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A Snapshot of Monitoring and Oversight of Medical Assistance in Dying (MAiD) in Canada

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Introduction

Medical assistance in dying (MAiD) has become a significant part of Canada's end-of-life landscape since the passage of Bill C-14 in 2016 and the law's subsequent evolution through Bill C-7 in 2021.[1,2] In 2023, 15,343 people accessed MAiD, accounting for 4.7% of deaths nationally.[3] Most of these cases (95.9%, n=14,721 deaths) involved individuals whose natural death was reasonably foreseeable (Track 1), while the remaining 4.1% (n=622) involved individuals whose death was not reasonably foreseeable (Track 2).[3]

Monitoring and oversight are central to ensuring Canada's MAiD system is transparent and accountable, and play a fundamental role in building public confidence. Monitoring provides important data on a range of factors, including who is accessing MAiD, underlying medical conditions, and clinician participation. Oversight evaluates compliance with the law. Both monitoring and oversight can support high-quality patient care and quality improvement through education and sharing information.

MAiD delivery involves a multilayered network of accountability mechanisms, including federal reporting requirements, provincial and territorial oversight (and often provincial and territorial monitoring), professional regulation by medical, nursing, and pharmacy Colleges, as well as law enforcement. A point of tension in debates about oversight is whether MAiD should be treated as exceptional—and subject to specialized scrutiny—or whether existing professional, criminal, and civil regulation provides sufficient insight and accountability.

This article provides a brief overview of the current mechanisms for monitoring and oversight of MAiD in Canada. It emphasizes the distinction Canada makes between monitoring and oversight and outlines provincial/territorial approaches. The article also summarizes existing empirical research on monitoring and oversight and identifies gaps where more research is needed. Ultimately, it argues that greater transparency is essential to properly inform public debate and shape future directions.

Mechanisms for Monitoring and Oversight of MAiD in Canada

Most jurisdictions with assisted dying laws have established monitoring and oversight mechanisms, albeit with considerable variation in form.[4,5] While some literature discusses both concepts under the broad umbrella of "oversight",[4] Canada differentiates between the two. Monitoring involves collecting data that provides critical information on the characteristics of individuals who request and receive MAiD, the contexts in which MAiD occurs, and overall trends. Oversight refers to individual case review after an assisted death to ensure compliance with legislation. These functions are distributed across different levels of government due to the constitutional separation of powers. The federal monitoring system flows from the federal *Criminal Code*,[6] while oversight is generally considered to fall under provincial/territorial jurisdiction, as it relates to healthcare and the enforcement of criminal law.

Federal Monitoring

In Canada, the *Criminal Code* establishes the framework for the legal provision of MAiD by enacting a series of requirements, which include eligibility criteria, procedural safeguards, and monitoring/reporting obligations.[6] The federal Minister of Health, through Health Canada, is responsible for monitoring MAiD.[6] In 2018,

the federal Minister of Health introduced the *Regulations for Monitoring Medical Assistance in Dying* under the *Criminal Code*.[7] The Regulations were subsequently amended to align with the 2021 Bill C-7 amendments and make further refinements; these changes came into effect on January 1, 2023.[8] Under the *Regulations*, physicians, nurse practitioners, pharmacists, pharmacy technicians, and 'preliminary assessors' (i.e., individuals that triage MAiD cases) are required to report specific information about MAiD requests and provisions to Health Canada.[8] Information is reported either directly to Health Canada through an online portal, or through a designated provincial/territorial body **(Table 1)**.[7,8] This data forms the foundation of Canada's monitoring framework for MAiD. Since 2019, Health Canada has issued annual public reports of data collected under the *Regulations*.[3]

Provincial and Territorial MAiD Oversight

MAiD oversight involves individual case review to ensure compliance with the legislation. Each province/territory has developed its own approach to oversight, reflecting the broader differences in how MAiD is implemented across jurisdictions (see **Table 1** for a summary). Provincial/territorial approaches fall into five broad categories.

Independent Review

Quebec is the only province that has established an independent review body tasked with MAiD oversight. Quebec's Commission on End-of-Life Care, a multi-disciplinary group appointed by the provincial government, is empowered by the *Act Respecting End-of-Life Care* (Que) (AREOLC) to retrospectively review all MAiD deaths for compliance with the eligibility criteria and safeguards in the AREOLC.[9] Under the AREOLC, MAiD providers must report to the Commission within 10 days of administering MAiD.[9] The Commission may request additional information from practitioners as needed. If two-thirds or more of the members present determine that the MAiD provisions of the AREOLC were not met, the Commission sends a summary of its conclusions to the relevant regulatory College for further investigation.[9] The Commission publishes an annual report on its website.[10]

Existing Provincial Death Investigation Service (Coroner/Medical Examiner)

Ontario and Alberta have assigned oversight of MAiD to their existing death investigation systems. British Columbia initially followed this approach as well but later transitioned to a Ministry of Health committee, as set out below*.

