SUPPORT FOR MEDICALLY-ASSISTED DYING IN CANADA

June 30, 2023

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DYING WITH DIGNITY CANADA

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Summary

Support for MAID and advance requests among Canadians remains strong with only minor decreases despite increased news coverage and debate. Strong support is shown for publicly funded health care facilities to provide the full range of health care services (e.g. staff, equipment) including MAID if they are equipped for it. Stronger support is shown for doctors to share information for those seeking information about end-of-life choices. More specifically:

- 84% support the Carter v Canada decision, relatively unchanged since last year.
- 78% support the removal of the "reasonably foreseeable" requirement from the existing MAID law, down 4 points from 2022.
- 82% support advance requests for those with a grievous and irremediable condition, although down slightly (-3) this year.
- 72% support advance requests even if no grievous or irremediable condition exists, down 5 points from last year.
- 73% believe that publicly funded health care facilities should be required to provide the full range of health care services, including MAID, if they have the proper equipment and staff to do so.
- 82% agree that the doctor should direct the patient to the assisted dying team in the local health authority to get more information and find out about the process for seeking an assessment in a timely manner from another clinician.
- 71% support the ability for mature minors to request and be considered eligible for MAID, providing they meet all criteria under the law.
- 73% agree that clinicians must put patients' primary interests ahead of their own morals and values.
- 80% support access to MAID for those suffering solely from a severe mental illness, relatively unchanged from 2022.

Demographic trends that were highlighted last year have continued into 2023, with a majority of every demographic segment studied continuing to support greater access to MAID in each case. In particular:

- Millennials, Gen Xers and Boomers are more likely to support for access and advanced requests to MAID than Gen Zers and Millennials (although nearly half of these two groups support MAID). Boomers are more likely than younger generations to support the notion that of publicly funded health care facilities should offer the full range of health care services, including MAID, as well as doctors providing information on MAID for those seeking it; however, again, younger generations still show relatively high support for this.
- Although a strong BIPOC majority support access and advance requests to MAID. A strong BIPOC majority support access and advance requests to MAID, although BIPOC community members are less likely to support (regarding access and advance requests to) MAID compared to Canadians who do not identify as BIPOC.
- Although Canadians with no religious affiliation tend to have more support for MAID than Canadians who are religious, including other aspects of the service (i.e., providing more information on MAID, access to MAID for those with a severe mental illness, and clinicians' putting the patients' interest ahead of their own), a strong majority of Catholics and Protestants support the legislation.
- Canadians with a physical disability are significantly more likely than those with no physical disability to strongly support advance requests for those with no grievous and irremediable condition.

Methodology

- These are the findings of an Ipsos poll conducted on behalf of Dying With Dignity Canada.
- A sample of **3,502 Canadians** aged 18 years and over was interviewed on the Ipsos I-Say Panel from **June 7 to 12, 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 **+/- 1.9 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:

	Sample size	Credibility interval
BC	512	+/- 4.9%
AB	375	+/- 5.8%
SK/MB	238	+/- 7.2%
ON	1452	+/- 2.9%
QC	672	+/- 4.3%
Atlantic	253	+/- 7.0%

Note: Sample sizes are based on unweighted data.

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Continued strong support for the *Carter v Canada* decision.

Support among Canadians for the *Carter v Canada* decision is relatively stable from last year at 84% (-2).

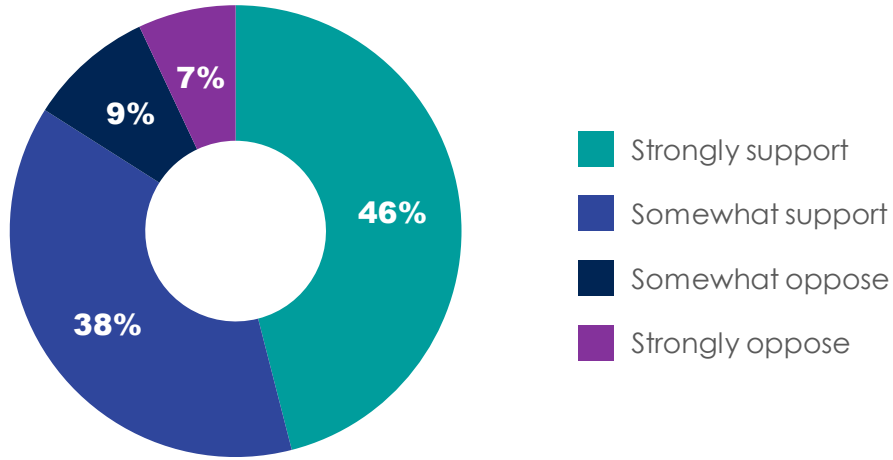
Several subgroups show even stronger support for the Supreme Court's decision to recognize medical assistance in dying in 2015, especially older Canadians (55+ at 89%).

While Canadians who identify as BIPOC are less likely to support the decision, it is still strong at 79% (-1).

Regarding religious identity, Canadians who do not identify with a religion tend to have more support for *Carter v Canada* (90%, -1) than those who are Catholic (83%, -4) and Protestant (79%, -3), but even among these faith communities, support is very high.

84% **Support**

16% **Oppose**



Q5. The Supreme Court of Canada recognized medical assistance in dying as a constitutionally-protected right. According to the court's 2015 *Carter v Canada* decision, a person has a right to Medical Assistance in Dying (MAID) if they satisfy all the following criteria: they are a competent adult; they have a grievous and irremediable medical condition (illness, disease or disability); their condition causes them suffering that is intolerable to them; **and** they clearly consent to the termination of life. Do you support or oppose the Supreme Court's decision?
Base: All respondents (n=3502).

