

MAiD Research Forum 2026: Research to Inform Practice and Policy

Conducting research to inform practice and policy is essential to high-quality MAiD care in Canada. Twice yearly, CAMAP hosts a forum in which researchers from across Canada meet to share emerging and summative findings from their programs of research. When possible, the research forum is held in conjunction with the national CAMAP Conference. The following are the successful abstracts from researchers who were selected to present at the April 30, 2026 research forum in Montreal.

Abstracts

MAiDHouse: A Qualitative Study on Structured Community-based Support for Grief and Bereavement

Background

MAiDHouse is a national non-profit organization and registered charity that provides those eligible to receive medical assistance in dying (MAiD) with a supportive and comfortable setting. Although MAiDHouse does not provide MAiD assessments or MAiD itself, its supports may affect grief and bereavement for family and friends. The goal of this qualitative study was to understand how MAiDHouse's services shape experiences of grief and bereavement.

Methods

Primary contacts of individuals who received MAiD at MAiDHouse within a 12-month period were invited to participate in this qualitative study. Thirteen participants completed semi-structured interviews virtually or by phone. An interdisciplinary research group participated in the analysis. Transcripts were coded in duplicate and analyzed using a content-analysis approach through MaxQDA. Themes were developed deductively based on a previously published conceptual framework and inductively from the data.

Results

Participants' perceptions of MAiDHouse's grief and bereavement support ranged from net neutral to positive. During the MAiD process, participants described multiple sources of confusion with regard to MAiD access, provider responsibilities, and organizational roles, all of which they suggested can affect future bereavement. Participants expressed

appreciation for the responsiveness of MAiDHouse staff, personalized communication, and facilitation of logistics in shaping their grief experience.

Discussion & Implications

Findings suggest structured, community-based supports may meaningfully shape bereavement experiences surrounding MAiD. MAiDHouse was perceived as extending beyond a physical setting to function as an accessible resource addressing emotional, informational, and practical needs. Integrating similar community-based support models alongside MAiD delivery may improve continuity of care and support healthier bereavement outcomes for families and loved ones.

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Coordinating MAiD Services in Ontario: A Patchwork of Practices, Roles and Structures

Background

In Ontario, coordination of medical assistance in dying (MAiD) services varies across healthcare settings. This study examined how MAiD services are coordinated in large and rural hospitals and

among solo practitioners, and how leadership, management of tensions, and legitimacy of MAiD coordination roles vary across sites.

Methods

25 interviews were conducted with Ontario participants who held a role in coordinating or providing MAiD services in a variety of care settings. Interviews were audio-recorded, transcribed, and coded inductively using NVivo. Thematic analysis was informed by literature on program implementation, leadership, and role legitimacy.

Results

MAiD program coordination varied across settings, reflecting differences in resources and leadership structure. Organizations with dedicated funding were more likely to establish formal MAiD coordination teams with distributed leadership, yet still struggled with role definition and caseload management. Organizations without dedicated funding often relied on individual practitioners to integrate MAiD responsibilities into existing roles, creating tensions for these practitioners and low MAiD organizational awareness. Leadership and coordination roles were inconsistently defined and left practitioners in these positions questioning the legitimacy and scope of their responsibilities. Rural settings faced compounded challenges due to limited resources.

Discussion

Organizational and coordination dimensions of MAiD remain understudied compared with clinical perspectives, although they are equally important. The variability observed in Ontario highlights gaps shaping program implementation, role legitimacy, and MAiD program sustainability.

Implications for MAiD Practice

A provincial policy framework defining coordination roles and expectations could reduce ambiguity and tensions, strengthen program legitimacy, and enhance consistent MAiD service delivery.

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Thinking Together About MAiD and Mental Disorders: A Co-Developed Reflection and Discussion Guide

Background

Canada plans to expand medical assistance in dying to people whose sole underlying condition is a mental disorder (MAiD-MD). In this sensitive and highly polarized context, ethically informed preparation attentive to those directly affected is essential. The purpose of this project was to co-develop a resource grounded in the experiences of people living with mental disorders, family, and healthcare professionals.

Methods

A participatory action research approach was undertaken. A reflection and discussion guide was co-developed through five steps: forming a working group, literature reviews, a focus-group series, community consultation, and preliminary evaluation.

Results

The working group, involving key stakeholders, supported the project through 15 work sessions. Two literature reviews mapped: 1) moral concerns regarding MAiD-MD, and 2) existing and missing resources to address them. Nine focus-groups with people living with mental disorders, relatives, and healthcare professionals highlighted concerns, ideas for ethical support, and potential formats and content for a support tool fostering nuanced reflection and respectful dialogue. Ten informant groups refined the resulting guide, which was assessed as clear and relevant by 92% of preliminary evaluation participants (n=47).

Discussion

An emerging need to create inclusive, supportive, and respectful spaces for discussing MAiD-MD oriented the project. Such spaces enable people to feel genuinely heard, acknowledged, and cared for. High stakeholder engagement throughout this project underscores the research's social relevance.

