



Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

CHPCA's Position Statement on MAiD – 2026 Update

Position Statement on Hospice Palliative Care and Medical Assistance in Dying (MAiD)

Preamble

In June 2016, the Federal Government enacted Bill C-14 legalizing assisted death under certain circumstances and adopted the term 'medical assistance in dying'. As implemented in Bill C-14 (2018) medical assistance in dying includes both euthanasia ("the administering by a physician or nurse practitioner of a substance to a person, at their request, that causes their death") and assisted suicide ("the prescribing or providing by a physician or nurse practitioner of a substance to a person at their request, so that they may self-administer the substance and in doing so cause their own death") (s. 241.2 -241.4 of the Criminal Code).

In March 2021, the Federal Government passed the former Bill C-7 that amended the Criminal Code and expanded the eligibility for MAiD. The revised eligibility criteria for MAiD removed the requirement for a patient's death to be reasonably foreseeable. The bill also outlined the two assessment processes for eligibility based on whether a person's death was reasonably foreseeable or not and allows for expanded data collection and analysis to improve the monitoring process for MAiD in Canada. The *Regulations Amending the Regulations for the Monitoring of Medical Assistance in Dying* came into force on January 1, 2023 providing for additional data collection during the assessment process and in reporting from medical practitioners, including more detailed data on any palliative care received by a person seeking MAiD.

The implementation of MAiD varies significantly across provinces and territories because of differing regulatory, programmatic, and legislative frameworks. CHPCA recognizes that hospice palliative care providers operate within these regional contexts, and any national position must support flexibility that respects provincial requirements while maintaining a unified palliative care lens.

Position Statement

Within the Hospice Palliative Care sector, the role that hospice palliative care plays in relation to MAiD has not been defined and is therefore unclear. This position statement is designed to clarify the role of hospice palliative care, in MAiD, within a legal framework across Canada. Adopting the International Association for Hospice and Palliative Care (IAHPC) consensus-based definition of palliative care, developed in 2018 in consultation with over 400 IAHPC members from 88 countries, the CHPCA strongly advocates for universal access to high quality hospice palliative care to address the health-related suffering experienced by patients with severe or life-limiting illnesses and their families. This statement is broad-based and encompasses all service providers including volunteers and caregivers. This varies depending on where you live in Canada; consult your provincial legislation for more information.

Since the development of CHPCA's original position on MAiD, the clinical, ethical, and operational landscape surrounding MAiD and palliative care has continued to evolve. Updated approaches must reflect this shifting context and the lived realities of hospice palliative care providers across Canada.

CHPCA acknowledges that MAiD legislation and related eligibility criteria continue to evolve in Canada. The CHPCA remains committed to revisiting its position as required to ensure alignment with emerging regulatory changes and best practices.

IAHPC Consensus-Based Definition of Palliative Care

Palliative care is the active holistic care of individuals across all ages with serious health-related suffering¹ due to severe illness², and especially of those near the end of life. It aims to improve the quality of life of patients, their families, and their caregivers.

Palliative care:

- Includes, prevention, early identification, comprehensive assessment and management of physical issues, including pain and other distressing symptoms, psychological distress, spiritual distress and social needs. Whenever possible, these interventions must be evidence based.
- Provides support to help patients live as fully as possible until death by facilitating effective communication, helping them and their families determine goals of care.
- Is applicable throughout the course of an illness, according to the patient's needs.
- Is provided in conjunction with disease modifying therapies whenever needed.
- May positively influence the course of illness.
- Intends neither to hasten nor postpone death, affirms life, and recognizes dying as a natural process.
- Provides support to the family and the caregivers during the patient's illness, and in their own bereavement.
- Is delivered recognizing and respecting the cultural values and beliefs of the patient and the family.
- Is applicable throughout all health care settings (place of residence and institutions) and in all levels (primary to tertiary).
- Can be provided by professionals with basic palliative care training.
- Requires specialist palliative care with a multiprofessional team for referral of complex cases.

[Consult the IAHPC definition online here.](#)

CHPCA Key Messages

1. CHPCA believes that anyone with a severe or life-limiting illness has a right to access timely, comprehensive, and culturally appropriate hospice palliative care. This belief is reflected by the World Health Organization (WHO) and the United Nations (UN), who explicitly recognize palliative health services under the human right to health. Therefore, CHPCA believes that no patient should choose MAiD because of lack of access to hospice palliative care.

¹ Suffering is health-related when it is associated with illness or injury of any kind. Health related suffering is serious when it cannot be relieved without professional intervention and when it compromises physical, social, spiritual and/or emotional functioning. Available in <http://pallipedia.org/serious-health-related-suffering-shs/>

² Severe illness is any acute or chronic illness and/or health condition that carries a high risk of mortality, negatively impacts quality of life and daily function, and/or is burdensome in symptoms, treatments, or caregiver stress. Available at <https://pallipedia.org/severe-illness/>

2. Patients with severe or life-limiting conditions have a right to high quality hospice palliative care regardless of their end-of-life choice, including MAiD.
3. CHPCA adopts the internationally recognized IAHPC consensus-based definition of palliative care that states that hospice palliative care strives to reduce suffering and improve quality of life, and not to hasten or postpone the natural dying process.
4. In alignment with the IAHPC consensus-based definition of palliative care, provision of MAiD is a practice separate and distinct from hospice palliative care. While distinct, individuals may access hospice palliative care before and after MAiD assessments, and CHPCA supports continuity of care throughout all phases of decision-making. CHPCA does not promote or oppose any end-of-life healthcare practices that seek to hasten or postpone death as they definitionally fall outside of the scope of hospice palliative care and are therefore beyond the scope of our mission. Hospice palliative care must remain focused on effective symptom management and psychological, social, and spiritual interventions, while meeting individual cultural needs to help people live as well as they can until their death.
5. CHPCA supports national and provincial efforts to strengthen early integration of hospice palliative care and recognizes that improved understanding of palliative approaches among the public and health care professionals is foundational to achieving equitable access. Increased education is essential to help Canadians understand the role of palliative care throughout serious illness, not only at the end of life.
6. Individuals working in hospice palliative care who do not wish to participate directly or indirectly in MAiD should have their integrity and fundamental freedoms, including freedom of conscience, protected.
7. CHPCA supports improved national data collection, indicators, and reporting on access to hospice palliative care. Enhanced measurement is needed to understand gaps and to strengthen accountability in ensuring Canadians receive the palliative care they require.
8. CHPCA also recognizes the importance of supporting provincial associations in navigating the diverse policy landscapes related to MAiD. Any national position must strengthen, not constrain, the ability of provincial partners to respond to their specific regulatory environments.

Approved by the CHPCA Board of Directors, January 2026.

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References

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