

# SUPPORT FOR MEDICALLY-ASSISTED DYING IN CANADA

May 9, 2022

© 2022 Ipsos. All rights reserved. Contains Ipsos Confidential and Proprietary information and may not be disclosed or reproduced without the prior written consent of Ipsos.

IT'S YOUR LIFE. IT'S YOUR CHOICE.

**DYING WITH  
DIGNITY**  
CANADA



# Summary

**Support for MAID and advance requests remain firm among Canadians, and the proportion of Canadians who support removing the “Reasonably Foreseeable” requirement from federal assisted-dying law has risen by 13-points over last year.** Canadians are thus becoming more adamant about ensuring that patients have the right to choose end-of-life choices they desire. More specifically:

- 86% support the Carter v Canada decision, statistically unchanged since last year.
- 82% support the removal of the “reasonably foreseeable” requirement from the existing MAID law, up 13 points since last year.
- 85% support advance requests for those with a grievous and irremediable condition.
- 77% support advance requests even if no grievous or irremediable condition exists.
- 76% support the notion that all health care facilities that receive public funds have an obligation to provide the full range of health care services if they have the proper equipment and staff to do so.
- 73% support the notion that clinicians who do not wish to assess or provide MAID for reasons of conscience or religion should be required to provide their patients with an effective referral.
- 86% of Canadians agree that a person should be able to request medical assistance in dying in advance if they meet all criteria.
- 84% agree that any advance request for medical assistance in dying that meets the person’s criteria should obligatorily be complied with.

Demographic trends that were highlighted last year have continued into 2022, with a majority of every demographic segment studied continuing to support greater access to MAID in each case. In particular:

- Gen Xers and Boomers are more likely to support for access to MAID than Gen Zers and Millennials (although a majority of these two groups support MAID).
- BIPOC community members are less likely to support MAID compared to Canadians who do not identify as BIPOC – although a strong BIPOC majority do.
- Although Canadians with no religious affiliation tend to have more support for MAID than Canadians who are religious, a strong majority of Catholics and Protestants support the new legislation.
- Canadians with a physical disability are significantly more likely than those with no physical disability to strongly support advance requests for those with no grievous and irremediable condition.

# Methodology

- These are the findings of an Ipsos poll conducted on behalf of Dying With Dignity Canada.
- A sample of **3,500 Canadians** aged 18 years and over was interviewed on the Ipsos I-Say Panel from **April 19 to 25, 2021**.
- Weighting was employed to ensure that the sample's composition reflects the overall population according to latest census information.
- The precision of online polls is measured using a credibility interval. In this case, the results are accurate to within **+/- 1.9 percentage points**, 19 times out of 20, of what the results would have been had all Canadian adults been polled.
- Credibility intervals are wider among subsets of the population. More specifically, sample sizes and credibility intervals for regional data are as follows:

	Sample size	Credibility interval		Sample size	Credibility interval
BC	500	+/- 5.0%	Black	96	+/- 11.4
AB	500	+/- 5.0%	First Nations/Metis/Indigenous	213	+/- 7.7
SK/MB	800	+/- 4.0%	Person of colour	282	+/- 6.7
ON	800	+/- 4.0%	Total BIPOC	540	+/- 4.8
QC	500	+/- 5.0%	Health care practitioners	329	+/- 6.2
Atlantic	400	+/- 5.6%	LGBTQ2S+	268	+/- 6.8
			Chronic condition or disability	723	+/- 4.2

Note: Sample sizes are based on unweighted data.

# Strong continued support for the *Carter v Canada* decision

Support among Canadians for the *Carter v Canada* decision is unwavering from last year, holding steady at 86% (-1).

Several subgroups show strong support for the Supreme Court's decision to recognize medical assistance in dying in 2015, particularly stronger support from older Canadians (55+ at 90%).

While Canadians who identify as BIPOC are less likely to support the decision, it is still strong at 80%.

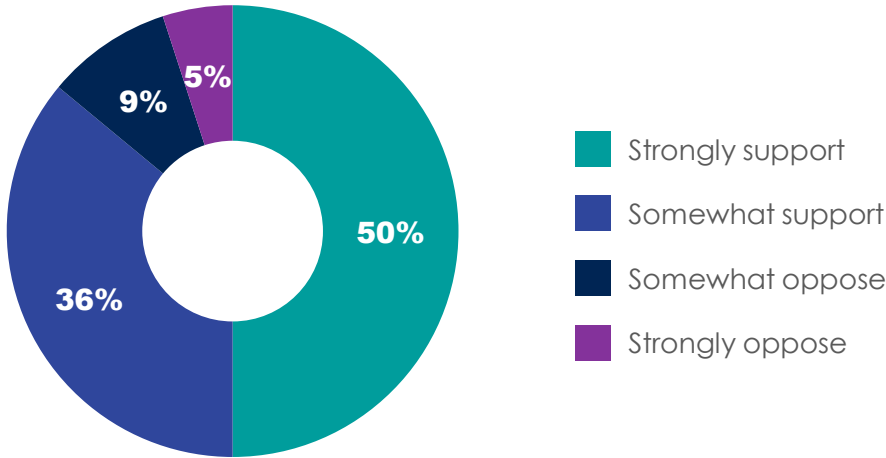
Regarding religious identity, Canadians who do not identify with a religion tend to have more support for *Carter v Canada* (91%) than those who are Catholic (87%) and Protestant (82%), but even among these faith communities, support is very high.

86%

Support

14%

Oppose



Q5. The Supreme Court of Canada recognized medical assistance in dying as a constitutionally-protected right. According to the court's 2015 *Carter v Canada* decision, a person has a right to medical assistance in dying if they satisfy all the following criteria: they are a competent adult; they have a grievous and irremediable medical condition (illness, disease or disability); their condition causes them suffering that is intolerable to them; **and** they clearly consent to the termination of life. Do you support or oppose the Supreme Court's decision?  
Base: All respondents (n=3500).

