The Provincial Organization for Educational Pro-Life Groups Across Ontario

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STRATEGIC FRAMEWORK FOR MAID POLICY REFORM

FEDERAL LEGISLATIVE REPOSITIONING FOLLOWING BILL C-218

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1. Executive Summary & Organizational Mandate

Following the legislative defeat of Bill C-218 on October 7, 2026, Canada's federal regulatory landscape faces an immediate pivot point. As the federal government advances its fall legislative schedule to introduce new Medical Assistance in Dying (MAID) amendments, Parliament must proactively re-evaluate safety measures and the legal integrity of patient consent.

Alliance for Life Ontario operates from a foundational ideology that is **absolutely opposed to MAID in Canada**. The organization maintains that true medical compassion and patient dignity are achieved not through state-assisted death, but through the realization of a robust, fully funded **national network of palliative and hospice care (completely excluding MAID) made universally available to every Canadian**.

In service of this mission, this brief provides federal representatives with critical, actionable recommendations to address immediate vulnerabilities within the impending government framework, specifically focusing on the indefinite exclusion of mental illness and the complete rejection of advance requests.

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2. Mental Illness and Clinical Unpredictability

The government's commitment to indefinitely pause the MAID framework for sole psychiatric conditions is an essential confirmation of clinical realities. The Canadian medical community maintains no consensus on establishing "irremediability" within mental health trajectories.

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Distinguishing long-term treatable distress from an irreversible pathological state remains scientifically impossible. Allowing access under these conditions establishes an inequitable medical paradigm, actively undermining established national suicide prevention mandates.

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3. Advance Requests and the Threat to Contemporaneous Consent

Expanding MAID access via advance requests erodes the foundational requirement of contemporaneous consent—the core legal certainty that an individual is fully awake, aware, and actively confirming their choice at the exact moment a life-ending procedure occurs. Advance requests generate profound human rights issues:

- **The Adaptability Paradox:** Empirical cognitive data demonstrates that patients routinely adapt to degenerative and cognitive conditions, finding renewed quality of life in stages they previously deemed unlivable.
- **Irrevocability Blindspots:** Individuals experiencing cognitive decline lose the legal and communicative capacity to alter or tear up a prior written directive, locking them into a past decision that may no longer represent their present-moment orientation.
- **Systemic Pressure:** Permitting advance requests allows systemic underfunding in long-term and specialized palliative care infrastructure to implicitly pressure patients into selecting early exit criteria out of a fear of becoming a perceived societal or familial burden.

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4. Strategic Matrix for Members of Parliament

Policy Objective	Legislative Mechanism	Core Metric / Goal
Legislative Decoupling	Demand distinct, standalone pieces of legislation for the psychiatric exclusion and any advance request expansions. Reject all comprehensive or multi-issue omnibus packages.	Prevents vital protection updates from being bundled with or compromised by high-risk expansions.

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Preserve Consent Integrity	Oppose all provisions seeking to remove or modify Section 241.2(3.1) of the Criminal Code regarding active, present-moment confirmation.	Upholds strict adherence to explicit, conscious, and real-time consent at the point of procedure execution.
Expand Infrastructure	Redirect federal health transfers strictly toward establishing dedicated non-MAID palliative facilities and localized medical home support services.	Ensures every Canadian has access to robust care options, removing systemic isolation as a driver for MAID requests.

Respectfully submitted

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Executive Director