EFC The Evangelical Fellowship of Canada

Submission to the Palliative and End of Life Care Commission, UK
Call for Written Evidence

March 28, 2025

The Evangelical Fellowship of Canada (EFC) would like to share with the commission about the Canadian experience and how medical assistance in dying (MAiD) has impacted the provision of palliative care.

The EFC is the national association of 50 evangelical Christian denominations comprised of over 7,000 churches, as well as 32 post-secondary institutions and 86 ministry organizations in Canada. Established in 1964, the EFC provides a forum for collaboration and engagement among the roughly 2 million Evangelicals who are part of its constituency.

The EFC has engaged over many years in policy discussions on palliative care and euthanasia, including parliamentary hearings and submissions on proposed legislation. We have also encouraged our constituency's participation in palliative care by developing and distributing a palliative care toolkit of information and resources.

When legislation to allow euthanasia and assisted suicide was being considered, the EFC cautioned that it proposed fundamental changes in how we understand medicine and our societal duty of care. We warned that these were watershed changes to law, medicine and society.

Definition of palliative care

Palliative care is distinct from MAiD in approach, definition and philosophy. However, that line seems to be blurring in Canada. There is an understanding among some that MAiD and palliative care exist along the same continuum of end-of-life care. However, MAiD and palliative care differ fundamentally in purpose.

Palliative care affirms life and regards dying as a normal process, intending neither to hasten or postpone death. It empowers people with a life-limiting terminal illness, disability or diagnosis to live as fully as possible and be supported and cared for until the natural end of their lives. Euthanasia, however, addresses suffering by ending life through the administration of a lethal medication at the patient's request.

It is important to maintain the distinction in the definition of palliative care.

Impact on palliative care providers

Since euthanasia and assisted suicide, known as medical assistance in dying or MAiD, was legalized in Canada, palliative care physicians have felt pressured to participate in MAiD even against their deeply held beliefs, with intense pressure felt especially among palliative

care specialists.[1] There are reports of "toxic practice environments and fear of discipline by medical regulators."

It is essential that MAiD-free spaces, including palliative care facilities, are available and protected. These provide both a safe space for patients and conscience protection for doctors and medical staff whose deeply held beliefs or conscience exclude them from participating in euthanasia.

In Canada, we have seen doctors switch specialties, retire early or leave their practice and profession altogether in order to avoid having to participate in or facilitate MAiD for their patients. It is important that healthcare professionals are protected from moral injury. No one should be pressured or coerced to participate in or to facilitate euthanasia against their deeply held beliefs.

Impact on patients

Canadian law does not prohibit healthcare professionals from initiating discussions of MAiD with patients. In fact, model practice standards for MAiD posted by the federal department of health indicate that physicians must advise a patient of the potential for MAiD if they believe the patient may be eligible and MAiD may be consistent with the patient's values and goals of care.[2]

Patients report that MAiD is being proposed to them when they are not seeking it, sometimes multiple times. These are often patients in marginalized or vulnerable situations, often patients experiencing disabilities. One person with chronic illness has been asked by twelve of her practitioners whether she would like MAiD.[3]

The EFC has urged the government to require that conversations about MAiD be patient-initiated only. There is a need to ensure safe places for patients to seek and receive treatment where they will not feel pressured to consider MAiD.

Many people who are ill or at the end of life are concerned about being a burden – to family and loved ones, caregivers and an overburdened medical system. They may be afraid of pain and suffering, and of what lies ahead. Isolation and stigma may come with aging, frailty, disability and incurable illness.

Canadian data on the nature of suffering experienced by patients who have died by MAiD indicates that psycho-social factors are significant drivers towards MAiD.[4] Almost all of those who died by MAiD in 2023 (95%) indicate the loss of ability to participate in meaningful activities. Two in three cite a loss of dignity. Just under half (45%) indicate they feel like a burden. One in five cite loneliness or social isolation. While just over half cite

---

[1] https://collectifmedecins.org/en/press-release-2/

[2] https://www.canada.ca/en/health-canada/services/publications/health-system-services/model-practice-standard-medical-assistance-dying.html#a6

[3] https://journals.sagepub.com/doi/10.1177/23333936241228233

[4] https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2023.html#a3.6

inadequate pain control (54%), the category includes "inadequate pain control or concern about it." Fear of inadequate pain control is not broken out from the experience of inadequate pain control. All of these are factors that palliative care addresses.

Palliative care provides physical care that relieves pain and symptoms, but also addresses the social, psychological and spiritual needs of the patient, their family and caregivers.

A Canadian palliative care physician and professor notes that MAiD has become routine, affecting patient care.[5] She explains that when a patient expresses a desire to die, many healthcare workers now respond by simply initiating a MAiD consultation rather than exploring and addressing the factors leading to the request. Another palliative care professor describes a shift in philosophy regarding the role of medicine.[6] One study notes that some patients and families perceive a natural death after someone has been approved for MAiD as a failure.[7]

Impact on facilities

A Canadian hospice that would not provide MAiD on its premises was compelled to close in 2021.[8] A court challenge has been launched against the ability of a Catholic hospital and faith-based institutions in the province to refuse to provide MAiD on their premises.[9]

The illusion of choice

Euthanasia is consistently framed as an issue of patient choice. However, without access to high quality palliative care, there is no meaningful choice for patients. Without access to quality palliative care, people may be vulnerable to feelings of isolation, despair, to feeling like a burden. Euthanasia must not be the only or most readily accessible option.

In 2016, a federal panel reported on legislative options for physician-assisted death following a court decision to allow limited exceptions to the blanket prohibition on assisting in a person's death. The report stated there was an urgent need for improved access to palliative care across Canada. They noted that they had "heard on many occasions that a request for physician-assisted death cannot be truly voluntary if the option of proper palliative care is not available to alleviate a person's suffering."[10] The report went on to state that:

"With the advent of physician-assisted death, it has become critically, even urgently, apparent that Canadian society must address its deficiencies in providing quality palliative care for individuals living with life threatening and life limiting conditions. Our country must

---

[5] https://www.faithtoday.ca/Magazines/2022-Jul-Aug/How-MAiD-is-transforming-Canadian-end-of-life-care
[6] https://www.faithtoday.ca/Magazines/2022-Jul-Aug/How-MAiD-is-transforming-Canadian-end-of-life-care
[7] https://journals.sagepub.com/doi/10.1177/23333936241228233
[8] https://www.cbc.ca/news/canada/british-columbia/layoff-notices-issued-at-b-c-hospice-that-refused-to-offer-medical-assistance-in-dying-1.5866782
[9] https://www.cbc.ca/news/canada/british-columbia/vancouver-woman-lawsuit-providence-health-maid-1.7237176
[10] External Panel on Options for a Legislative Response to *Carter v. Canada*, *Consultations on Physician-Assisted Dying: Summary of Results and Key Findings, Final Report*, p. vii.

rise to this challenge, as no Canadian approaching end of life should face the cruel choice between physician-assisted death and living with intolerable, enduring suffering in the absence of compassionate, comprehensive quality care."[11]

Access to high-quality palliative care is still lacking for many Canadians. The panel's warning about the provision of euthanasia without comprehensive care has not been heeded. Canada has not risen to this challenge.

We urge the UK to ensure that high quality palliative care is made widely accessible, and the integrity of palliative care and hospice facilities are protected and maintained. It is essential to establish this care and protection before euthanasia becomes available in any form.

[11] External Panel, *Final Report*, page 2.