# SUPPORT FOR ACCESS TO MEDICALLY-ASSISTED DYING IN CANADA

JANUARY 26, 2023

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DYING WITH DIGNITY CANADA

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# Objectives

- In 2021, the federal government expanded access to medical assistance in dying (MAID) for adults to include those with a physical illness but whose death was not reasonably foreseeable. Recently, the government has now included those with a grievous and irremediable mental disorder and whose suffering is intolerable. However, It has been suggested by some that only patients experiencing physical illnesses and conditions should be extended the option of MAID and that those solely with a mental disorder should not be able to access medical assistance in dying.
- Thus, the objective of this poll was **to understand the degree to which Canadians agree or disagree with the idea that an adult with the capacity to provide informed consent should be able to seek an assessment for medical assistance in dying for a severe, treatment-resistant mental disorder for which they experience intolerable suffering.**

# Methodology

- These are the findings of an Ipsos poll conducted on behalf of Dying With Dignity Canada.
- A sample of **1,000 Canadians** aged 18 years and over was interviewed on the Ipsos I-Say Panel from **January 19 to January 24, 2023**.
- Weighting was employed to ensure that the sample's composition reflects the overall population according to latest census information.
- The precision of online polls is measured using a credibility interval. In this case, the results are accurate to within **+/- 3.5 percentage points**, 19 times out of 20, of what the results would have been had all Canadian adults been polled.
- Credibility intervals are wider among subsets of the population. More specifically, sample sizes and credibility intervals for regional data are as follows:

Note: Sample sizes are based on unweighted data.

# Strong support for access to MAID assessment for those suffering solely from a severe mental illness.

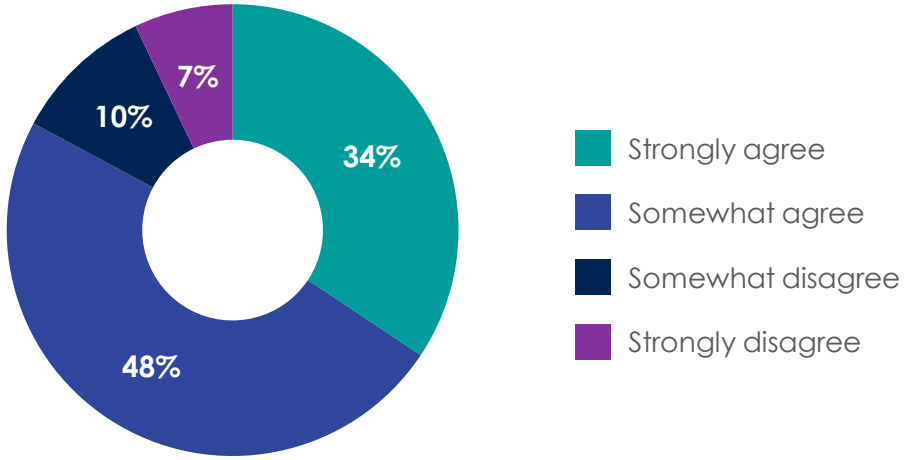
A strong majority (82%) of Canadians agree that with the appropriate safeguards in place, an adult with the capacity to provide informed consent should be able to seek an assessment for medical assistance in dying for a severe, treatment-resistant mental disorder for which they experience intolerable suffering. Support is comprised of 34% who strongly support and 48% who somewhat.

Younger Canadians tend to be more supportive of this policy: those between the ages of 18-34 (87%) exhibit stronger levels of agreement than those aged 35-54 (77%). Interestingly, those over the age of 55 (41%) are more likely to *strongly* agree than those between the ages of 18-34 (29%) and 35-54 (32%).

Moreover, Quebec residents (91%) are more like to agree that those suffering from solely a severe mental disorder  can access the MAID assessment compared to residents in Alberta (76%), Ontario (78%) and Atlantic Canada (79%).

