

Summary of proposal

In 2016, the Canadian Government passed Bill C-14 legalizing medical assistance in dying (MAiD). The Bill stated that the safeguards and eligibility requirements struck the appropriate balance between autonomy and protection of vulnerable persons. However, in 2021, the government passed Bill C-7, unsettling this purported balance. Bill C-7 removed the requirement of a reasonably foreseeable death and added conditions for waiving final consent. Also, the prohibition on MAiD for those whose sole underlying condition is mental illness is set to expire in 2024.

Because of these legislative changes, autonomy and vulnerability warrant increased attention. For instance, there is scarce literature on the ethical implications of the waivers for final consent. Some concerns include a lack of opportunity for a patient to change their mind, the inability to assess patient suffering after their loss of capacity, and family member opposition (Variath et al., 2022). Furthermore, there is concern that MAiD legislation targets individuals who are vulnerable due to socioeconomic factors, particularly those with disabilities or chronic illnesses who live in poverty. News reports have showcased stories of individuals offered MAiD when they simply needed assistance to live (i.e., adequate housing, home care, income/disability supports) (CTV News, 2018a; 2018b; Alberga, 2022; Favaro, 2022; Yun, 2022). Thus, there is increasing concern about providing MAiD in a limited social welfare state that does not provide the requisite conditions for a decent life (Coelho et al., 2023; Lemmens & Jacobs, 2019; Brassolotto et al., 2023a). There has been limited discussion of the social, political, and economic conditions in which people make decisions and are made vulnerable. Further investigation is needed to explore how social determinants of health impact the ethics of MAiD post-Bill C-7.

In this project, our research team will build upon our Insight Development Grant (temporally, conceptually, geographically) and explore emerging and evolving ethical issues around autonomy and vulnerability using a feminist political economy framework (Armstrong, 2001). Feminist political economists are attentive to the role of the state in providing health and social care. This framework allows for a multi-scalar analysis of macro, meso, and micro levels at which power is held and exercised. This lens emphasizes the contexts and constraints within which people live and work, as well as the tension between structure and agency.

We propose an exploratory qualitative study (Creswell, 2017). Our sequential research design includes: 1) a bioethical analysis of evolving and emerging ethical issues around MAiD (e.g., capacity and consent) in a post-Bill C-7 Canada; 2) a critical discourse analysis of the Federal Government's official statements about MAiD, recognizing such discourse functions pedagogically and shapes social norms, values, and expectations; and 3) a qualitative empirical analysis of the lived experience(s) of MAiD-related ethical issues (i.e., in-depth interviews with relevant paid and unpaid care providers, as well as patients who are pursuing MAiD). These three prongs will complement and enhance one another, potentially identifying points of convergence, difference, or divergence. To be clear, this is not health services research. We are focused on generating insights that can inform policy and public discourse. We will generate scholarly contributions about MAiD that further our understanding of vulnerability and autonomy by bridging the social sciences and humanities – specifically, bioethics and health sociology. We will generate potential recommendations for changes to MAiD policies and public discourse and share these insights with key stakeholders.