# Support for Carter v Canada decision

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n = 3500	314	880	948	1358	500	500	800	800	500	400
Strongly support	50%	34%	42%	52% <sup>AB</sup>	59% <sup>ABC</sup>	51%	48%	44%	49%	54% <sup>G</sup>	49%
Somewhat support	36%	46% <sup>CD</sup>	41% <sup>CD</sup>	35%	31%	38%	36%	41% <sup>I</sup>	38%	33%	35%
Somewhat oppose	9%	16% <sup>CD</sup>	11% <sup>D</sup>	8%	5%	7%	8%	10%	9%	9%	10%
Strongly oppose	5%	5%	5%	5%	5%	4%	7% <sup>EI</sup>	5%	5%	4%	7%

NET: Support (T2B)	86%	79%	84%	87% <sup>A</sup>	90% <sup>AB</sup>	89%	84%	85%	86%	87%	84%
NET: Oppose (B2B)	14%	21% <sup>CD</sup>	16% <sup>D</sup>	13%	10%	11%	16%	15%	14%	13%	16%

		BIPOC		Person with disability		LGBTQ2s+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3500	540	2960	723	2777	268	3232	773	778	917	922	110
Strongly support	50%	38%	52% <sup>A</sup>	50%	50%	50%	50%	48% <sup>K</sup>	47% <sup>K</sup>	56% <sup>GHK</sup>	52% <sup>K</sup>	22%
Somewhat support	36%	43%	35%	36%	36%	34%	37%	39%	35%	35%	35%	48%
Somewhat oppose	9%	13% <sup>B</sup>	8%	10%	8%	14% <sup>F</sup>	8%	8%	10%	7%	8%	23% <sup>GHIJ</sup>
Strongly oppose	5%	6%	5%	4%	5%	2%	5%	6% <sup>I</sup>	8% <sup>I</sup>	2%	5% <sup>I</sup>	8% <sup>I</sup>

NET: Support (T2B)	86%	80%	87% <sup>A</sup>	86%	86%	84%	86%	87% <sup>K</sup>	82% <sup>K</sup>	91% <sup>GHK</sup>	87% <sup>HK</sup>	69%
NET: Oppose (B2B)	14%	20% <sup>B</sup>	13%	14%	14%	16%	14%	13% <sup>I</sup>	18% <sup>IJ</sup>	9%	13%	31% <sup>GHIJ</sup>

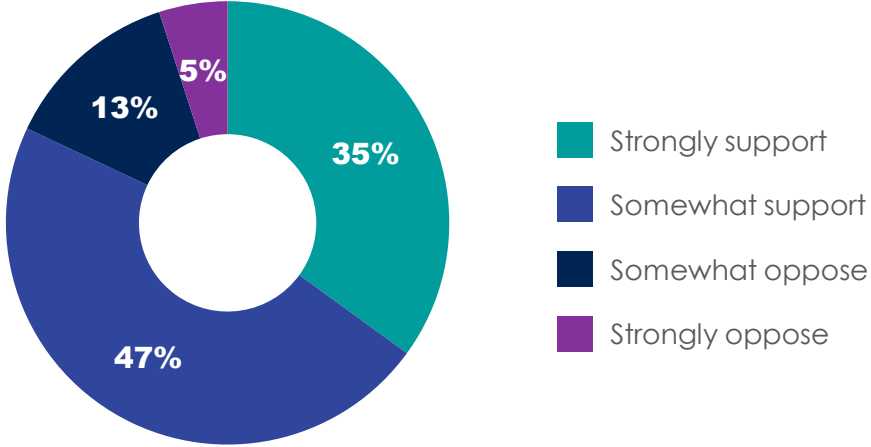
# Increased support this year for removing “Reasonably Foreseeable” requirement from federal assisted-dying law

Eight in ten (82%) Canadians support the removal of the “reasonably foreseeable” eligibility requirement from the MAID law, **an increase of 13 points from 2021**.

Canadians between the ages of 35-54 (82%) and over 55 years (88%) are more likely to support this law, as are residents of BC (85%), Ontario (82%) and Quebec (84%).

Those who would vote NDP in a new federal election are more likely to support this change (89%) compared to those voting for another party (69%), would not vote (70%) or don't know (80%).

Among the BIPOC community, 25% oppose the “reasonably foreseeable” requirement while 75% support it; among Canadians not a part of the BIPOC community, 84% support the requirement.



Q6. In 2016, Parliament responded to the Supreme Court's decision by passing assisted-dying legislation. This legislation limited access to medical assistance in dying to only those patients whose natural deaths are “reasonably foreseeable.” This requirement was later challenged in court by two Quebec patients with severe chronic medical conditions who had been denied medical assistance in dying because their natural deaths were not “reasonably foreseeable.” The court ruled that the “reasonably foreseeable” requirement was unconstitutional because it violated the plaintiff's right to personal autonomy and forced them to live in a state of intolerable suffering. In response to the court ruling, in March 2021, Parliament passed Bill C-7, removing the “reasonably foreseeable” requirement. This means that a person with intolerable suffering may be eligible for a medically-assisted death without being on an obvious trajectory towards their natural death. Bill C-7 included more stringent safeguards for this new track of eligibility. Do you support or oppose these changes to the federal assisted-dying law?  
Base: All respondents (n=3500).

\*Question wording differs slightly from what was asked in 2021.



# Support for removing “Reasonably Foreseeable” requirement

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n = 3500	314	880	948	1358	500	500	800	800	500	400
Strongly support	35%	20%	28% <sup>A</sup>	35% <sup>AB</sup>	45% <sup>ABC</sup>	35% <sup>G</sup>	31%	28%	37% <sup>G</sup>	36% <sup>G</sup>	33%
Somewhat support	47%	52% <sup>D</sup>	50% <sup>D</sup>	50% <sup>D</sup>	42%	50%	50%	50%	45%	47%	46%
Somewhat oppose	13%	24% <sup>BCD</sup>	17% <sup>CD</sup>	10%	8%	11%	12%	18% <sup>EFH</sup>	11%	14%	15%
Strongly oppose	5%	5%	5%	5%	5%	4%	7% <sup>EI</sup>	4%	6% <sup>I</sup>	3%	6% <sup>I</sup>
NET: Support (T2B)	82%	71%	78%	85% <sup>AB</sup>	87% <sup>AB</sup>	85% <sup>GJ</sup>	81%	78%	82% <sup>G</sup>	84% <sup>G</sup>	79%
NET: Oppose (B2B)	18%	29% <sup>CD</sup>	22% <sup>CD</sup>	15%	13%	15%	19%	22% <sup>EHI</sup>	18%	16%	21% <sup>E</sup>

