



Laidlaw Scholars Undergraduate Leadership and Research Programme
Research Proposal

**In the Valley of the Shadow of Death: Evaluating the protection afforded to
vulnerable Canadians by Bill C-7**

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Abstract

This research project will investigate how the interpretation and application of Canada's Medical Assistance in Dying (MAiD) regime under Bill C-7 has shaped the protection of vulnerable Canadians. As one of the world's most expansive assisted dying frameworks, Bill C-7 has generated significant debate, particularly concerning its implications for vulnerable demographics, such as individuals with disabilities, mental illness, or socio-economic disadvantages.

Using a mixed-methods approach, my research will commence with a comprehensive literature review and legal analysis of key cases and legislative texts to trace how Canadian assisted-dying laws and Bill C-7 evolved. A quantitative sentiment analysis of parliamentary debates using Python's NLTK toolkit will be used to measure and determine what considerations were made to protect vulnerable Canadians. Case studies involving the implementation of MAiD will be mapped geospatially to identify patterns in application and accessibility. Interviews with key experts with varying opinions on the subject will supplement these findings, offering qualitative insights into the practical and ethical dimensions of MAiD. Moreover, my research will be supplemented with reviews of government and academic data and of the reputation of Canada's MAiD laws. I will also consider the unique circumstances of Indigenous peoples in regards to MAiD. The study will conclude with a comparative analysis of assisted dying frameworks in Canada, California, and the Netherlands to evaluate the effectiveness of different safeguards in protecting vulnerable groups. Ultimately, the research seeks to develop evidence-based, internationally transferable policy recommendations that balance autonomy with equity. In doing so, it contributes to a critical and timely conversation at the intersection of law, medicine, and human rights—one with implications far beyond Canadian borders.

Introduction

This research project was born from my Canadian Politics class, in which I was prompted to select a contemporary Canadian political subject to write a research paper about. At the time, I had heard of—but was not very acquainted with—the debate behind assisted dying. Over the course of the paper, however, I developed a strong passion for the topic, built on the extensive knowledge I had gained and the fascinating uniqueness of the debate, specifically concerning Canada's Bill C-7, the most controversial of the country's MAiD laws.

Perhaps the most attractive feature of this topic was that there was no single clear answer to the debate. Instead, prominent voices from academia, government, medicine, and the courts often conflicted, each framing legitimate arguments for their side while employing moral, legal, and medical perspectives. Moreover, the subject was also very interesting due to its intersection of fields—namely medicine, politics, and law—and how dealing with such a question requires comprehensive consideration of the complexities of each realm. This made it clear to me how important this issue was in discourse across the relevant fields and inspired great personal

intrigue and passion, which drove me to engage deeply with the subject, ultimately resulting in me scoring in the top 1% of the class.

My research will employ both qualitative and quantitative methodologies to examine Canada's assisted-dying laws and evaluate them in light of key data and the arguments posed by leading thinkers on both sides of the debate. It will seek to determine the extent to which Bill C-7 protects vulnerable Canadians and will ultimately propose policy suggestions based on its findings to strengthen laws and eliminate legal, medical, and ethical gaps. This project aims to contribute to a growing academic and public discourse on assisted dying and to nurture deeper conversation regarding the protection of the vulnerable—especially given Bill C-7's mental illness eligibility clause induction year of 2027.

Research Objectives & Questions

Research Questions

1. How has the interpretation and application of the right to MAiD under Bill C-7 shaped the protection of vulnerable Canadians—particularly in cases involving disability, unforeseeable death, mental health, and socio-economic disparities?
2. What lessons can be learned and implemented to improve the effective operation of MAiD in Canada and other jurisdictions?