In Ontario, the Office of the Chief Coroner (OCC) is charged with MAiD oversight under amendments to the *Coroner's Act*.[11] Initially, this involved a phone call with the MAiD provider after every MAiD death. In January 2023, the OCC modernized its process by implementing an online system of reporting with follow-up limited to certain more complex categories of cases. MAiD providers must submit a MAiD Death Report form to the OCC within one business day of a MAiD death.[12] While the OCC does not publish public reports on its website, it distributes regular data reports to interested parties via email. If a potential compliance issue arises, practitioners are contacted for clarification. If concerns persist, the OCC has developed a weighted response involving several possible outcomes which include issuing a notification of error, providing education, and/or referral to the appropriate regulatory authorities or law enforcement.[11]

In Alberta, all MAiD cases must be reported to the Office of the Chief Medical Examiner.[13] There is very little publicly available information about the process and extent of review. The Office of the Chief Medical Examiner does not publish reports related to MAiD.

Government Committee

In British Columbia, MAiD practitioners and pharmacists must report details of each case to the BC MAiD Oversight Unit, which operates within the provincial Ministry of Health.[14] Practitioners and pharmacists must provide additional information upon request. According to the British Columbia Government's website, the BC MAiD Oversight Unit reviews "all provisions and discontinuations … for compliance with eligibility criteria, federal safeguards, provincial

*British Columbia initially assigned MAiD oversight to the BC Coroners Service on a temporary basis. This arrangement was largely pragmatic: the Coroners Service already maintained a province-wide system for mandatory death reporting and public data release. This assignment was never meant to be permanent, as coroner oversight is only meant for deaths requiring investigation (suspicious, accidental, violent, or unexplained). By late 2018, the province established a dedicated MAiD Oversight Unit within the Ministry of Health to manage compliance reviews, data collection and federal monitoring.

Jurisdiction	Organization of MAiD Delivery	Who Reports to Health Canada	Approach to MAiD Oversight
British Columbia	Multiple access points are available through individual practitioners and regional coordination offices, with MAiD services delivered through regional health authorities.	British Columbia Ministry of Health.	BC MAiD Oversight Unit reviews MAiD request, assessment, and provision forms for adherence to federal legislative requirements and provincial regulatory standards. Oversight Committee reviews MAiD policy and practice for continuous quality improvement.
Alberta	Central point of access and coordination through a provincial health authority.	Alberta Health Services.	All deaths are reported to the Office of the Chief Medical Examiner.
Saskatchewan	Central point of access and coordination through a provincial health authority.	Saskatchewan Health Authority (SHA) Provincial MAiD Program.	SHA MAiD Program reviews MAiD provision forms for completeness and adherence to federal requirements. Oversight Committee reviews MAiD program practices but does not review individual cases.
Manitoba	Central point of access and coordination through a provincial health authority.	Practitioners report directly to Health Canada.	Rely on existing healthcare regulation.
Ontario	Multiple access points through individual practitioners, regional institutions, or a centralized provincial coordination line.	The Office of the Chief Coroner reports all MAiD provisions. Practitioners report requests not resulting in a MAiD provision directly to Health Canada.	All MAiD deaths are reported to the Office of the Chief Coroner's MAiD Review Team (MRT). Certain categories of cases are reviewed in greater detail. A MAiD Death Review Committee (MDRC) plays an advisory role by reviewing select cases that appear to diverge from usual practice and identifying potential areas for improvement.
Quebec	Multiple access points through individual practitioners and/or regional networks or institutions.	Quebec Ministry of Health and Social Services.	The Commission on End-of-Life Care reviews reports on every MAiD provision for compliance with legislative requirements. Publishes annual reports on MAiD activity in Quebec.
New Brunswick	Combination of access points through individual practitioners and/or a regional health authority.	Practitioners report directly to Health Canada.	Rely on existing healthcare regulation.
Nova Scotia	Standardized central referral process through a provincial MAiD program office with case coordination supported by nurse navigators.	Practitioners report directly to Health Canada.	Practitioners send all MAiD forms to the provincial MAiD Program office. MAiD Program Quality Committee is involved in prospective support and retrospective quality review.