		BIPOC		Person with disability		LGBTQ2s+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3500	540	2960	723	2777	268	3232	773	778	917	922	110
Strongly support	35%	22%	37% <sup>A</sup>	39%	34%	38%	35%	33% <sup>K</sup>	34% <sup>K</sup>	38% <sup>K</sup>	39% <sup>K</sup>	8%
Somewhat support	47%	53%	46%	44%	48%	48%	47%	51% <sup>J</sup>	45%	49%	44%	51%
Somewhat oppose	13%	18% <sup>B</sup>	11%	14%	12%	13%	13%	10%	14%	12%	12%	34% <sup>GHIJ</sup>
Strongly oppose	5%	7%	5%	3%	6%	2%	5%	6% <sup>I</sup>	7% <sup>I</sup>	2%	5% <sup>I</sup>	8% <sup>I</sup>
NET: Support (T2B)	82%	75%	84% <sup>A</sup>	83%	82%	86%	82%	84% <sup>K</sup>	79% <sup>K</sup>	86% <sup>HK</sup>	83% <sup>K</sup>	58%
NET: Oppose (B2B)	18%	25% <sup>B</sup>	16%	17%	18%	14%	18%	16%	21% <sup>I</sup>	14%	17%	42% <sup>GHIJ</sup>

# Support for advance requests for MAID for individuals diagnosed with a grievous and irremediable condition remains steady

Eighty-five per cent (+2 pts) of Canadians support advance request for medical assistance in dying for a person that had a diagnosis of a grievous and irremediable condition.

Quebec residents are significantly more likely to support this notion (87%) than those in SK/MB and Atlantic Canada (81% each). Moreover, Gen Xers (86%) and Boomers (88%) tend to support this more than younger generations. Yet still a strong majority of every group studied supports this provision.

Canadians not a part of the BIPOC community are significantly more likely to support the notion (86%), while BIPOC Canadians are less likely to support an advance request (78%).

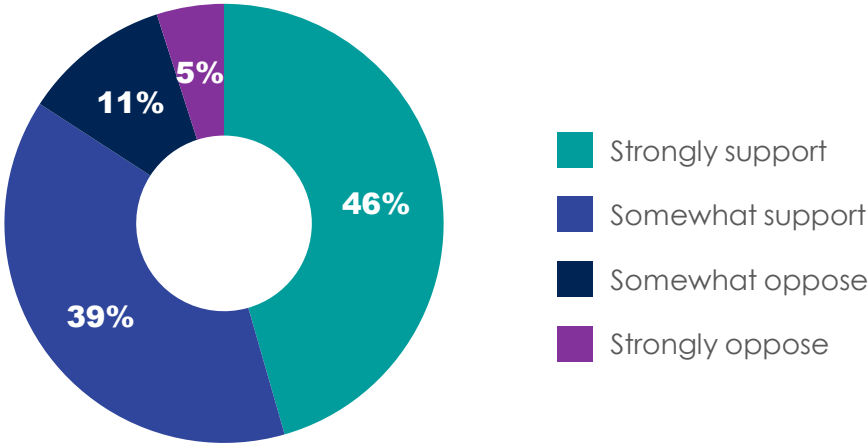
Among Canadians who say they have a disability, 84% support the notion.

85%

Support

15%

Oppose



Q7. An advance request for medical assistance in dying is a request created in advance of a loss of decision-making capacity, intended to be acted upon under the circumstances outlined in the request after the person has lost decisional capacity (competency). Would you support an advance request for medical assistance in dying for a person that had a diagnosis of a grievous and irremediable condition? For example, if a patient has a diagnosis of dementia and, while they are still competent, requests that medical assistance in dying be provided when they reach the circumstances outlined in their advance request?

Base: All respondents (n=3500).

\*Question wording differs slightly from what was asked in 2021.



# Support for advance requests

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n = 3500	314	880	948	1358	500	500	800	800	500	400
Strongly support	46%	31%	39%	46% <sup>AB</sup>	56% <sup>ABC</sup>	46% <sup>G</sup>	44%	39%	42%	54% <sup>EFHJ</sup>	45%
Somewhat support	39%	50% <sup>BCD</sup>	41% <sup>D</sup>	40% <sup>D</sup>	33%	38%	40% <sup>I</sup>	42% <sup>I</sup>	42% <sup>I</sup>	33%	37%
Somewhat oppose	11%	16% <sup>CD</sup>	15% <sup>CD</sup>	9%	7%	12%	10%	13%	10%	10%	13%
Strongly oppose	5%	3%	6%	5%	4%	4%	6%	6% <sup>I</sup>	5%	3%	6%
NET: Support (T2B)	85%	81%	80%	86% <sup>B</sup>	88% <sup>AB</sup>	84%	84%	81%	84%	87% <sup>GJ</sup>	81%
NET: Oppose (B2B)	15%	19% <sup>D</sup>	20% <sup>CD</sup>	14%	12%	16%	16%	19% <sup>I</sup>	16%	13%	19% <sup>I</sup>

		BIPOC		Person with disability		LGBTQ2s+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3500	540	2960	723	2777	268	3232	773	778	917	922	110
Strongly support	46%	31%	48% <sup>A</sup>	45%	46%	47%	45%	45% <sup>K</sup>	47% <sup>K</sup>	48% <sup>K</sup>	48% <sup>K</sup>	14%
Somewhat support	39%	47% <sup>B</sup>	37%	39%	39%	40%	39%	38%	36%	42%	38%	47%
Somewhat oppose	11%	15% <sup>B</sup>	10%	13%	10%	12%	11%	11%	10%	9%	10%	34% <sup>GHIJ</sup>
Strongly oppose	5%	6%	4%	4%	5%	1%	5%	6% <sup>I</sup>	8% <sup>IJ</sup>	2%	5% <sup>I</sup>	5%
NET: Support (T2B)	85%	78%	86% <sup>A</sup>	84%	85%	87%	84%	83% <sup>K</sup>	83% <sup>K</sup>	90% <sup>GHK</sup>	86% <sup>K</sup>	61%
NET: Oppose (B2B)	15%	22% <sup>B</sup>	14%	16%	15%	13%	16%	17% <sup>I</sup>	17% <sup>I</sup>	10%	14%	39% <sup>GHIJ</sup>