Objectives

1. Define the key arguments for and against Bill C-7, specifically regarding the protection of vulnerable Canadians. Examine the nuanced interplay between the government, the courts, Parliament, and the medical field, and outline the legal developments that led to Bill C-7.
2. Systematically assess the legitimacy of the arguments identified in Objective 1 by incorporating contextual information on each viewpoint and conducting a nuanced comparison to determine which aspects of either side are most appropriate for assisted-dying laws.
3. Conduct a comparative analysis of MAiD frameworks in Canada, California, and the Netherlands—jurisdictions with significantly different levels of MAiD permissiveness—and apply similar analytical methods as in Objective 2 to evaluate the effectiveness of their laws.
4. Develop evidence-based, transferable policy recommendations for jurisdictions seeking to improve their MAiD laws.

Background

Canada's Medical Assistance in Dying (MAiD) legislation, particularly under Bill C-7, is among the world's most comprehensive assisted dying frameworks. Throughout its development, critics have argued that Bill C-7 may make MAiD seem viable in the absence of adequate access to

social determinants of health (Lemmens, 2021; Craine, 2023); perpetuate ableist discrimination (UN, 2021; Grant, 2023); and violate constitutional precedent (Grant, 2023). Conversely, supporters contend that denying access to MAiD is paternalistic (Gupta, 2024) and that the bill upholds patient autonomy (Downie & Schuklenk, 2021; *Truchon v. Canada*, 2019).

The legal journey to MAiD began in earnest with *R. v. Rodriguez* (1993), where the Supreme Court of Canada upheld the criminal prohibition on assisted suicide. More than two decades later, this precedent was overturned in *Carter v. Canada (Attorney General)* (2015), with a landmark ruling that unanimously declared the prohibition unconstitutional due to its violation of Section 7 of the Charter of Rights and Freedoms and recognized the right to assisted dying for individuals experiencing grievous and irremediable suffering.

In response, the federal government introduced Bill C-14 in 2016, establishing MAiD and limiting eligibility to individuals whose natural death was “reasonably foreseeable.”

This criterion was successfully challenged for being restrictive in Quebec’s *Truchon v. Attorney General of Canada* (2019), with the “reasonably foreseeable” clause being ruled unconstitutional.

To comply with this legal precedent, in 2021, Parliament enacted Bill C-7 to align with the court’s decision, removing the “reasonably foreseeable death” requirement and expanding access to individuals with chronic disabilities or other non-terminal conditions. The bill also introduced a two-track safeguard system (Health Canada) to respond to the unique nature of foreseeable and unforeseeable death. The bill also contained a sunset clause which would extend MAiD eligibility to individuals with mental illness in 2027.

The permissiveness of Bill C-7 made it very controversial, inspiring many of the recent Canadian academic texts concerning MAiD. While such resistance exists, the bill does maintain support in both academia and by organizations like Death with Dignity, highlighting a strong argument for its legitimacy. With the bill’s mental illness clause still in the future, discourse on the topic of MAiD and the bill is critical to ensuring Canada does not enact policies it will regret.

Methodology

1. Qualitative Analysis

a. Literature Review: I will extensively review scholarly and government documents, news, and other literature containing arguments for and against Bill C-7 and assisted dying, the bill’s impact on vulnerable populations, and controversial aspects such as Advanced Directives and Bill C-7’s mental illness clause. To optimize this, I have and will continue to coordinate with my secondary research advisor, Matthew Palynchuk, to source out the most significant voices to consider. Moreover, this review will also focus on the special nuance of

religion and how such a perspective has influenced attitudes towards assisted dying. Working lists of thinkers and literature are noted in Appendices A and B, respectively.

b. Court Analysis: I will conduct an extensive review of landmark legal cases that led to Bill C-7 to determine what considerations, if any, were made to protect vulnerable Canadians. A working list of court cases is available in Appendix C.

c. Case analysis: I will rely on news outlets and the aforementioned literature to collect, categorize and analyze published cases involving interactions with Bill C-7's assisted-dying policies. A working list of cases is available in Appendix D. This information will be vital to gaining a holistic, real-life understanding of the workings of MAiD and its pros and cons. I will consolidate and visualize these findings in an interactive geospatial map that will map out locations of instances of individual cases and provide key information regarding them.