Jurisdiction	Organization of MAiD Delivery	Who Reports to Health Canada	Approach to MAiD Oversight
Prince Edward Island	Central point of access and coordination through provincial government.	Practitioners report directly to Health Canada.	Rely on existing healthcare regulation.
Newfoundland and Labrador	Multiple points of access.	Practitioners report directly to Health Canada.	Rely on existing healthcare regulation.
Yukon	Multiple access points through individual practitioners.	Practitioners report directly to Health Canada.	Rely on existing healthcare regulation.
Northwest Territories	Central point of access through the territorial government.	Northwest Territories Health and Social Services.	MAiD Review Committee reviews select cases and audits records.
Nunavut	Multiple access points through individual practitioners.	Nunavut Department of Health.	Rely on existing healthcare regulation.

Table 1. Highlights of Medical Assistance in Dying (MAiD) Delivery, Reporting, and Oversight Approaches Across Canadian Provinces and Territories; *courtesy of Eliana Close, PhD, Stefanie Green, MD, Jacquie Lemaire, MSc*

safeguards, regulatory college practice standards, and reporting requirements for MAiD.[14]" The BC MAiD Oversight Unit also adopts a model of progressively escalating responses in response to concerns about noncompliance, starting with a request for information. While the BC MAiD Oversight Unit does not publish public reports, it produces an annual internal report. The province has recently begun publishing condensed public-facing monitoring data.[15]

The Northwest Territories has a MAiD Review Committee that can review select cases, and audits records.

Regional Programs

Saskatchewan Health Authority has an "Oversight Committee", but it reviews MAiD program practices, not individual cases. While this is not oversight in the sense of individual case review for legal compliance, regional programs play a role in MAiD quality improvement. Similarly, Nova Scotia Health Authority has a MAiD Program Quality Committee supporting prospective and retrospective quality review.

Existing Regulation of Healthcare

The remaining provinces/territories (Manitoba, New Brunswick, PEI, Newfoundland and Labrador, Yukon, Nunavut) do not have MAiD-specific oversight mechanisms. Instead, they rely on provincial/territorial health regulatory mechanisms for accountability, as described below.

Provincial/Territorial Health Professional Regulation

Across all provinces/territories, existing law and other mechanisms that regulate health professionals play a role in accountability for MAiD. Provincial/territorial regulatory bodies (i.e., Colleges) for physicians, nurse practitioners, and pharmacists regulate providers' professional conduct, establish practice standards, and provide oversight by investigating complaints. Many have issued MAiD-specific practice standards and hold practitioners accountable to these standards.[16,17] Additionally, since the criminal justice system is largely administered under provincial jurisdiction, provincial police and prosecution services are also responsible for enforcing the MAiD provisions in the *Criminal Code*.

Research on MAiD Oversight and Monitoring in Canada

Research on experiences and perceptions of MAiD monitoring and oversight in Canada is still emerging. Early research exploring practitioners' experiences has found that some MAiD assessors and providers view monitoring and oversight requirements as a significant administrative burden.[18] Between 2019–2020, Wiebe et al. conducted a mixed-methods study which examined MAiD oversight practices, and obtained views of MAiD providers and the public about optimal models of oversight.[19] They found significant variation in oversight practices across provinces/territories. While MAiD providers were generally satisfied with the existing level of oversight in their provinces, members of the public showed a preference for stronger oversight by interdisciplinary committees.[19]

Between 2021–2023, Close et al. investigated perceptions of monitoring among MAiD assessors/providers, as well as organizational decision-makers involved in MAiD across a range of contexts, including government, professional organizations, regulatory bodies, and healthcare institutions.[20] Participants emphasized that monitoring was distinct from oversight, and valued the federal monitoring system's role in providing transparency. While views differed on the appropriate scope of data collection, there was consensus that practical strategies and administrative support should be used to mitigate reporting burdens on practitioners. Another article on these participants' perceptions of oversight is currently under peer review, with findings to be reported upon publication.[21]

Further empirical research is needed in several key areas. First, as provinces and territories continue to refine their organizational structures, delivery models, and associated oversight mechanisms, comparative studies are useful to understand how these systems operate, how they have evolved, and the benefits and challenges of these divergent models. Second, there is limited empirical research in Canada on the nature of case reviews, and the processes oversight bodies use to analyze cases where such bodies exist. International research has examined these issues,[22] and Canada should now do the same. Third, future research should consider the value of monitoring and oversight. Although MAiD practitioners may view monitoring and oversight as burdensome, these processes generate valuable data into what is happening in practice, what works well and what does not, all of which support evidence-based public understanding and quality improvement. Fourth, to inform best practices, further research is needed to capture diverse perspectives on MAiD monitoring and oversight: those involved in providing oversight, those who are subject to it, those responsible for developing policy, as well as the views of patients, family members, and the public. Investigating community perspectives would provide valuable insight into how oversight and monitoring of MAiD influence public trust.