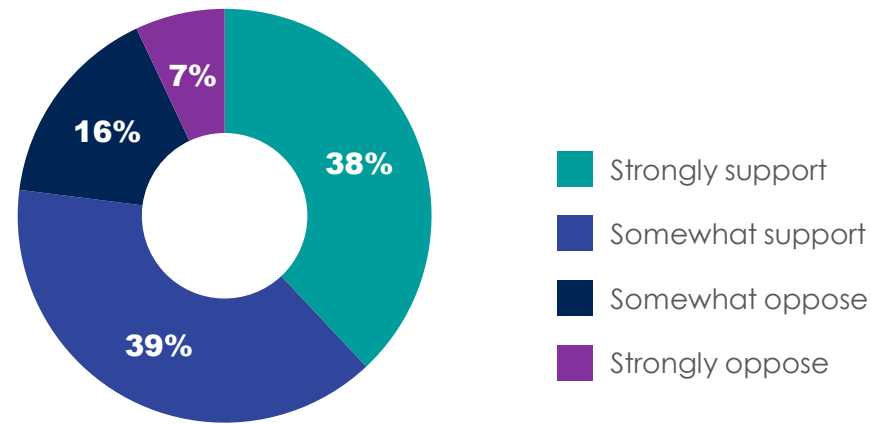
# Support for advance requests for individuals not diagnosed with a grievous and irremediable condition remains stable

Seventy-seven per cent (77%, +1) of Canadians support an advance request for medical assistance in dying for a person who is competent at the time of the request even if they are **not diagnosed** with a grievous and irremediable condition. Although support is still high, it is 8 points lower than the support received for those **who are diagnosed** with a grievous and irremediable condition.

Gen Xers (79%) and Boomers (80%) are significantly more likely than Gen Zers (75%) and Millennials (72%) to support an advance request for undiagnosed individuals.

Canadians with a physical disability are significantly more likely to strongly support this legislation (42%) vs. those without a disability (36%).

Four in ten (39%) non-BIPOC Canadians strongly support advance requests compared to 31% of BIPOC respondents.



Q8. Would you support an advance request for medical assistance in dying for patients who are competent at the time of the request even if they are not diagnosed with a grievous and irremediable medical condition? For example, a person with no history of cardiovascular disease may wish to write an advance request specifying that they are to receive an assisted death if they have a stroke and are unable to move or communicate.  
Base = All respondents (n=3500)  
\*Question wording differs slightly from what was asked in 2021.



# Advance requests for those with no grievous and irremediable condition

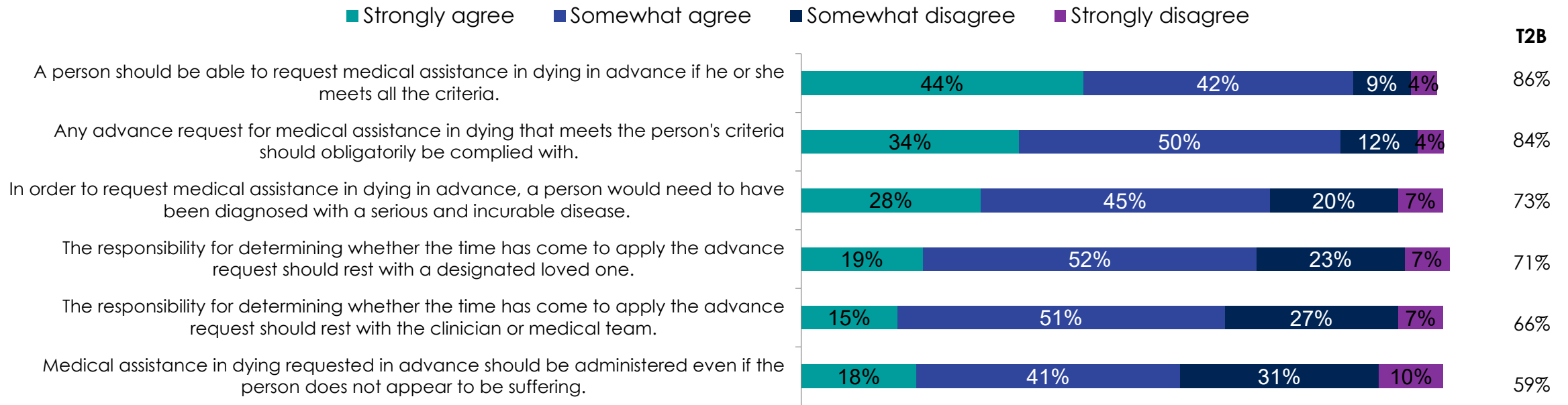
	Total	Generation				Region					
		Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n = 3500	314	880	948	1358	500	500	800	800	500	400
Strongly support	38%	32%	34%	38%	42% <sup>AB</sup>	40% <sup>G</sup>	39%	33%	37%	38%	38%
Somewhat support	39%	42%	38%	42% <sup>D</sup>	36%	38%	35%	45% <sup>F</sup>	40%	38%	39%
Somewhat oppose	16%	20% <sup>C</sup>	21% <sup>CD</sup>	12%	15%	17%	18%	15%	16%	17%	14%
Strongly oppose	7%	6%	8%	8%	6%	5%	8%	7%	7%	7%	8%
NET: Support (T2B)	77%	75%	72%	80% <sup>B</sup>	79% <sup>B</sup>	78%	74%	77%	77%	76%	77%
NET: Oppose (B2B)	23%	25%	28% <sup>CD</sup>	20%	21%	22%	26%	23%	23%	24%	23%