d. Expert Interviews: To complement the legal and case-based analyses, I will conduct interviews with the foremost experts in MAiD (NO PATIENTS), including legal scholars, bioethicists, healthcare professionals, and policy advisors. The goal is to understand the reasoning behind their support for or opposition to Bill C-7 and their perspectives on the various facets of MAiD. Each interview will be guided by a flexible question framework, allowing for comparability across participants while also accommodating their unique areas of knowledge. A working list of potential conversation topics is noted in Appendix E. Interview data will be thematically organized to identify recurring patterns, points of contention, and emerging concerns. To maintain ethical integrity, all participants will provide informed consent, and interviews will avoid discussion of personal or patient experiences. A working list of experts who are currently being considered for interviews are noted in Appendix F.

e. Comparative Analyses: To provide comparative context, I will conduct a policy analysis of California and the Netherlands. These jurisdictions were selected for their contrasting positions on the permissiveness spectrum of assisted-dying laws: California, with its more restrictive and tightly regulated framework, and the Netherlands, one of the most permissive systems in the world. This spectrum offers valuable contrast for assessing the strengths and weaknesses of Canada's approach. A working list of comparison points is available in Appendix G. For each jurisdiction, I will examine statutory frameworks, judicial precedents, academic commentary, policy reputation, and government or oversight reports to evaluate how these systems protect vulnerable populations and are generally successful according to their unique cultural and ethical standards. From these findings, I will draw out key lessons on the optimization of MAiD for the protection of vulnerable populations, which can be used to highlight potential improvements for MAiD laws in Canada and around the world.

2. Quantitative Analysis

a. Parliament Sentiment Analysis: I will conduct a quantitative sentiment analysis of Canadian Parliamentary debates relevant to the evolution of Bill C-7 using Python's NLTK package and a LiPad corpus of parliamentary debates to identify key terms related to assisted dying and assess what considerations were made to protect vulnerable Canadians. At this point, I am in the process of refining my technical approach to this and will develop it with help from

Christopher Greenaway and inspiration from 2024 Laidlaw Scholar Christina Mai (Mai 2024; Mai 2024). A working list of Parliamentary sessions and hearings can be found in Appendix H.

b. Data Review: I will complement my literature review by assessing claims regarding Bill C-7 in light of government and academic data to determine whether vulnerable populations are adequately protected.

c. Reputation Review: I will analyze the reputation of Canada's current MAiD laws in domestic and international news, as well as other organizations, by identifying key themes and recurring keywords. This may be done using Python's NLTK or a similar word processor. Working lists of potential organizations and keywords can be found in Appendices I and J, respectively.

3. Post-Research Tasks

a. Research synthesis: I will synthesize the findings from my expert interviews, sentiment analysis, case mapping, and comparative legal research to identify the most effective policies for protecting vulnerable Canadians. This integrative step will involve critically reassessing the preliminary arguments made both in Parliament and in academic discourse and evaluating them against the real-world implications revealed through my methodological analyses. Through this, I aim to develop evidence-informed recommendations for future policy improvements.

b. Policy recommendations: After synthesizing my research, I will use my findings to develop evidence-based policy recommendations for Canada and other jurisdictions seeking to enhance their assisted-dying laws. I will also conduct a policy transferability test to assess the feasibility of these recommendations for Canada and potentially other nations currently debating MAiD.

Training/ Certifications Needed

The most significant training I will need to undertake pertains to the quantitative sentiment analysis of Parliamentary debates and the reputation review of Canadian MAiD laws. This process will involve developing competency with Python's Natural Language Toolkit to effectively conduct my analyses (~5 days of training). **This training will be completed before the research period**, during the months of May and early June.

I will also engage in learning about the development of geospatial maps in order to develop a map that consolidates cases of individual interactions with MAiD in Canada. This will primarily involve proficiency in basic computer programming (~10 days of training).

Research Location

I will be situated in Mississauga this summer for the duration of my research. Such a location will grant me access to UTM and its facilities and the U of T St. George campus and its facilities. My situation in Mississauga will also enable me to attend U of T MAiD events in Toronto.