**82%**
**AGREE**

**18%**
**DISAGREE**




Question: In 2021, the federal government expanded access to medical assistance in dying (MAID) for adults to include those with a physical illness but whose death was not reasonably foreseeable.  The government is now including those with a grievous and irremediable mental disorder and whose suffering is intolerable. However, It has been suggested by some that only patients experiencing physical illnesses and conditions should be extended the option of MAID and that those solely with a mental disorder should not be able to access medical assistance in dying. Do you agree or disagree with the following statement: With appropriate safeguards in place, an adult with the capacity to provide informed consent should be able to seek an assessment for medical assistance in dying for a severe, treatment-resistant mental disorder for which they experience intolerable suffering.
Base: All respondents (n=1000).

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# By Key Demographics

| | | AGE | | | REGION | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total | 18-34 | 35-54 | 55+ | BC | AB | SK/MB | ON | QC | Atlantic |
| | | A | B | C | E | F | G | H | I | J |
| Base: All respondents | n = 1000 | 198 | 428 | 375 | 129 | 97 | 66 | 380 | 243 | 86 |
| Strongly agree | 34% | 29% | 32% | **41% AB** | 42% | 33% | 26% | 30% | 39% | 39% |
| Somewhat agree | 48% | **57% C** | 46% | 43% | 44% | 43% | 59% | 48% | 52% | 40% |
| Somewhat disagree | 10% | 8% | 13% | 9% | 9% | **15% I*** | 13% | 11% | 6% | **16% I*** |
| Strongly disagree | 7% | 5% | 10% | 7% | 5% | 9% | 2% | **11% I** | 3% | 5% |
| NET: Agree (T2B) | 86% | **87% C** | 77% | 84% | 86% | 76% | 85% | 78% | **91% EHJ** | 79% |
| NET: Disagree (B2B) | 18% | 13% | **23% A** | 16% | 14% | **24% I*** | 15% | **22% I*** | 9% | **21% I*** |

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Base: All respondents (n=1000).
Note: The * indicates a small sample size (n < 30).