	Total	BIPOC		Person with disability		LGBTQ2s+		Religious Identity				
		Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3500	540	2960	723	2777	268	3232	773	778	917	922	110
Strongly support	38%	31%	39% <sup>A</sup>	42% <sup>D</sup>	36%	42%	37%	35% <sup>K</sup>	34% <sup>K</sup>	40% <sup>K</sup>	43% <sup>GHK</sup>	21%
Somewhat support	39%	43%	38%	37%	40%	37%	39%	41%	39%	42% <sup>J</sup>	36%	40%
Somewhat oppose	16%	17%	16%	15%	17%	18%	16%	16%	16%	15%	15%	33% <sup>GHIJ</sup>
Strongly oppose	7%	10% <sup>B</sup>	6%	6%	7%	2%	7% <sup>E</sup>	8% <sup>I</sup>	11% <sup>IJ</sup>	3%	7% <sup>I</sup>	7%
NET: Support (T2B)	77%	73%	77%	79%	76%	80%	76%	76% <sup>K</sup>	73%	81% <sup>GHK</sup>	78% <sup>K</sup>	60%
NET: Oppose (B2B)	23%	27%	23%	21%	24%	20%	24%	24% <sup>I</sup>	27% <sup>I</sup>	19%	22%	40% <sup>GJI</sup>

# 86% of Canadians agree that a person should be able to request medical assistance in dying in advance if they meet all criteria

Nearly the same proportion (84%) agree that any advance request for medical assistance in dying that meets the person's criteria should obligatorily be complied with. Gen Xers (88%), Boomers (90%) and BC residents (91%) are significantly more likely to agree that a person should be able to request MAID in advance if they meet all criteria. Boomers (88%) and Quebecers (89%) believe that any advance request for MAID that meets the person's criteria should obligatorily be complied with.

On the issue of determining whether the time has come to apply an advance request, Canadians appear to believe that the decision rests jointly with a loved one (71%) and the clinician/medical team (66%).



Q9: In order for a person to be able to receive medical assistance in dying once they have become incapacitated, it has been proposed that they should be able to make their wishes known in advance while still able to consent to care. Indicate your level of agreement with the following statements:

Base: A; respondents (n=3500)

# Advance consent to receive medical assistance before incapacitation (Total Agree)

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents (T2B)	n = 3500	314	880	948	1358	500	500	800	800	500	400
A person should be able to request medical assistance in dying in advance if he or she meets all the criteria.	87%	79%	85%	88% <sup>A</sup>	90% <sup>AB</sup>	91% <sup>FGH</sup>	84%	86%	86%	87%	87%
Any advance request for medical assistance in dying that meets the person's criteria should obligatorily be complied with.	84%	79%	81%	85%	88% <sup>AB</sup>	85%	81%	82%	83%	89% <sup>FGHJ</sup>	82%
In order to request medical assistance in dying in advance, a person would need to have been diagnosed with a serious and incurable disease.	73%	71%	70%	75%	75%	77% <sup>F</sup>	67%	73%	73% <sup>F</sup>	72%	75% <sup>F</sup>
The responsibility for determining whether the time has come to apply the advance request should rest with a designated loved one.	70%		67%	72%	72%	71%	70%	71%	71%	68%	74%
The responsibility for determining whether the time has come to apply the advance request should rest with the clinician or medical team.	66%		65%	66%	65%	70% <sup>I</sup>	66%	65%	65%	62%	73% <sup>FGHI</sup>
Medical assistance in dying requested in advance should be administered even if the person does not appear to be suffering.			54%	60%	60% <sup>B</sup>	59%	56%	57%	55%	66% <sup>EFGH</sup>	59%

		BIPOC		Person with disability		LGBTQ2s+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents (B2B)	n=3500	540	2960	723	2777	268	3232	773	778	917	922	110
A person should be able to request medical assistance in dying in advance if he or she meets all the criteria.	87%	80%	88% <sup>A</sup>	84%	88%	86%	87%	87% <sup>K</sup>	83% <sup>K</sup>	92% <sup>GHJK</sup>	87% <sup>K</sup>	64%
Any advance request for medical assistance in dying that meets the person's criteria should obligatorily be complied with.	84%	80%	85% <sup>A</sup>	84%	84%	86%	84%	82% <sup>K</sup>	80% <sup>K</sup>	89% <sup>GHK</sup>	87% <sup>GHK</sup>	65%
In order to request medical assistance in dying in advance, a person would need to have been diagnosed with a serious and incurable disease.	73%	74%	73%	73%	73%	63%	74% <sup>E</sup>	75% <sup>J</sup>	75% <sup>J</sup>	74%	69%	68%
The responsibility for determining whether the time has come to apply the advance request should rest with a designated loved one.	70%	70%	71%	69%	71%	68%	71%	72% <sup>K</sup>	72% <sup>K</sup>	68% <sup>K</sup>	74% <sup>K</sup>	52%
The responsibility for determining whether the time has come to apply the advance request should rest with the clinician or medical team.	66%	65%	66%	64%	66%	61%	66%	66% <sup>K</sup>	65% <sup>K</sup>	70% <sup>JK</sup>	64%	51%
Medical assistance in dying requested in advance should be administered even if the person does not appear to be suffering.	59%	56%	59%	59%	59%	67% <sup>F</sup>	58%	57% <sup>K</sup>	55% <sup>K</sup>	59% <sup>K</sup>	65% <sup>GHIK</sup>	40%

# Advance consent to receive medical assistance before incapacitation (Total Disagree)

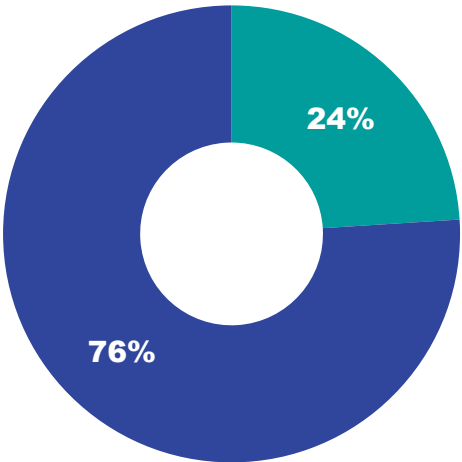
		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents (T2B)	n = 3500	314	880	948	1358	500	500	800	800	500	400
A person should be able to request medical assistance in dying in advance if he or she meets all the criteria.	13%	21% CD	15% D	12%	10%	9%	16% E	14% E	14% E	13%	13%
Any advance request for medical assistance in dying that meets the person's criteria should obligatorily be complied with.	16%	21% D	19% D	15%	12%	15%	19% I	18% I	17% I	11%	18% I
In order to request medical assistance in dying in advance, a person would need to have been diagnosed with a serious and incurable disease.	27%	29%	30%	25%	25%	23%	33% EHJ	27%	27%	28%	25%
The responsibility for determining whether the time has come to apply the advance request should rest with a designated loved one.	30%		33%	28%	28%	29%	30%	29%	29%	32%	26%
The responsibility for determining whether the time has come to apply the advance request should rest with the clinician or medical team.	34%		35%	34%	35%	30%	34% J	35% J	35% J	38% AJ	27%
	41%		46% D	40%	40%	41% I	44% I	43% I	45% I	34%	41%