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Support for *Carter v Canada* decision

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n=3502	362	1044	942	1139	512	375	238	1452	672	253
Strongly support	46%	31%	**45% A**	**47% A**	**51% ABC**	46%	42%	38%	45%	**51% FGH**	46%
Somewhat support	38%	**46% BCD**	38%	35%	38%	38%	39%	40%	39%	37%	38%
Somewhat oppose	9%	**16% BCD**	**9% D**	**10% D**	6%	9%	8%	**13% I**	**10% I**	6%	9%
Strongly oppose	7%	6%	**8% D**	**9% D**	5%	7%	**11% HI**	9%	6%	6%	8%
NET: Support (T2B)	84%	77%	**84% J**	81%	**89% JKL**	84%	81%	78%	84%	**88% FGH**	83%
NET: Oppose (B2B)	16%	23%	**16% KM**	**19% M**	**11% M**	16%	**19% I**	**22% I**	**16% I**	12%	17%

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protest-ant	None	Other	DK/REF
		A	B	C	D	E	F	G u	H v	I w	J x	K y
Base: All respondents	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
Strongly support	46%	36%	**48% A**	46%	46%	**52% F**	45%	**44% K**	**43% K**	**50% GHK**	**48% K**	26%
Somewhat support	38%	**43% B**	37%	37%	39%	36%	38%	39%	36%	40%	36%	39%
Somewhat oppose	9%	**12% B**	8%	9%	9%	6%	9%	10%	10%	7%	8%	21%
Strongly oppose	7%	**9%**	7%	7%	7%	6%	7%	**7% I**	**11% GIJ**	2%	**7% I**	**14% GIJ***
NET: Support (T2B)	86%	79%	**85% A**	83%	84%	88%	84%	**83% K**	**79% K**	**90% GHJK**	**84% HK**	65% *
NET: Oppose (B2B)	16%	**21% B**	15%	17%	16%	12%	16%	**17% I**	**21% IJ**	10%	**16% I**	**35% GHIJ***

* Small base size

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Slight decrease in support for removing "Reasonably Foreseeable" requirement from federal assisted-dying law, but still strong.

Eight in ten (78%, -4) Canadians support the removal of the "reasonably foreseeable" eligibility requirement from the MAID law.

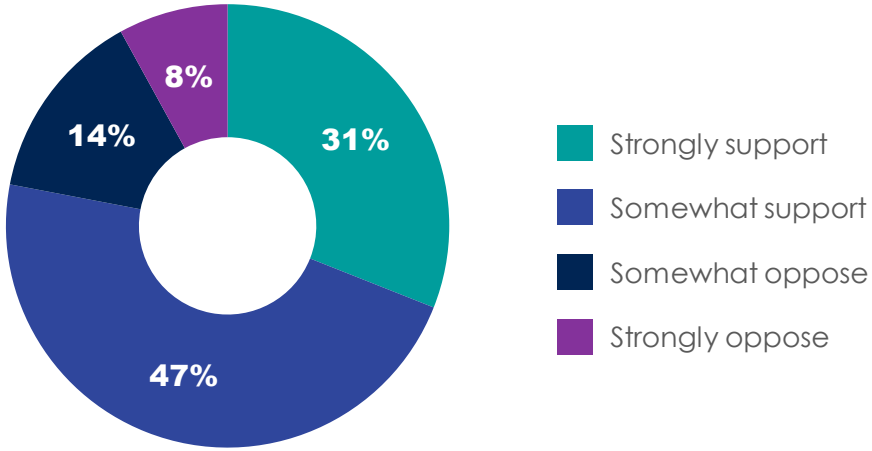
Canadians over 55 years (83%, -5) are more likely to support changes to this law, as are residents of BC (85%, -5), Ontario (78%, -4), Quebec (82%, -2) and Atlantic Canada (80%).

Those who would vote NDP in a new federal election are more likely to support this change (85%, -4), as would those who would vote for the Green (87%) and Liberal (86%) parties compared to those voting Conservative (70%), would not vote (70%) or those who are undecided (76%, -4). But even among Tory voters, a strong majority supports it.

Among the BIPOC community, 73% (-2) support the removal of the "reasonably foreseeable" requirement while 27% (+2) oppose it; among Canadians not a part of the BIPOC community, 79% (-5) support removing the requirement.

78% Support

22% Oppose



Q6. In 2016, Parliament responded to the Supreme Court's decision by passing assisted-dying legislation. This legislation limited access to medical assistance in dying to only those patients whose natural deaths are "reasonably foreseeable." This requirement was later challenged in court by two Quebec patients with severe chronic medical conditions who had been denied medical assistance in dying because their natural deaths were not "reasonably foreseeable." The court ruled that the "reasonably foreseeable" requirement was unconstitutional because it violated the plaintiff's right to personal autonomy and forced them to live in a state of intolerable suffering. In response to the court ruling, in March 2021, Parliament passed Bill C-7, removing the "reasonably foreseeable" requirement. This means that a person with intolerable suffering may be eligible for a medically-assisted death without being on an obvious trajectory towards their natural death. Bill C-7 included more stringent safeguards for this new track of eligibility. Do you support or oppose these changes to the federal assisted-dying law?
Base: All respondents (n=3502).
*Question wording differs slightly from what was asked in 2021.

