

Differentiating Medical Aid in Dying in the U.S. and Canada

Q&A with David N. Hoffman



David N. Hoffman is a clinical ethicist, healthcare attorney, and Senior Advisor to The Completed Life Initiative. Below he answers some of the important questions we've been getting about the fundamental differences between medical aid in dying in Canada and the United States.

What are the most important legal differences between medical aid in dying in Canada and the United States?

D.H. Medical aid in dying in the U.S. and Canada have very different legal histories. In the U.S., two Supreme Court cases determined that access to medical aid in dying is not a constitutionally protected right. In contrast, the Canadian Supreme Court reached the opposite conclusion. Canada's approach to medical aid in dying is rooted in the Supreme Court's recognition of a fundamental individual right to self-determination.

How is the criteria to access MAID different in Canada than in the United States?

D.H. In all 12 jurisdictions where medical aid in dying is available in the U.S., it is only available to those who have been determined to have a terminal illness with a prognosis of less than six months to live. In Canada, determination of prognosis and terminality are not required. Medical assistance in dying is available to those whose death is reasonably foreseeable or are found to have a grievous and irremediable medical condition that is causing the patient enduring and intolerable suffering.

How is the process different in each country?

D.H. In the U.S., accessing medical aid in dying always involves two assessments to confirm eligibility, though state laws vary in terms of whether they must be completed by a physician or nurse practitioner. Waiting periods between the first and second assessment also differ by state. Recent U.S. medical aid in dying bills have dropped fixed waiting periods, recognizing that rigid safeguards meant to protect patients can prove counterproductive and even hinder access to end of life care.

The process in Canada is different. Though it also begins with two independent assessments, the waiting period works differently depending on the patient's circumstances. If a person's natural death is reasonably foreseeable, there is no numerical minimum delay. If it is not, there is a 90-day assessment period, which the two physicians can agree to shorten if there's a risk to the patient's access to MAID that necessitates it.

How does administration differ in the US and Canada?

D.H. In the U.S., the only legal option for medical aid in dying is self-administered medication to hasten death. In Canada, patients may choose between self-administration or physician-administration. They may also choose to receive the medication either orally or intravenously. Interestingly, the vast majority of patients choose physician-administration, substantially less than 1% of cases involve self-administration.

Why do you think there's confusion about the different systems?

D.H. Canada's approach to medical aid in dying is rooted in the principle that patients – not institutions or physicians – have the ultimate authority over their lives. This commitment is reinforced by Canada's national healthcare system, which guarantees at least a basic level of access to care for all eligible citizens. By contrast, the United States reflects a fundamentally different approach: medical aid in dying is shaped by state laws, where patient autonomy is filtered through limits on how physicians may prescribe life-ending medication. The result is a patchwork system wherein state governments decide who may access a safe, certain and painless death.