		BIPOC		Person with disability		LGBTQ2s+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents (B2B)	n=3500	540	2960	723	2777	268	3232	773	778	917	922	110
A person should be able to request medical assistance in dying in advance if he or she meets all the criteria.			12%	16%	12%	14%	13%		17% I	8%	13% I	36% GHIJ
Any advance request for medical assistance in dying that meets the person's criteria should obligatorily be complied with.	16%	20% B	15%	16%	16%	14%	16%	18% IJ	20% IJ	11%	13%	35% GHIJ
In order to request medical assistance in dying in advance, a person would need to have been diagnosed with a serious and incurable disease.	27%	26%	27%	27%	27%	37% F	26%	25%	25%	26%	31% GH	32%
The responsibility for determining whether the time has come to apply the advance request should rest with a designated loved one.	30%	30%	29%	31%	29%	32%	29%	28%	28%	32%	26%	48% GHIJ
The responsibility for determining whether the time has come to apply the advance request should rest with the clinician or medical team.	34%	35%	34%	36%	34%	39%	34%	34%	35%	30%	36% I	49% GHI
Medical assistance in dying requested in advance should be administered even if the person does not appear to be suffering.												60% GHIJ

# Three quarters agree that all health care facilities receiving public funds should provide full range of services if able to do so

Three quarters (76%) of Canadians believe that all health care facilities that receive public funds have an obligation to provide the full range of health care services if they have the proper equipment and staff to do so. Among Boomers, 80% agree with this, as do those in Quebec (79%), Catholics (75%), or those that do not have a religious identity (83%) or identify with another religion (77%). Non-BIPOC respondents are significantly more likely to agree (77%) compared to BIPOC respondents (70%).

Conversely, one quarter (24%) of Canadians believe that health care facilities should not be required to allow/provide medically assisted dying on-site if it's against religious values/beliefs. Among Catholics and Protestants, 25% and 32% respectively believe this. Residents of Alberta (28%) and SK/MB (27%) are significantly more likely to agree than those in Quebec (21%). Gen Z (29%) and Millennials (28%) are also significantly more likely to agree than Boomers (20%). BIPOC Canadians (30%) are significantly more likely than non-BIPOC Canadians (23%) to agree to this. Among every demographic group studied, opposition is below 1 in 3.



- Health care facilities should not be required to allow or provide medically assisted dying on-site if it's against the values or religious beliefs with which they are associated and may be permitted to require that persons in their care be transferred elsewhere for these services, even if they are suffering intolerably.
- All health care facilities that receive public funds have an obligation to provide the full range of health care services if they have the proper equipment and staff to do so.

Q10. Some publicly funded health care facilities in Canada refuse to allow or provide MAID on-site because of their religious affiliation. These health care facilities say they have a right not to provide treatments that don't align with their religious views, and that patients must go elsewhere to access those services. Others say that all health care facilities that receive public funds have an obligation to provide a full range of health care services, as long as they have the proper equipment and staff to do so. Which is closer to your point of view:  
Base: All respondents (n=3500).



# Should all facilities receiving public funds be required to provide MAID?

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n = 3500	314	880	948	1358	500	500	800	800	500	400
Health care facilities should not be required to allow or provide medically assisted dying on-site if it's against the values or religious beliefs with which they are associated and may be permitted to require that persons in their care be transferred elsewhere for these services, even if they are suffering intolerably.	24%	29% D	28% D	24%	20%	24%	28% I	27% I	25%	21%	25%
All health care facilities that receive public funds have an obligation to provide the full range of health care services if they have the proper equipment and staff to do so.	76%	71%	72%	76%	80% AB	76%	72%	73%	75%	79% FG	75%

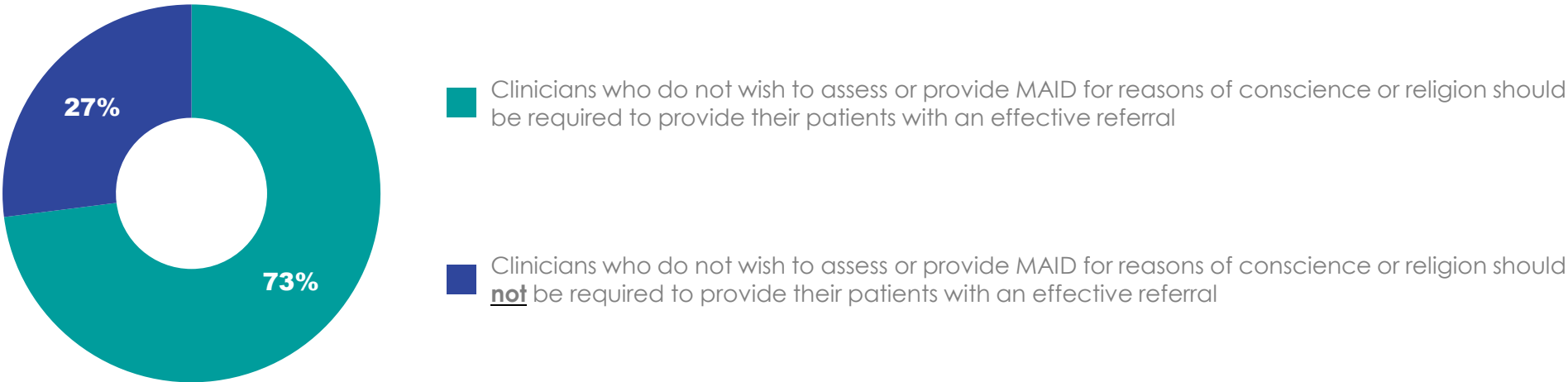
		BIPOC		Person with disability		LGBTQ2s+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3500	540	2960	723	2777	268	3232	773	778	917	922	110
Health care facilities should not be required to allow or provide medically assisted dying on-site if it's against the values or religious beliefs with which they are associated and may be permitted to require that persons in their care be transferred elsewhere for these services, even if they are suffering intolerably.	24%	30% B	23%	26%	24%	21%	25%	25% I	32% GIJ	17%	23% I	43% GIJ
All health care facilities that receive public funds have an obligation to provide the full range of health care services if they have the proper equipment and staff to do so.	76%	70%	77% A	74%	76%	79%	75%	75% HK	68%	83% GHJK	77% HK	57%