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Support for removing "Reasonably Foreseeable" requirement

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n=3502	362	1044	942	1139	512	375	238	1452	672	253
Strongly support	31%	18%	**27% A**	**32% AB**	**39% ABC**	**31% G**	29%	23%	**31% G**	**33% G**	**33% G**
Somewhat support	47%	**55% CD**	48%	45%	45%	48%	44%	45%	47%	49%	47%
Somewhat oppose	14%	**22% CD**	**17% CD**	12%	11%	15%	15%	**19% H**	15%	12%	12%
Strongly oppose	8%	5%	8%	**11% AD**	6%	5%	**12% EHI**	**13% EHI**	7%	6%	8%
NET: Support (T2B)	78%	73%	75%	77%	**83% ABC**	**80% FG**	73%	68%	**78% G**	**82% FG**	**80% G**
NET: Oppose (B2B)	22%	**27% D**	**25% D**	23%	**17% D**	20%	**27% EI**	**32% EHIJ**	22%	18%	20%

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protest-ant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
Strongly support	31%	22%	**33% A**	31%	31%	35%	30%	**29% K**	**29% K**	**33% K**	**33% K**	17%
Somewhat support	47%	51%	46%	46%	47%	45%	47%	**49% H**	43%	**50% H**	47%	42%
Somewhat oppose	14%	**20% B**	13%	14%	15%	15%	14%	13%	16%	14%	13%	**28% GHIJ***
Strongly oppose	8%	7%	8%	9%	7%	5%	8%	**9% I**	**12% I**	4%	**7% I**	**13% I***
NET: Support (T2B)	78%	73%	**79% A**	78%	78%	80%	78%	**78% HK**	**72% K**	**83% GHK**	**80% HK**	59%
NET: Oppose (B2B)	22%	**27% B**	21%	22%	22%	20%	22%	**22% I**	**28% GIJ**	17%	20%	**41% GHIJ***

* Small base size

Support for advance requests for MAID for individuals diagnosed with a grievous and irremediable condition remains high.

Eight in ten (82%, -3) Canadians support the notion of advance request for medical assistance in dying for a person that had a diagnosis of a grievous and irremediable condition.

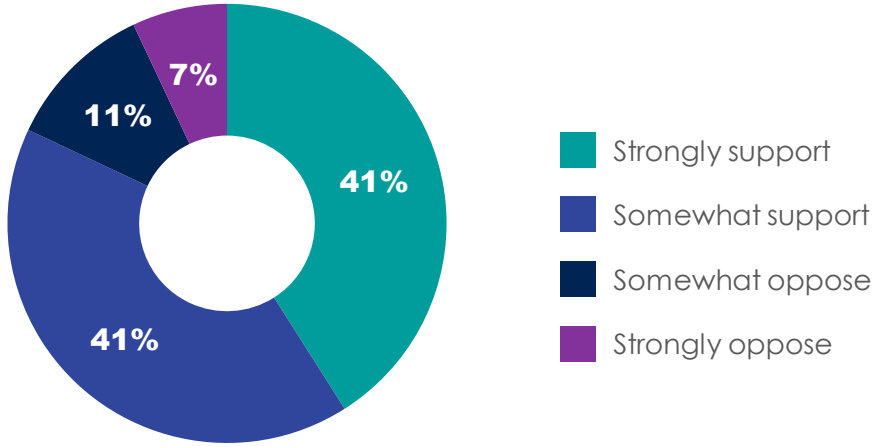
Quebec residents are significantly more likely to support this policy (87%) than those in BC (81%), Alberta (80%) and Ontario (80%). Moreover, Canadians over the age of 55 years (85%) tend to support this more than younger generations. Yet still a strong majority of every group studied supports this provision.

Canadians not a part of the BIPOC community are significantly more likely to support the notion (83%, -3), while BIPOC Canadians are less likely to support an advance request (77%).

Canadians who say they have a disability are equally supportive as those who do not have a disability, 83% and 82% respectively.

82% **Support**

18% **Oppose**



Q7. An advance request for medical assistance in dying is a request created in advance of a loss of decision-making capacity, intended to be acted upon under the circumstances outlined in the request after the person has lost decisional capacity (competency). Would you support an advance request for medical assistance in dying for a person that had a diagnosis of a grievous and irremediable condition? For example, if a patient has a diagnosis of dementia and, while they are still competent, requests that medical assistance in dying be provided when they reach the circumstances outlined in their advance request?
Base: All respondents (n=3502).
*Question wording differs slightly from what was asked in 2021.

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Support for advance requests

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n=3502	362	1044	942	1139	512	375	238	1452	672	253
Strongly support	41%	30%	39% A	40% A	47% ABC	40%	34%	41%	37%	**50% EFGHJ**	40%
Somewhat support	41%	46% D	43%	40%	39%	40%	46% I	40%	43%	37%	42%
Somewhat oppose	11%	18% BCD	11%	11%	9%	**14% I**	11%	10%	**14% I**	7%	9%
Strongly oppose	7%	6%	7%	9% D	5%	5%	9%	8%	6%	6%	8%
NET: Support (T2B)	82%	76%	**82% A**	80%	**86% ABC**	81%	80%	81%	80%	**87% EFH**	83%
NET: Oppose (B2B)	18%	**24% BD**	**18% D**	**20% D**	14%	**19% I**	**20% I**	19%	**20% I**	13%	17%

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
Strongly support	41%	31%	**43% A**	43%	40%	**50% F**	40%	**40% K**	**36% K**	**43% HK**	**45% HK**	20%*
Somewhat support	41%	**46% B**	40%	40%	42%	38%	42%	42%	39%	**44% J**	38%	**53% HJ***
Somewhat oppose	11%	**15% B**	11%	11%	11%	9%	12%	11%	13%	11%	10%	17%*
Strongly oppose	7%	8%	6%	6%	7%	4%	7%	**7% J**	**11% GIJ**	2%	**7% I**	**10% I***
NET: Support (T2B)	82%	77%	**83% A**	83%	82%	**87% F**	82%	**82% H**	76%	**87% GHJK**	**83% HK**	73%*
NET: Oppose (B2B)	18%	**23% B**	17%	17%	18%	13%	**18% E**	**18% I**	**24% GIJ**	13%	**17% I**	**27% IJ***

* Small base size

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Seven in ten support advance requests for individuals not diagnosed with a grievous and irremediable condition.

Seven in ten (72%, -5) Canadians support an advance request for medical assistance in dying for a person who is competent at the time of the request even if they are **not diagnosed** with a grievous and irremediable condition. Although support is still high, it is 10 points lower than the support received for those **who are diagnosed** with a grievous and irremediable condition.

