be offered, and may be trialled with the individual's consent" (1). This is wrong: MAID legislation only requires that a person be "informed of the means available to relieve their suffering" and "where appropriate …offered consultations with the relevant professionals" (5,19). Support and services do not have to be offered to the patient, only vague consultations with staff deemed "relevant" by an unspecified authority.

Put another way, a MAID requestor may be told of life-continuing and life-enhancing measures that could relieve their suffering and dissuade them from death, yet none of them "must be offered." "Relevant professionals" likewise does not mean a trained specialist, only someone with "experience" (20). Again, the Ontario report flags a case where "MAiD practitioners did not document engagement with physiatry [sic] or rehabilitation specialists in the expertise consultation process" (21), suggesting that even these flawed Criminal Code requirements are likewise overlooked by some MAID practitioners.

Very similar misunderstandings appear in CAMAP guidance (14), potentially leading to criminal approvals and deaths. The implications for patient safety of such a fundamental failure to grasp critical legal safeguards cannot be overstated. It supports the suggestion of potentially thousands of unlawful approvals and deaths (22,23). As such, it reveals an urgent need for intervention by regulating authorities to ensure all MAID assessors, providers, and other clinical staff very clearly understand and apply the letter and spirit of the law so that their decisions to approve and inflict death on their patients are legally and ethically defensible.

These uncaught misunderstandings and any resulting transgressions of the legislated safeguards may result from relying on a single peer reviewer with a known bias against safeguards.

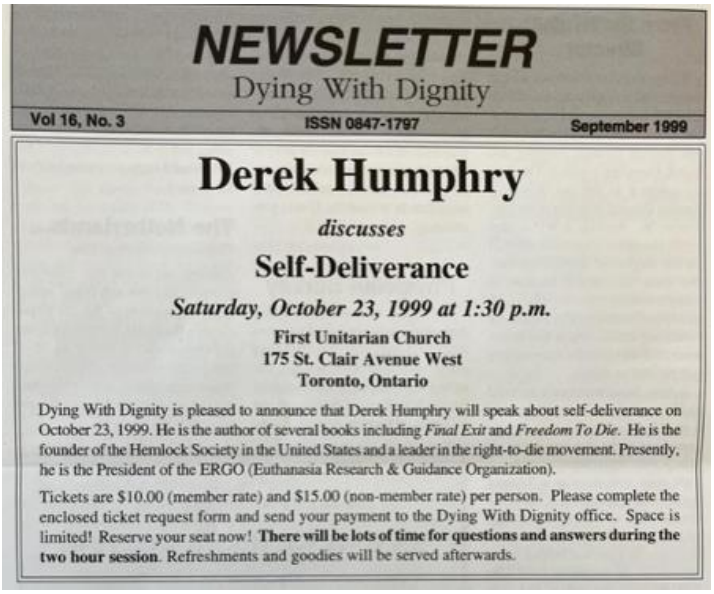
BIAS IN PEER-REVIEW

Dr. Ellen Wiebe is a clinical professor in family medicine at the University of British Columbia and a practising physician (24). Noted elsewhere, she is a very early and controversial MAID provider (25-31) and was listed as a director of CAMAP until late 2024 (32). Wiebe has admonished lawmakers as "wimpy" for being forced to legislate MAID, questioned its safeguards, and implied that criminal law is subordinate to provincial and her "practice association" (i.e., CAMAP) guidance (33). She was the lead author on guidance suggesting that up to a median seven-year life expectancy was eligible for Track 1 MAID (39), in contrast to the federal justice department's view of "a few weeks or months" (40). Once described as "at the forefront of the right to die movement" (31), Wiebe remains a Clinicians Advisory Council (CAC) member of Dying with Dignity Canada (DWDC) (34), the registered lobby group (35) favouring expanded access to MAID and supported the legal challenges that permitted legislation of Track 1 and 2 MAID (36-38). Other members of this council, which existed as the Physicians Advisory Council (and similar titles) before the advent of MAID, declare this affiliation a competing interest in published scholarship before and after MAID became law (41-43).

IDEOLOGICALLY DRIVEN PRACTICE

Founded in 1980 and closely tied to CAMAP, DWDC remains a central actor in the global "right-to-die" social movement (44,45). As my colleagues and I point out (45), in the decades before MAID, DWDC publicly described deaths involving its officials and allied physicians who injected people with, witnessed, or assisted them in imbibing lethal doses of an arbitrary assortment of deceptively acquired opioids, cardiotoxins, tranquillizers, sedatives, vomit suppressors, and hypnotics – sometimes combined with quantities of spirits like whisky (46-51). Other Canadian right-to-die subscribers used gas asphyxiation devices (52,53). DWDC describes "counselling" such methods with the public who contacted it and through public "self-deliverance" seminars (Figure 1) (54-56). It also sent its staff to such training in the United States (57,58). Research shows that these "anarchic" (59) approaches to assisted dying in Canada and other countries result in indiscriminate deaths that can hide their assisted, homicidal, or coercive nature from police, pathologists, and coroners (52,59-61).

Figure 1. 1999 Dying with Dignity Canada Newsletter notice for a hosted seminar on suicide methods by the late right-do-die advocate Derek Humphry (63)



NEWSLETTER
Dying With Dignity
Vol 16, No. 3 ISSN 0847-1797 September 1999

Derek Humphry

discusses

Self-Deliverance

Saturday, October 23, 1999 at 1:30 p.m.

First Unitarian Church
175 St. Clair Avenue West
Toronto, Ontario

Dying With Dignity is pleased to announce that Derek Humphry will speak about self-deliverance on October 23, 1999. He is the author of several books including *Final Exit* and *Freedom To Die*. He is the founder of the Hemlock Society in the United States and a leader in the right-to-die movement. Presently, he is the President of the ERGO (Euthanasia Research & Guidance Organization).

Tickets are $10.00 (member rate) and $15.00 (non-member rate) per person. Please complete the enclosed ticket request form and send your payment to the Dying With Dignity office. Space is limited! Reserve your seat now! **There will be lots of time for questions and answers during the two hour session**. Refreshments and goodies will be served afterwards.

Whether any MAID clinicians and support staff today subscribe to this lawless “right-to-die” outlook and consequently abandon their duty to protect their patients from unlawful death (62) is an urgent question in the wake of Disha et al.’s errors, the troublesome findings in the Ontario MDRC reports, and the increasing numbers of documented violations of the Criminal Code in MAID approvals and deaths nationwide (26,63-66).

CONCLUSION

Disha et al.’s (1) misapprehension of the 90-day assessment period and other Criminal Code safeguards support provincial MAID reviews and other accounts showing that pervasive ignorance of this and other safeguards is happening at the clinical level. This activity may reflect clinicians’ intention due to an ideological bias rooted in MAID’s origins in the right-to-die movement, personal benefit for the clinician, or unintentional misunderstanding or incompetence (26,68). In any case, a lack of adherence to the Criminal Code is indefensible legally, practically, and ethically, given the unacceptability of the premature deaths of people whose assessors and providers fail to afford them the protection of its safeguards.

In Disha et al.’s example, Patient X fails to benefit from these safeguards. X is instead caught in an ethical debate on where best to mark time instead of having their assessment polyphonously exhausted well beyond 90 days if needed, such as through continued efforts to improve their care to the point where euthanasia is no longer appealing.

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