# Three quarters agree that clinicians should be required to provide patients with referrals if they do not wish to provide MAID

Three quarters (73%) of Canadians believe that clinicians who do not wish to assess or provide MAID for reasons of conscience or religion should be required to provide their patients with an effective referral. Among Gen Xers and Boomers, 75% and 79% respectively agree, as do those with or without a religious identity (Catholic – 73%; Protestant – 74%; None – 77%; Other – 72%). Non-BIPOC respondents are significantly more likely to agree (75%) compared to BIPOC respondents (66%).

Conversely, one quarter (27%) of Canadians believe that clinicians who do not wish to assess or provide MAID for reasons of conscience or religion should **not** be required to provide their patients with an effective referral. There are no significant differences between religious identities, although those who don't know/refuse to answer are significantly more likely to agree (45%) than those with or without a religious identity. Among Gen Zers and Millennials, 38% and 31% respectively are significantly more likely to agree than Gen Xers (25%) and Boomers (21%). BIPOC Canadians (34%) are significantly more likely than non-BIPOC Canadians (25%) to side with this position. But in every respect, they are in the minority.



Q11. In Canada, clinicians have a right to limit the health services they provide for reasons of conscience or religion – a conscientious objection. Patients also have the right to access health care in a timely manner. In some provinces, an effective referral policy requires clinicians with a conscientious objection to take positive action to ensure a patient is connected in a timely manner to a non-objecting, available and accessible physician, other health care professional, or agency that provides the service. The objective is to balance the rights of patients and clinicians while ensuring access to care and respect for patient autonomy. Which is closer to your point of view: Base: All respondents (n=3500).



# Providing an effective referral (or not) based on clinician consent

	Total	Generation				Region					
		Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n = 3500	314	880	948	1358	500	500	800	800	500	400
Clinicians who do not wish to assess or provide MAID for reasons of conscience or religion should be required to provide their patients with an effective referral	73%	62%	69%	75% AB	79% AB	71%	73%	76%	74%	73%	73%
Clinicians who do not wish to assess or provide MAID for reasons of conscience or religion should <b>not</b> be required to provide their patients with an effective referral	27%	38% CD	31% CD	25%	21%	29%	27%	24%	26%	27%	27%

	Total	BIPOC		Person with disability		LGBTQ2s+		Religious Identity				DK/REF
		Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	
		A	B	C	D	E	F	G	H	I	J	
Base: All respondents	n=3500	540	2960	723	2777	268	3232	773	778	917	922	110
Clinicians who do not wish to assess or provide MAID for reasons of conscience or religion should be required to provide their patients with an effective referral	73%	66%	75% A	72%	74%	73%	73%	73% K	74% K	77% K	72% K	55%
Clinicians who do not wish to assess or provide MAID for reasons of conscience or religion should <b>not</b> be required to provide their patients with an effective referral	27%	34% B	25%	28%	26%	27%	27%	27%	26%	23%	28%	45% GHIJ

# Sample Demographics

## Regulated Health Care Provider/Practitioner

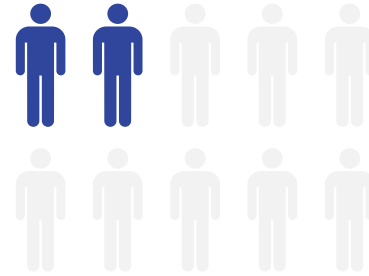
Are you a regulated health care provider/practitioner? (i.e. nurse, doctor, pharmacist, physiotherapist, etc.)



**8%**  
Yes

## Chronic Physical/Mental Condition or Disability

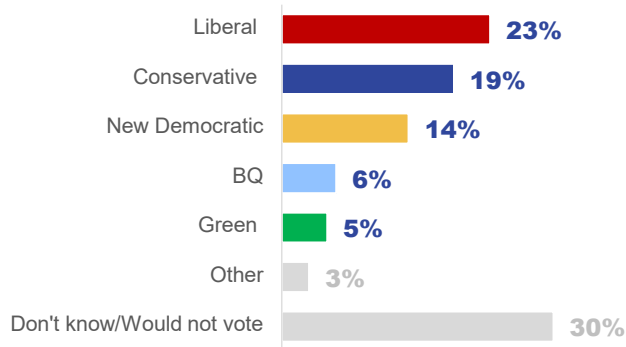
Do you have a chronic physical or mental condition or disability that has a substantial adverse effect on your ability to carry out day-to-day activities?



**23%**  
Yes

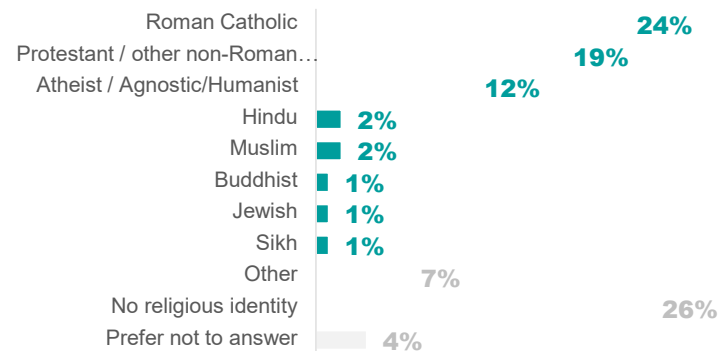
## Vote Choice

If a federal election were held tomorrow, which of the following party's candidates would you vote for?



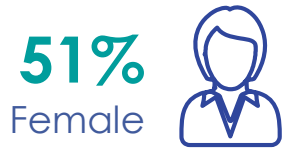
## Religious Identity

Which of the following best describes your religious identity?