Key Considerations

Monitoring and oversight are essential and complex processes, with differing views about their appropriate form and scope. We offer several key elements for consideration that may inform models of monitoring and oversight going forward.

First, an important function of both monitoring and oversight is to collect data that offers insight into clinical practice. Such data can highlight areas of concern but can also demonstrate when the system is functioning as intended. Although some clinicians resist oversight, or perceive it negatively, it does not necessarily carry adverse implications.

Second, it is important to recognize that oversight has value beyond enforcing regulatory compliance and identifying breaches. Oversight can help prevent transgressions and improve best practices by contributing to education and guidance, leading to quality improvement. In this way, oversight plays an important role in helping ensure safe, high-quality care. Oversight models should therefore reflect this broader function. One approach is to adopt a targeted system of responses. Healy's theory of "responsive regulation" in healthcare suggests that beginning with supportive, educational measures and escalating to stronger sanctions only if needed to achieve compliance, best promotes safe and high-quality care.[23] This approach encourages clinicians to come forward and enables learning from mistakes. The Canadian Association of MAiD Assessors and Providers endorses the need for MAiD oversight: "to provide continuous quality improvement.[24]" A crucial requirement for facilitating this type of model is that provinces and territories must provide adequate resources and support for MAiD programs.

Third, there is a need for greater transparency in Canada's existing MAiD oversight

and accountability mechanisms. In most provinces/territories, transparency remains limited. Among those with oversight mechanisms, only Quebec regularly publishes reports with compliance data. Ontario compiles monthly statistics but does not make them publicly available. It has established a MAiD Death Review Committee (MDRC), which is "committed to increasing public transparency of the MAiD oversight and review process…[25]" However, the MDRC has purposefully selected cases that are "not representative of most MAiD deaths," and that "depict circumstances that often represent divergence from typical practice," and does so with the stated aim "to support continued improvement for how MAiD is provided in the province of Ontario.[25]" While this approach can be helpful, it can also lead to a skewed vision that is not characteristic of more typical clinical practice. The lack of consistent and accessible information in the other provinces/territories makes the issue of oversight difficult to study and debate. Greater transparency provides insight into what is going on in practice and why, which is an integral part of enabling public scrutiny and engagement and building public trust.

Fourth, when evaluating Canada's MAiD system, it is important to adopt a broader perspective of monitoring and oversight rather than limiting the focus to clinicians' regulatory compliance.[26] It is important to evaluate and review how all components of MAiD delivery work together, such as intake, care coordination, practitioner assessment, education and training supports, and bereavement resources. Each jurisdiction's local context shapes its MAiD model, including oversight, and even in the absence of formal oversight bodies, alternative accountability mechanisms must be in place. A key challenge, however, is that achieving and understanding this holistic view of oversight is difficult, given the diversity of actors and resources involved.

Finally, we pose the question: does MAiD warrant exceptional oversight? Should oversight differ from that of other high-stakes health care practices—such as cardiac surgery or palliative sedation—and if so, for how long? Are jurisdictions without MAiD-specific oversight mechanisms problematic? Does the lack of transparency in College complaints and decision-making influence our consideration of such questions? These are normative questions beyond the scope of this overview, which warrant further exploration.

Conclusion

Monitoring and oversight are central to ensuring transparency and accountability within Canada's MAiD system. They help build public confidence, ensure safe, high-quality care, and indicate whether the system is functioning as intended, or not. Monitoring and oversight should extend beyond clinical compliance to assess how the diversity of actors and system resources are performing as a whole. While it remains an open question whether MAiD should be exceptionalized within Canadian health care, greater transparency than currently exists would provide a more robust foundation for public debate and future directions.

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S.G.: serves on the Board of Directors of the Canadian Association of MAiD Assessors and Providers (CAMAP) and is a member of the Clinician Advisory Committee for Dying With Dignity Canada as well as the Advisory Council for the Completed Life Initiative (USA). She holds a contract with the British Columbia Ministry of Health as a medical advisor to the MAiD Oversight Unit and receives an honorarium from CAMAP for advisory work on the Canadian MAiD Curriculum.
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