

Protection of Conscience Project

www.consciencelaws.org

ADVISORY BOARD

lain Benson, PhD Professor of Law, University of Notre Dame Australia; Extraordinary Professor of Law, University of the Free State, Bloemfontein South Africa

J. Budziszewski, PhD Professor, Departments of Government & Philosophy, University of Texas, (Austin) USA

Shimon Glick, MD Professor (emeritus, active) Faculty of Health Sciences, Ben Gurion University of the Negev, Beer Sheva, Israel

Mary Neal, PhD Senior Lecturer in Law, University of Strathclyde, Glasgow, Scotland

David S. Oderberg, PhD, Dept. of Philosophy, University of Reading, England

Abdulaziz Sachedina,PhD Dept. of Religious Studies, University of Virginia, Charlottesville, Virginia, USA

Roger Trigg, MA, DPhil Senior Research Fellow, Ian Ramsey Centre for Science and Religion, University of Oxford, England

PROJECT TEAM

Human Rights Specialist Rocco Mimmo, LLB, LLM Ambrose Centre for Religious Liberty, Sydney, Australia

Administrator Sean Murphy

Revision Date: 2020 Sep 14

Conscience, euthanasia and assisted suicide in Manitoba

The Medical Assistance in Dying (Protection for Health Professionals and Others) Act

Sean Murphy, Administrator Protection of Conscience Project

Manitoba is the only Canadian province with a stand-alone statute that protects health care professionals who refuse to provide services: the *Medical Assistance in Dying (Protection for Health Professionals and Others) Act* (MAiD Act).¹

The *MAiD Act* is a procedure-specific law applying only to euthanasia and assisted suicide. It protects all regulated professionals who refuse to provide or "aid in the provision" of the procedures on the basis of personal convictions from professional disciplinary proceedings and adverse employment consequences because they have refused. They remain liable for other misconduct in relation to the refusal.

"Aid in the provision" is not defined. A narrow reading could limit protection against coercion to acts closely associated with the administration of a lethal substance, like inserting an IV line or dispensing lethal drugs. A broad reading could extend it to include facilitation by referral or other means. However, based on the *Janaway*² and *Doogan*³ cases in the United Kingdom (in which the key term, "participate," was restricted to "hands on" activity), a narrow reading of "aid in the provision" is possible.

Professional obligations in relation to refusal are untouched by the law. Regulators remain free to specify obligations that do not prevent or conflict with refusal to provide or aid in the provision of euthanasia and assisted suicide. Based on a narrow interpretation of "aid," this could include facilitation by referral to an EAS practitioner. This would be unacceptable to objecting professionals who consider that to entail complicity in killing patients.



Notes

- 1. *Medical Assistance in Dying (Protection for Health Professionals and Others) Act*, CCSM c M92, online: http://web2.gov.mb.ca/laws/statutes/ccsm/ pdf.php?cap=m92>.
- 2. *R v Salford Health Authority, Ex p Janaway* [1989] AC 537, online: http://www.bailii.org/uk/cases/UKHL/1988/17.html>.
- 3. *Greater Glasgow Health Board (Appellant) v Doogan and another (Respondents) (Scotland)* [2014] UKSC 68 at para 37—38, online:
- https://www.supremecourt.uk/cases/docs/uksc-2013-0124-judgment.pdf#page=16>