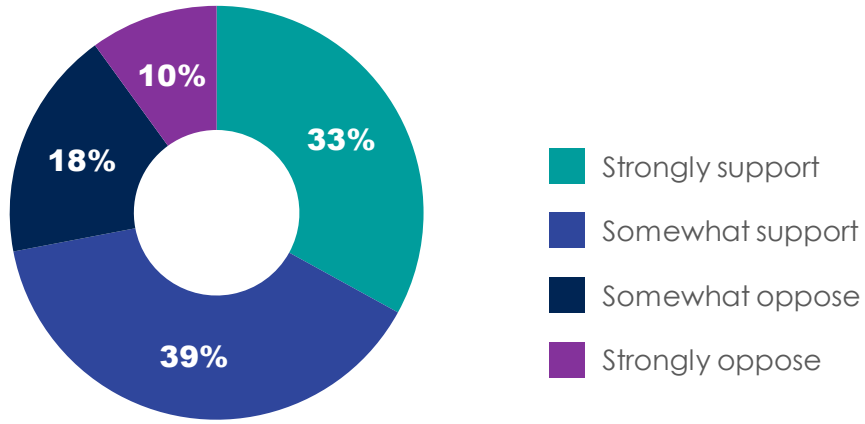
Boomers (76%, -8) are significantly more likely than Gen Zers (68%, -7) and Millennials (71%) to support an advance request for undiagnosed individuals.

Canadians with a physical disability just as likely to support this legislation (74%) vs. those without a disability (72%).

Three quarters (73%)of non-BIPOC Canadians strongly support advance requests compared to 68% of BIPOC respondents.

72% Support

28% Oppose



Q8. Would you support an advance request for medical assistance in dying for patients who are competent at the time of the request even if they are not diagnosed with a grievous and irremediable medical condition? For example, a person with no history of cardiovascular disease may wish to write an advance request specifying that they are to receive an assisted death if they have a stroke and are unable to move or communicate.
Base = All respondents (n=3502)
*Question wording differs slightly from what was asked in 2021.

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Advance requests for those with no grievous and irremediable condition

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n=3502	362	1044	942	1139	512	375	238	1452	672	253
Strongly support	33%	22%	**33% A**	**33% A**	**38% AB**	33%	33%	32%	32%	36%	36%
Somewhat support	39%	**46% ABC**	37%	39%	38%	40%	39%	38%	40%	37%	37%
Somewhat oppose	18%	**24% CD**	**19% D**	17%	15%	19%	16%	18%	18%	18%	18%
Strongly oppose	10%	9%	10%	11%	9%	8%	12%	13%	10%	9%	9%
NET: Support (T2B)	72%	68%	71%	72%	**76% AB**	73%	72%	69%	72%	74%	73%
NET: Oppose (B2B)	28%	**32% D**	**29% D**	28%	24%	27%	28%	31%	28%	26%	27%

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
Strongly support	33%	24%	**35% A**	34%	33%	**40% F**	33%	**30% K**	**31% K**	**34% K**	**40% GHIK**	14%
Somewhat support	39%	**44% B**	38%	40%	39%	37%	39%	**42% HJ**	32%	44%	**35% HJ**	44%
Somewhat oppose	18%	**23% B**	17%	17%	18%	17%	18%	17%	**21% J**	17%	16%	**28% GIH***
Strongly oppose	10%	9%	10%	9%	10%	6%	**10% E**	**11% H**	**16% GHJ**	5%	**9% H**	**14% H***
NET: Support (T2B)	72%	68%	**73% A**	74%	72%	77%	72%	**72% HK**	64%	**78% GHK**	**75% HK**	58%
NET: Oppose (B2B)	28%	**32% B**	27%	26%	28%	23%	28%	**28% I**	**36% GIJ**	22%	25%	**42% GIJ***

* Small base size

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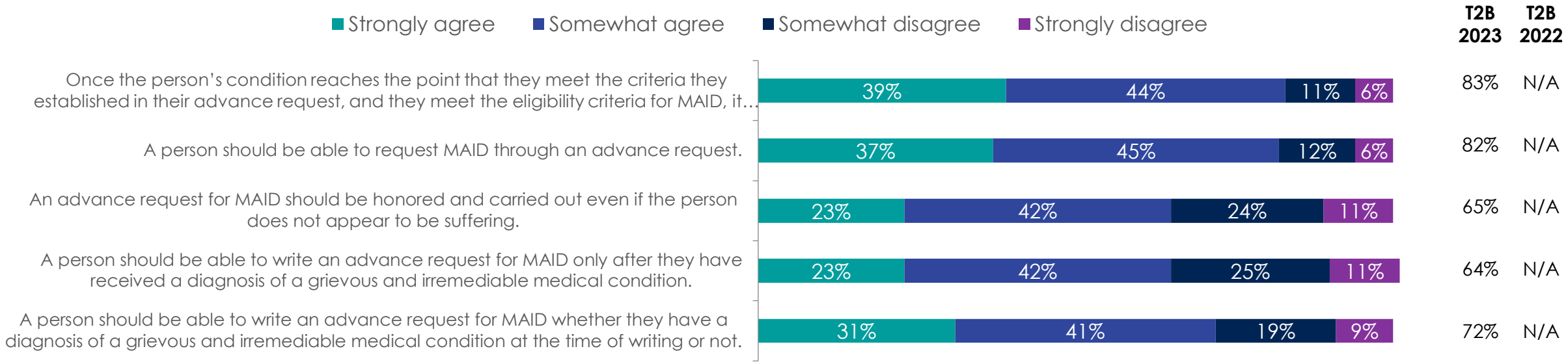
83% of Canadians agree that if a person meets all criteria for MAID, their wish to receive MAID should be complied with.