Research Ethics Board

As of now, my research will require REB approval for the expert interviews I will conduct. However, this will be confirmed/obtained after an official application is submitted in collaboration with my research advisor to the Research Ethics Review team using the MRHP system. This application is currently in progress and will be completed within a week.

Timeline

May 1 to June 16: Train with Python's NLTK; prepare for geospatial map-making; and gather literature and data.

Weeks 1-2 (June 16-27): Literature review; Court analysis; Parliament analysis

Week 3 (June 30-July 4): Case analysis; Special Nuance: RELIGION

Week 4 (July 7-11): Expert interviews; Data review; Reputation review; Special Nuance: INDIGENOUS PEOPLES

Week 5 (July 14-18): Comparative analysis

Week 6 (July 21-27): Research synthesis; Policy recommendations

Resources & Support Needed

At the moment, the key resources I will depend on are my research advisors. My primary advisor, Christopher Greenaway, is proficient in word analysis and will be able to aid me in my effective employment of Python's NLTK. I will also work with him to access the LiPad corpus of Parliamentary debates necessary to conduct my analysis.

Moreover, my secondary research advisor, U of T doctoral candidate Matthew Palynchuk, who completed his Masters with a focus on assisted dying, will be of great help in developing the finer facets of my research and even determining potential interviewees.

My research will heavily depend on literature. While most of this literature is free, some (primarily books on MAiD) cost money. Such purchases will be made using my funding from the Foundation. Free literature will be access via U of T's libraries and online academic platforms.

Potential Impact

Perhaps the key contribution of this research to the developing field of assisted dying is how its findings can be employed by jurisdictions that seek to introduce, revamp, or even end assisted-dying policies.

Today, assisted dying is available, in varying forms of permissiveness, to 300 million people around the world (Walsh 2024). Furthermore, assisted dying laws have been introduced relatively recently, indicating that it is a social issue whose consideration has only just been considered. This is evidenced by the countries which have recently dealt with the assisted-dying question, such as the UK, where it is still being debated (BBC 2025), Portugal, which legalized MAID after numerous unsuccessful attempts (AFP in Lisbon, 2023), or Peru, where an exception was made despite it still being illegal (Reuters 2024).

Given MAID's relevance on the international judicial and political stages, research into it is imperative to guide jurisdictions in developing MAID frameworks that are both effective and considerate of the complex subject's many nuances. Furthermore, this research is critical in Canada as well, given the significant amount of conflict regarding the provisions of Bill C-7, and specifically the controversial clause which affords MAID to the mentally ill, which is set to be instituted in 2027 after being pushed back twice. By considering the arguments on both sides of Bill C-7 and evaluating them in light of evidence and comparisons to other jurisdictions, more light can be shed on what route should be taken on such an issue.

Moreover, MAID, as a controversial social issue, is joined by other topics defined by their intersection of the medical and legal fields, such as abortion and gender-affirming surgery. The methodologies and analyses employed in my research, along with certain general findings, can be carried over and used to examine policies regarding such topics in order to make them even more effective and safe.

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Appendix

Appendix A: Thinkers

Trudo Lemmens, Isabel Grant, Joshua Briscoe, Sammy Chown, Patrick Craine, Heidi Janz, Ameil Joseph, Robert Olsen, UN Special Rapporteurs, Joel Reynolds, Margot Young, Jocelyn Downie, Udo Schuklenk, Dying with Dignity, Mona Gupta, Michelle Knox, Adrian Wagg, Ricarda M. Konder, Timothy Christie, Kayla Wiebe, Amy Mullin, John Koewn, Margaret P. Battin, Rosamond Rhodes, Anita Silvers, Leslie P. Francis, Christopher A. Riddle, Jonas-Sébastien Beaudry (plus additional experts drawn from the 81 witnesses who appeared before the Senate legal committee during Parliamentary debates concerning Bill C7)