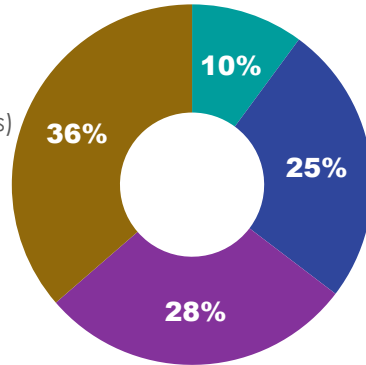
# Sample Demographics (continued)

## Gender

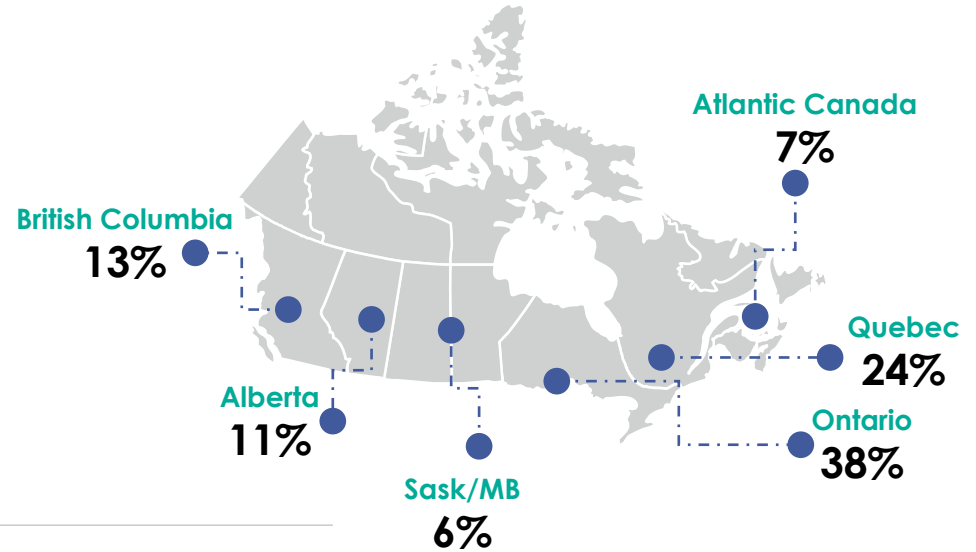


## Age

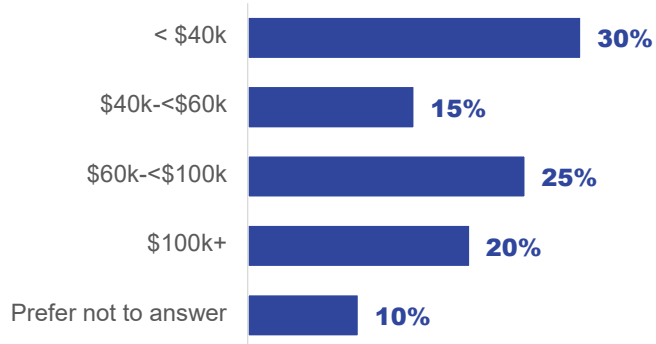
- Gen Z (18-23 years)
- Millennial (24-39 years)
- Gen X (40-55 years)
- Boomer (56+ years)



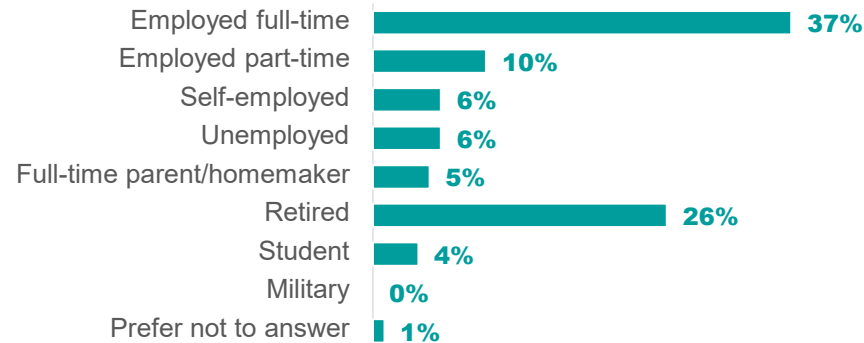
## Region



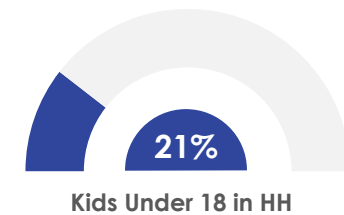
## Income



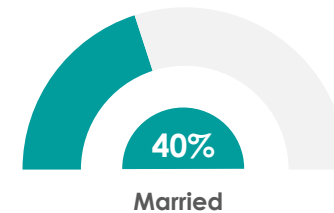
## Employment Status



## Household Composition



## Marital Status



## Education



# Ipsos Contact Information

**Sean Simpson**

Senior Vice President, Public Affairs  
Sean.Simpson@ipsos.com



**Lisa Byers**

Account Manager, Public Affairs  
Lisa.Byers@ipsos.com



# About Ipsos

---

Ipsos is the third largest market research company in the world, present in 90 markets and employing more than 18,000 people.

Our research professionals, analysts and scientists have built unique multi-specialist capabilities that provide powerful insights into the actions, opinions and motivations of citizens, consumers, patients, customers or employees. Our 75 business solutions are based on primary data coming from our surveys, social media monitoring, and qualitative or observational techniques.

“Game Changers” – our tagline – summarises our ambition to help our 5,000 clients to navigate more easily our deeply changing world.

Founded in France in 1975, Ipsos is listed on the Euronext Paris since July 1st, 1999. The company is part of the SBF 120 and the Mid-60 index and is eligible for the Deferred Settlement Service (SRD).

ISIN code FR0000073298, Reuters ISOS.PA, Bloomberg IPS:FP  
[www.ipsos.com](http://www.ipsos.com)

# Game Changers

---

In our world of rapid change, the need for reliable information to make confident decisions has never been greater.

At Ipsos we believe our clients need more than a data supplier, they need a partner who can produce accurate and relevant information and turn it into actionable truth.

This is why our passionately curious experts not only provide the most precise measurement, but shape it to provide True Understanding of Society, Markets and People.

To do this we use the best of science, technology and know-how and apply the principles of security, simplicity, speed and substance to everything we do.

So that our clients can act faster, smarter and bolder. Ultimately, success comes down to a simple truth:  
**You act better when you are sure.**