Eight in ten (83%) agree (39% strongly, 44% somewhat) that once a person's condition reaches the point that they meet the criteria they established in their advance request, and they meet the eligibility criteria for MAID, it should be obligatory that their wish to receive MAID is complied with. Boomers (85%, -5) are significantly more likely to agree that a person should be able to request MAID in advance if they meet all criteria and that that request should be complied with.

Two thirds (65%) agree that an advance request for MAID should be honoured and carried out even if the person does not appear to be suffering. Millennials (67%), Gen X (64%) and Boomers (66%) are significantly more likely to agree than Gen Z (57%).

The same proportion (64%) agrees that a person should be able to write an advance request for MAID only after they have received a diagnosis of a grievous and irremediable medical condition. Moreover, an equal proportion (65%) believe that an advance request for MAID should be honoured and carried out even if the person does not appear to be suffering.



Q9: In order for a person to be able to receive medical assistance in dying once they have become incapacitated, it has been proposed that they should be able to make their wishes known in advance while still able to consent to care. Indicate your level of agreement with the following statements:
Base: A;; respondents (n=3502)
*Was phrased differently in 2022: Any advance request for medical assistance in dying that meets the person's criteria should obligatorily be complied with.

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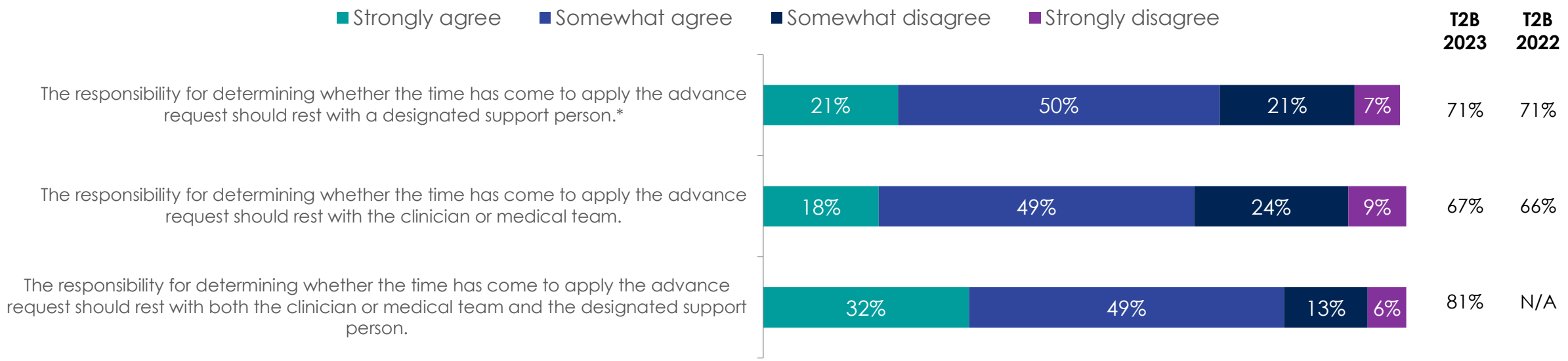
81% of Canadians agree that the responsibility for determining when the time has come to apply the advance request rests with the designated support person and the medical team.

(81%) agree (32% strongly, 49% somewhat) that the responsibility for determining whether the time has come to apply the advance request should rest with both the clinician or medical team **and** the designated support person. Boomers (85%) are again more likely to agree compared to younger generations.

71% of Canadians agree that the responsibility for determining when the time has come to apply the advance request rests with the designated support person. Two thirds (67%) agree that the request should rest with the clinician or medical team.



Q9: In order for a person to be able to receive medical assistance in dying once they have become incapacitated, it has been proposed that they should be able to make their wishes known in advance while still able to consent to care. Indicate your level of agreement with the following statements:
Base: A;; respondents (n=3502)
*Was phrased differently in 2022: The responsibility for determining whether the time has come to apply the advance request should rest with the designated loved one.

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Advance consent to receive medical assistance before incapacitation (Total Agree)

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents (T2B)	n=3502	362	1044	942	1139	512	375	238	1452	672	253
Once the person's condition reaches the point that they meet the criteria they established in their advance request, and they meet the eligibility criteria for MAID, it should be obligatory that their wish to receive MAID is complied with.	83%	78%	83%	82%	**85% A**	84%	83%	83%	81%	85%	82%
A person should be able to request MAID through an advance request.	82%	75%	**81% A**	79%	**86% ABC**	**84% F**	77%	82%	81%	83%	81%
The responsibility for determining whether the time has come to apply the advance request should rest with both the clinician or medical team and the designated support person.	81%	74%	79%	79%	**85% ABC**	**86% HI**	81%	79%	81%	77%	81%
A person should be able to write an advance request for MAID whether they have a diagnosis of a grievous and irremediable medical condition at the time of writing or not.	72%	64%	**73% A**	71%	**73% A**	72%	70%	71%	**74% I**	67%	**76% I**

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents (T2B)	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
Once the person's condition reaches the point that they meet the criteria they established in their advance request, and they meet the eligibility criteria for MAID, it should be obligatory that their wish to receive MAID is complied with.	83%	78%	**84% A**	84%	82%	84%	83%	**82% HK**	76%	**89% GIJK**	**83% HK**	68%
A person should be able to request MAID through an advance request.	82%	75%	**83% A**	82%	81%	86%	81%	**81% H**	76%	**85% HK**	**83% HK**	72%
The responsibility for determining whether the time has come to apply the advance request should rest with both the clinician or medical team and the designated support person.	81%	80%	81%	79%	81%	82%	80%	**81% K**	**80% K**	**86% GHJK**	**78% K**	60%
A person should be able to write an advance request for MAID whether they have a diagnosis of a grievous and irremediable medical condition at the time of writing or not.	72%	67%	**72% A**	73%	71%	**77% E**	71%	69%	67%	**76% GHK**	**73% H**	62%