Implications

Triangulating perspectives of people living with mental disorders, relatives, and healthcare professionals enriches the understanding of complex situations related to MAiD-MD. The guide developed from this project is a nuanced, content-rich tool, inclusive of multiple perspectives, that can inform practice and inspire adaptations according to needs and contexts.

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Developing an Understanding of Decisional Vulnerability in the Context of MAiD Track 2

Background

One of the most significant controversies around the implementation of Track 2 MAiD in Canada relates to how internal (e.g., rigid thinking or past trauma) and external factors (e.g., poverty or precarious housing) might influence applicants' decisional vulnerability. Decisional vulnerability refers to a circumstance in which an individual's decision making might not truly be genuine or autonomous. The purpose of this knowledge exchange was to develop understanding related to vulnerability, voluntariness, and suffering in the context of applicant eligibility for Track 2 MAiD.

Methods

Sixty-eight persons with expertise in Track 2 MAiD from across Canada participated in a 7-hour knowledge exchange conducted virtually. After an introduction to the legal context, seven expert panelists responded to a research-based case exemplar of a complex Track 2 applicant. Participants then engaged in small group discussions about the impact of the factors and applications to practice and policy. Findings were analyzed thematically.

Results

Participants highlighted the clinical acumen required to conduct these assessments well and the potential therapeutic effect of a good assessment. There was strong consensus that understanding the lived experience of the applicant was an essential part of assessing decisional vulnerability and that there needed to

be standardized documentation of that process. Important oversight and system support were recommended for applicants who are at risk for decisional vulnerability.

Conclusion

Findings provide important insights into understanding and mitigating decisional vulnerability in the context of Track 2 MAiD.

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From Decision to Bereavement: Lived-Experience Peer Support and Medical Assistance in Dying

Background

Since legalization, over 76,000 Canadians have received Medical Assistance in Dying (MAiD). Family members navigate both the MAiD process and subsequent bereavement, often with inconsistent access to MAiD-specific psychosocial supports. Limited research has examined the experiences of individuals who seek one-to-one lived-experience peer support because of a loved one's decision for MAiD.

Methods

This mixed-methods study employed Interpretive Description to generate clinically applicable insights into why family members seek peer support and how they experience it. Phase I involved an anonymous electronic survey (n=47) analyzed using descriptive statistics. Phase II comprised open-ended virtual interviews (n=21), which were analyzed interpretively.

Results

Participants described a structural paradox: while playing a central role in facilitating access to MAiD through coordinating logistics, navigating institutional barriers, and advocating for their loved ones, they frequently felt peripheral, or even invisible. Left to interpret and process meaning alone. Four themes were identified: (1) Administratively Structured and Relationally Silent;

(2) Compression, Suppression, and Deferred Integration; (3) Moral CoCollaboration; and (4) Connection, Fit and a Moderating Effect.

Discussion

MAiD is frequently experienced as a family-embedded moral event. System gaps transfer responsibility for support onto family members during periods of heightened vulnerability. Facilitating proactive family engagement, anticipatory guidance, and structured referrals to formal and peer support could improve family members' grief and bereavement.

Implications for MAiD Practice

Proactive family engagement, anticipatory preparation, and moral validation should be incorporated into MAiD care. This approach would transition optional or passive grief support for family members to embedded assistance both before and after the MAiD event.

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The Work of Track 2 MAiD

Background

Health professionals are challenged to respond to Track 2 MAiD requests and some program leaders, including in our region of Ontario, have had to make the difficult decision to cease or curtail intake to Track 2 MAiD programs. This study, a collaboration with the Greater Hamilton Health Network MAiD Steering Committee, is intended to support a sustainable regional model of care for Track 2 MAiD.

Methods

This was a qualitative study using focus groups for data collection. The objectives of the focus groups were to: (1) Describe the work involved in responding to Track 2 MAiD inquiries. (2) Explore the question: what it is about the work that makes Track 2 MAiD care so demanding? (3) Consider the types of support that could make a difference for health professionals involved in MAiD. Focus groups were audio-

recorded, transcribed, and analyzed drawing on constructivist grounded theory methods.

Results

Eight experienced MAiD assessors and providers participated in two focus groups. In describing the demands of Track 2 MAiD work, assessors identified the following factors: perceived negative judgements related to this work; factors that make some cases especially difficult; and situations in which provision can be justified in legal terms, but the assessor feels conflicted/is reluctant or unwilling to provide. In describing what makes it possible for them to continue with the work they identified: the value of slowing things down; the importance of company in trying to make sense of complex patient situations, navigate difficult patient interactions, and make morally weighty decisions; the necessity of triage; and the potential benefit of foregrounding the assessor's willingness to provide (rather than focusing exclusively/centrally on patient eligibility).

Implications for MAiD Practice

This study provides insight into the particular challenges and dilemmas of Track 2 MAiD care, and suggests opportunities for program and practice change that have the potential to foster sustainable programs over the long run.

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