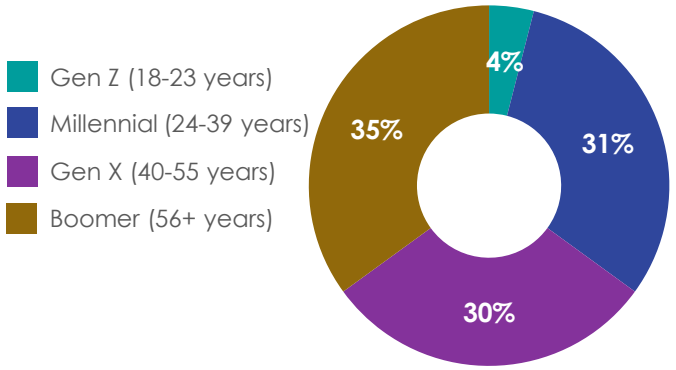
# Sample Demographics

## Gender

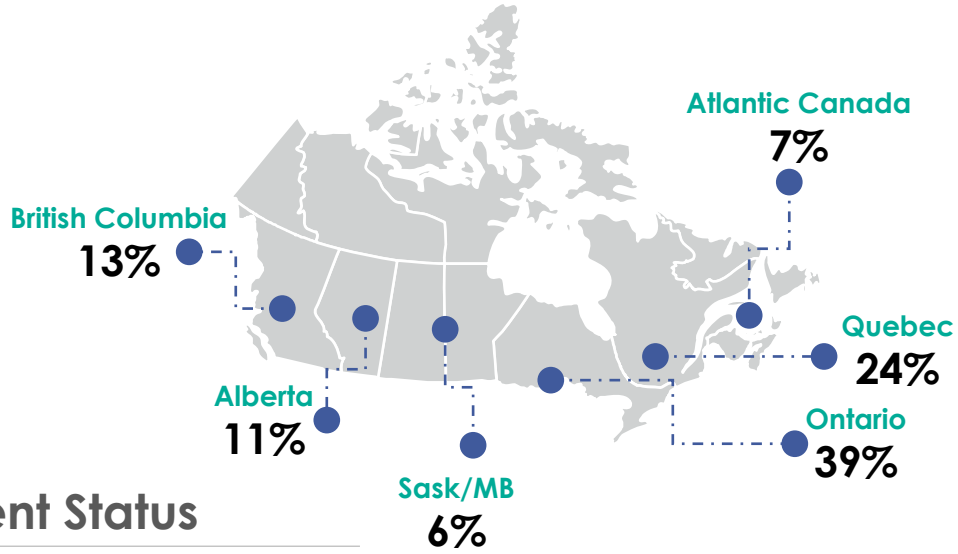
49% Male

51% Female

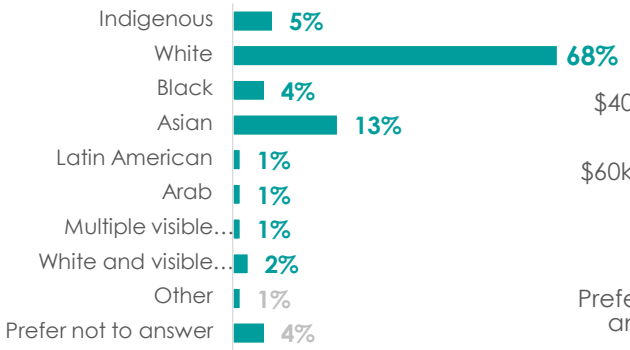
## Age



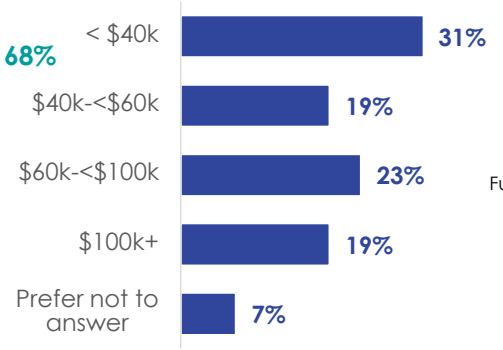

## Region



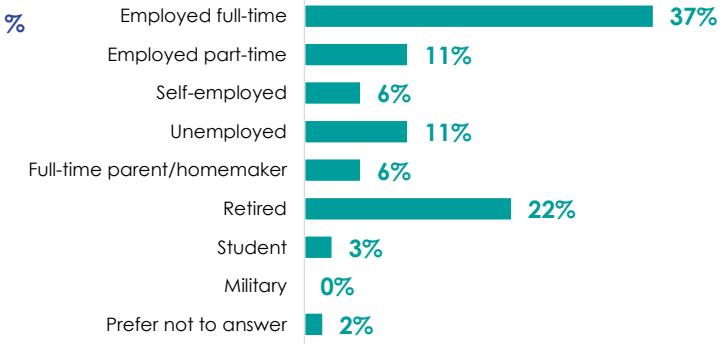

## Ethnic Identity



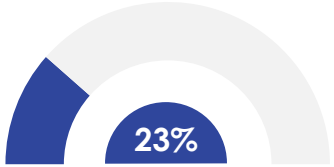

## Income



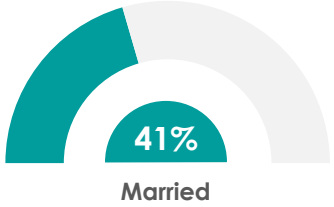

## Employment Status




## Household Composition




## Marital Status




## Education

15% <HS

28% HS

34% Post-Sec.

24% Univ. Grad

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# Ipsos Contact Information


**Sean Simpson**

Senior Vice President, Public Affairs
Sean.Simpson@ipsos.com

**Lisa Byers**

Account Manager, Public Affairs
Lisa.Byers@ipsos.com

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