Appendix B: Literature

1. About

- a. [Physician Assisted Suicide: Expanding the Debate \(1998\); Battin, Rhodes, and Silvers](#)
- b. [Death, Dying and the Ending of Life 2007\); Leslie P. Francis, Edited by Margaret P. Battin](#)
- c. [This is Assisted Dying: A Doctor's Story of Empowering Patients at the End of Life \(2022\); Stefanie Green](#)

2. For

- a. Peter Singer
 - i. [Rethinking Life and Death: The collapse of our traditional ethics \(1999\); Singer](#)
 - ii. [We should end the suffering of patients who know they are dying and want to do so peacefully \(The Guardian: 2017\)](#)
 - iii. [Choice in Dying Comes to the UK \(Project Syndicate: 2024\)](#)
 - iv. [Peter Singer: I would choose assisted dying \(UnHerd: 2024\)](#)
 - v. [Peter Singer on Euthanasia \(Pauer-Studer; 1993\)](#)
- b. Christopher A Riddle
 - i. [Assisted Dying and Disability \(Riddle; 2017\)](#)
 - ii. [Is medical aid in dying discriminatory \(Riddle; 2024\)](#)
 - iii. [Assisted dying, disability rights, and medical error \(2018\)](#)
 - iv. [Medical Aid in Dying: The Case of Disability \(New directions in the ethics of assisted suicide and euthanasia \(2023\)\)](#)

3. Against

- a. [Euthanasia, Ethics, and Public Policy: An Argument Against Legalisation \(2002\); John Keown](#)
- b. [Unravelling MAiD in Canada \(2025\); Coelho, Gaiind, Lemmens](#)
- c. [Death Talk: The Case Against Euthanasia and Physican-Assisted Suicide \(2nd ed. 2014\); Margaret Somerville](#)
- d. [Deathbed Disputation: a response to Peter Singer \(2002\); Somerville](#)
- e. [Disability-based arguments against assisted-dying laws \(Colburn; 2022\)](#)

Appendix C: Legal Developments

1. Historical legal developments
 1. R. v Rodriguez (1993)
 2. Carter v. Canada (2014)
 3. Truchon v. Attorney General of Canada (2019)
2. Constitutional Analysis
 1. Charkaoui v. Canada (2007)
 2. Fraser v. Canada (2020)
 3. R. v. Malmö-Levine; R. v. Caine (2003)

Appendix D : Cases

1. General
 1. [JMM, 2024; BC man with bipolar disorder and back pain who accessed MAiD](#)
 2. [Roger Foley, 2018: Offered MAiD instead of being properly cared for](#)
 3. [Peter Thurley, 2023: Claiming MAiD for disabled is ‘coercive’ and ‘eugenicist’ gives opponents ammunition to end the program \(Thurley, CBC, 2023\)](#)
 4. [Canadians with nonterminal conditions sought assisted dying for social reasons \(Associated Press, The Guardian; 2024\)](#)
2. Handling of MAiD by healthcare
 1. [Christine Gauthier, 2022: Canadian Olympian offered MAiD while seeking to add a wheelchair lift to her house](#)
 2. [Vancouver Coastal Health, 2022: Asking patients seeking mental healthcare if they would consider MAiD](#)
 3. [Mother of women with cerebral palsy, 2017: Told by doctor with daughter in room that not applying for MAiD was selfish](#)
 4. [CAF member, 2022: Offered MAiD while seeking assistance for PTSD](#)
 5. [M.V. and W.V, 2024: MV approved for MAiD but WV says her situation is not sufficient for the procedure](#)
1. Accessing MAiD due to other situations
 1. [Rosina Kamis, 2021: Accessed MAiD while facing financial hardship and social isolation](#)
 2. [Sophia, 2022: Accessed MAiD after not being able to obtain housing that accommodated her chemical sensitivity](#)
 3. [St. Catharines man, 2022: Applied for MAiD after not being able to access housing](#)

Appendix E : Interview Topics

1. Personal opinion on MAiD in Canada and why they hold that belief
2. Philosophy and Ethics
 - a. What philosophical, ethical, medical, legal or religious contexts guide your beliefs?
2. Legal and Policy
 - a. Does Bill C-7 adequately protect vulnerable Canadians?