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Advance consent to receive medical assistance before incapacitation (Total Agree)

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents (T2B)	n=3502	362	1044	942	1139	512	375	238	1452	672	253
The responsibility for determining whether the time has come to apply the advance request should rest with a designated support person.	71%	71%	73%	68%	71%	**74% F**	67%	69%	70%	**74% F**	71%
The responsibility for determining whether the time has come to apply the advance request should rest with the clinician or medical team.	67%	69%	**71% CD**	64%	66%	69%	64%	64%	68%	66%	69%
An advance request for MAID should be honored and carried out even if the person does not appear to be suffering.	65%	57%	**67% A**	**64% A**	**66% A**	65%	63%	65%	62%	70%	65%
A person should be able to write an advance request for MAID only after they have received a diagnosis of a grievous and irremediable medical condition.	65%	66%	**66% D**	64%	61%	66%	63%	62%	63%	66%	67%

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents (T2B)	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
The responsibility for determining whether the time has come to apply the advance request should rest with a designated support person.	71%	69%	72%	72%	71%	70%	71%	73%	69%	75% HJ	69%	67%
The responsibility for determining whether the time has come to apply the advance request should rest with the clinician or medical team.	67%	68%	67%	**70% D**	66%	67%	67%	68% H	62%	70%	67% H	63%
An advance request for MAID should be honored and carried out even if the person does not appear to be suffering.	65%	60%	**66% A**	67%	64%	71%	64%	64% H	58%	71% GHJK	66% HK	53%
A person should be able to write an advance request for MAID only after they have received a diagnosis of a grievous and irremediable medical condition.	65%	67%	64%	66%	63%	61%	65%	65% J	64%	68% J	59%	62%

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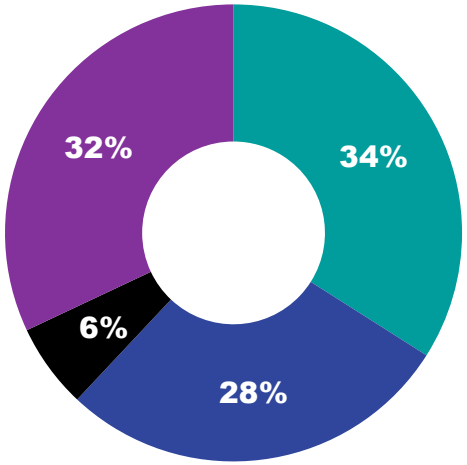
Majority (64%) says the universality and accessibility of services under the CHA means that medically lawful services should be available to all patients in publicly funded medical institutions while 6% support the idea of faith-based institutions having the discretion to withhold services selectively.

Boomers (40%) are more likely to believe this over younger generations, as are those who belong to the LGBTQ2S+ community (4%). Three in ten (28%) say that it means medically lawful services shall be available to all patients subject to the institution having the personnel and equipment to safely offer that service, a sentiment felt more strongly among healthcare providers/practitioners (34%) and Green Party supporters (46%).

A small proportion (6%) say that it means an institution may decide to withhold a medical procedure as a function of that fac ility's value system and their determination of the need or merit of the request. It is important to note, however, that 32% do not know enough to have an opinion.



- It means that medically lawful services and procedures shall be available to all patients in publicly funded medical institutions (e.g., hospitals, clinics, long-term care facilities, hospices)
- It means that medically lawful services and procedures shall be available to all patients subject to the institution, hospital or clinic having the personnel (internally or from outside of the facility/institution), expertise, and equipment necessary to safely offer that service within their facilities.
- It means an institution, hospital or clinic may decide to withhold a medical procedure or service as a function of that facility's stated value system (e.g., religious affiliation), and their determination of the need or merit of the request.
- Don't know enough to say

Q10. What does the universality and accessibility of services under the Canada Health Act mean to you? Please choose one option below.
Base: All respondents (n=3502).

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The meaning of universality and accessibility of services under the Canada Health Act

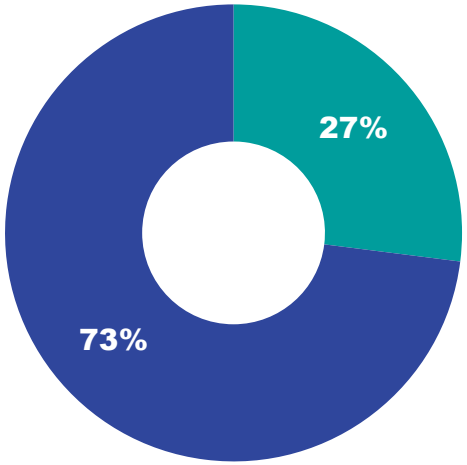
		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents (T2B)	n=3502	362	1044	942	1139	512	375	238	1452	672	253
It means that medically lawful services and procedures shall be available to all patients in publicly funded medical institutions (e.g. hospitals, clinics, long-term care facilities, hospices)	34%	28%	32%	31%	**40% ABC**	33%	33%	35%	34%	35%	29%
It means that medically lawful services and procedures shall be available to all patients subject to the institution, hospital or clinic having the personnel (internally or from outside of the facility/institution), expertise, and equipment necessary to safely offer that service within their facilities.	28%	31%	28%	27%	27%	29%	26%	26%	27%	28%	31%
It means an institution, hospital or clinic may decide to withhold a medical procedure or service as a function of that facility's stated value system (e.g., religious affiliation), and their determination of the need or merit of the request.	6%	**10% CD**	**9% CD**	**5%**	3%	5%	6%	3%	**7% G**	7%	6%
Don't know enough to say.	32%	31%	31%	**36% D**	30%	33%	35%	36%	32%	30%	34%

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents (T2B)	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
It means that medically lawful services and procedures shall be available to all patients in publicly funded medical institutions (e.g. hospitals, clinics, long-term care facilities, hospices)	34%	32%	34%	36%	33%	**40% F**	33%	**34% K**	**37% K**	**35% K**	**33% K**	10%
It means that medically lawful services and procedures shall be available to all patients subject to the institution, hospital or clinic having the personnel (internally or from outside of the facility/institution), expertise, and equipment necessary to safely offer that service within their facilities.	28%	29%	27%	26%	28%	25%	28%	28%	27%	25%	**31% I**	25%
It means an institution, hospital or clinic may decide to withhold a medical procedure or service as a function of that facility's stated value system (e.g., religious affiliation), and their determination of the need or merit of the request.	6%	**10% B**	6%	**9% D**	5%	7%	6%	**7% I**	**7% I**	4%	**7% I**	8%
Don't know enough to say.	32%	28%	33%	29%	**34% C**	28%	33%	31%	29%	**36% GHJ**	29%	**57% GHIJ**

Three quarters say all publicly funded health care facilities should be required to provide the full range of health care services, including MAID.

Three quarters (73%) of Canadians believe that publicly funded health care facilities should be required to provide the full range of health care services, including MAID, if they have the proper equipment and staff to do so. Boomers (78%) are significantly more likely to think so compared to younger generations, as do those in Quebec (75%), those that do not have a religious identity (80%), non-BIPOC respondents (74%).

Conversely, one quarter (27%) of Canadians believe that publicly funded health care facilities should not be required to allow or provide medically assisted dying on-site if it's against their values or religious beliefs and they are entitled to require that persons in their care requesting such services be transferred elsewhere, even if they are suffering intolerably. BIPOC Canadians (35%), those who do not belong to the LGBTQ2S+ community (28%), Conservative Party supporters (35%) and those who would not vote (30%), who identify as Protestant (37%), Canadians living in Atlantic Canada (32%) as well as Gen Z(32%), Millennial (30%) and Gen X (28%) are slightly more likely to feel this way but are still in the minority.



- Publicly funded health care facilities should be required to provide the full range of health care services, including MAID, if they have the proper equipment and staff to do so.
- Publicly funded health care facilities should not be required to allow or provide medically assisted dying on-site if it's against their values or religious beliefs and they are entitled to require that persons in their care requesting such services be transferred elsewhere, even if they are suffering intolerably.

Q11. Some publicly funded health care facilities in Canada refuse to allow or provide MAID on-site because of their religious affiliation. These health care facilities say they have a right not to provide treatments (e.g., MAID, abortion, contraception) that don't align with their religious views, and that patients must go elsewhere to access those services. Others say that all health care facilities that receive public funds have an obligation to provide a full range of health care services, as long as they have the proper equipment and staff to do so. Which is closer to your point of view:
Base: All respondents (n=3502).

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Should all facilities be required to provide MAID?

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n=3502	362	1044	942	1139	512	375	238	1452	672	253
Publicly funded health care facilities should not be required to allow or provide medically assisted dying on-site if it's against their values or religious beliefs and they are entitled to require that persons in their care requesting such services be transferred elsewhere, even if they are suffering intolerably.	27%	**32% D**	**30% D**	**28% D**	22%	25%	30%	32%	27%	25%	**32% I**
Publicly funded health care facilities should be required to provide the full range of health care services, including MAID, if they have the proper equipment and staff to do so.	73%	68%	70%	72%	**78% ABC**	75%	70%	68%	73%	**75% J**	68%

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
Publicly funded health care facilities should not be required to allow or provide medically assisted dying on-site if it's against their values or religious beliefs and they are entitled to require that persons in their care requesting such services be transferred elsewhere, even if they are suffering intolerably.	27%	**35% B**	26%	28%	27%	19%	**28% E**	**27% I**	**37% GIJ**	20%	**27% I**	**34% I***
Publicly funded health care facilities should be required to provide the full range of health care services, including MAID, if they have the proper equipment and staff to do so.	73%	65%	**74% A**	72%	73%	**81% F**	72%	**73% H**	63%	80% **GHJK**	**73% H**	66%

* Small base size

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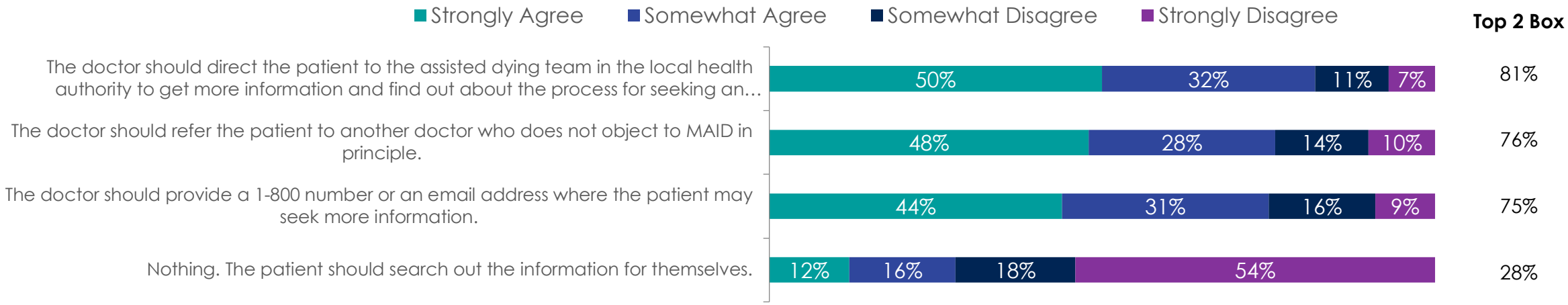
Eight in ten agree that a doctor with conscientious objection should direct patients to a MAID team to seek more information about the process.