- b. Should mental illness be considered a reasonable ground for accessing MAiD?
- c. Was the removal of the “reasonably foreseeable death” requirement reasonable?
- d. What basic safeguards should be present to best protect vulnerable Canadians?
- e. Are the current evaluation processes sufficient?
- 3. Practical Implications (Especially for medical professionals)
 - a. Do you perceive any issues created in the clinical setting by Bill C-7? (e.g. eligibility criteria)
 - b. What training/support do practitioners require to properly evaluate vulnerability?
 - c. Are there any communities which face disproportionate challenges in the implementation of MAiD? (rural, Indigenous communities, etc.)
- 4. Comparative and International Approaches
 - a. Is there an international exemplar model of an assisted-dying framework?
 - i. What lessons can be learned from it?
 - ii. Can such lessons be implemented in Canada?
 - iii. If not, why? (e.g. different ethical and cultural context)
- 5. Data and Accountability
 - a. Is there sufficient oversight of MAiD implementation?
 - b. How should the success of MAiD policies be measured?
 - c. Is there sufficient data collection in regards to MAiD-specific metrics?
- 6. Public Perception
 - a. How has Bill C-7 and its controversy impacted public opinion regarding assisted-dying?
 - b. What is the general public opinion regarding Bill C-7 and its increased permissiveness?
 - c. What role might public engagement play in policy developments in regards to MAiD?

Appendix F: Potential Interviewees

Current candidates: Trudo Lemmens, Ramona Coelho, Jocelyn Downie, Christopher A. Riddle.

Selection Pool: Trudo Lemmens, Ramona Coelho, K. Sonu Gaind, Isabel Grant, Joshua Briscoe, Sammy Chown, Patrick Craine, Heidi Janz, Ameil Joseph, Robert Olsen, UN Special Rapporteurs, Joel Reynolds, Margot Young, Jocelyn Downie, Udo Schuklenk, Dying with Dignity, Mona Gupta, Michelle Knox, Adrian Wagg, Ricarda M. Konder, Timothy Christie, Kayla Wiebe, Amy Mullin, John Koewn, Margaret P. Battin, Rosamond Rhodes, Anita Silvers, Leslie P. Francis, Christopher A. Riddle, Jonas-Sébastien Beaudry (plus additional experts drawn from the 81 witnesses who appeared before the Senate legal committee during Parliamentary debates concerning Bill C-7)

Appendix G : Comparison Points

Eligibility criteria; mental illness; evaluation process and timeline; safeguards; practitioners and their funding; oversight mechanisms; public reporting; vulnerability concerns; key policy debates; key academic controversies; public opinion.

Appendix H : Parliamentary Sessions and Hearings

1. [43rd Parliament, 1st Session; December 5, 2019 to August 18, 2020; An Act to amend the Criminal Code \(medical assistance in dying\)](#)
2. [43rd Parliament, 2nd Session; September 23, 2020 to August 15, 2021; An Act to amend the Criminal Code \(medical assistance in dying\)](#)
3. [Senate legal Committee pre-study report on Bill C-7](#)
4. [86 written briefs received and considered by the Committee](#)
5. [JUST Committee meeting, November 3, 2020](#)
6. [Bill to Amend, Hon. Chantal Petitclerc; February 8, 2021](#)

Appendix I: Organizations

CTV, CBC, BBC, CNN, Al Jazeera, National Post, Jacobin, The Spectator
United Nations, [Dying with Dignity](#), Inclusion Canada, Christian Action, Research and Foundation, [The Evangelical Fellowship of Canada](#)

Appendix J: Keywords and Themes

Supportive keywords: Compassion, autonomy, human rights, dignity, patient choice, progressive, accessibility, leader

Supportive themes: Expansion of rights, progressiveness, accessibility

Critical keywords: Vulnerable, coercion, concerns, exploitation, slippery slope, social determinants, abuse, discrimination

Critical themes: Protection of vulnerable groups, ethical dilemmas, significant number of MAID-related deaths