Eight in ten (82%) Canadians agree (50% strongly agree, 32% somewhat agree) that a doctor should direct the patient to the assisted dying team in the local health authority to get more information and find out about the process for seeking an assessment in a timely manner from another clinician. Boomers (85%) and Gen X (82%) are more likely to agree, as are those in BC (83%), Quebec (82%) and Atlantic Canada (86%), those who have no religious affiliation (86%) and Catholics (82%) and those who are not a regulated healthcare provider/practitioners (82%)

Equal proportions agree that a doctor should provide a 1-800 number or e-mail address where the patient may seek more information (75%) or should refer the patient to another doctor who does not object to MAID in principle (76%). A significantly lower proportion of Canadians agree that doctors should do nothing and allow patients to seek out information for themselves. Regulated healthcare provider/practitioners are significantly more likely to agree (45%) compared to those who are not (26%)



Q12. Doctors who have a "conscientious objection" to MAID – meaning, they oppose the practice, are not required to participate in the process. If a patient were to ask their doctor about MAID and the doctor opposed it, what follow-up should that doctor be required to do? Please use the sliding scale to indicate how closely each answer best aligns with your point of view, with one being you strongly disagree and four being you strongly agree.
Base: All respondents (n=3502).

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Obligations of a clinician to a patient

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents (T2B)	n=3502	362	1044	942	1139	512	375	238	1452	672	253
The doctor should direct the patient to the assisted dying team in the local health authority to get more information and find out about the process for seeking an assessment in a timely manner from another clinician.	81%	74%	79%	**82% A**	**85% AB**	**83% G**	80%	74%	81%	**82% G**	**86% G**
The doctor should provide a 1-800 number or an email address where the patient may seek more information.	75%	71%	73%	76%	**77% AB**	75%	76%	71%	76%	74%	75%
The doctor should refer the patient to another doctor who does not object to MAID in principle.	76%	70%	72%	**77% A**	**81% ABC**	75%	79%	74%	76%	75%	75%
Nothing. The patient should search out the information for themselves.	28%	**32% D**	**32% D**	**31% D**	**21%**	25%	26%	26%	30%	27%	**33% E**

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents (B2B)	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
The doctor should direct the patient to the assisted dying team in the local health authority to get more information and find out about the process for seeking an assessment in a timely manner from another clinician.	81%	80%	82%	79%	82%	83%	81%	**82% H**	77%	**86% HJK**	80%	75%
The doctor should provide a 1-800 number or an email address where the patient may seek more information.	75%	75%	75%	74%	75%	76%	75%	76%	72%	**79% HJ**	72%	73%
The doctor should refer the patient to another doctor who does not object to MAID in principle.	76%	70%	**77% A**	73%	**77% C**	78%	76%	76%	72%	**79% HK**	76%	68%
Nothing. The patient should search out the information for themselves.	28%	30%	28%	**34% D**	25%	21%	**29% E**	25%	**33% GI**	24%	**30% GI**	**36% I***

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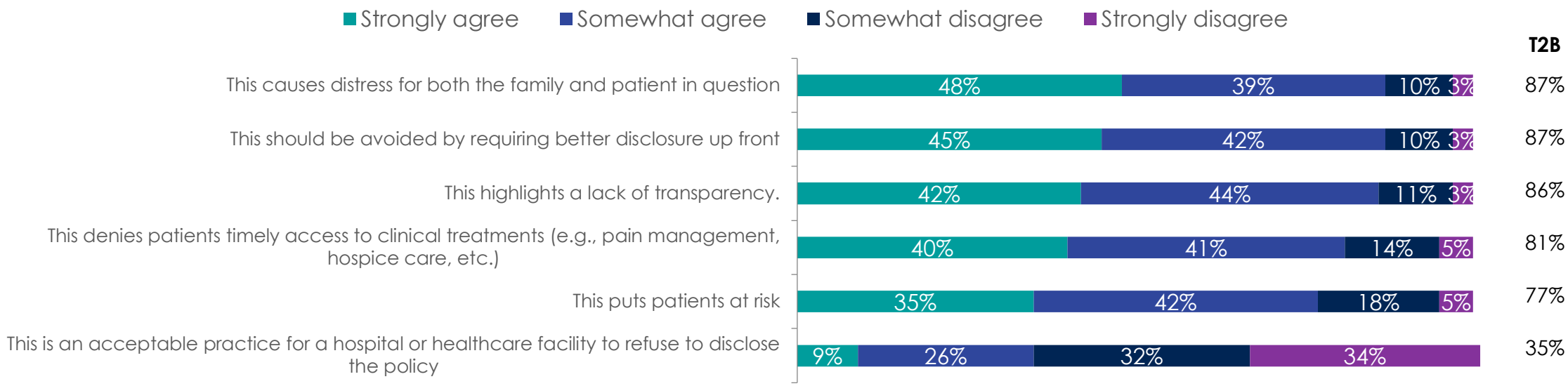
* Small base size

Most Canadians believe that not knowing whether a medical facility offers MAID to a prospective patient causes distress, lacks transparency, and should be addressed through better disclosure.

Nearly nine in 10 (87%) agree (48% strongly, 39% somewhat) that where not every hospital or health care facility in Canada is required to state whether or not they offer MAID on their website, this causes distress for both the family and the patient in question having to vacate their room, building or facility altogether if such information is not readily available. An equal proportion agree (45% strongly, 42% somewhat) that it should be avoided by requiring better disclosure up front, and 86% agree (42% strongly, 44% somewhat) that is highlights a lack of transparency. Three quarters (77%) agree (35% strongly, 42% somewhat) that it puts the patient at risk. A smaller proportion (35%) agree (9% strongly, 26% somewhat) that it is an acceptable practice for a hospital or healthcare facility to refuse disclosure of the policy.



Q13. In Canada, not every hospital or health care facility is required to state whether or not they offer MAID on their website. For individuals who might wish to determine in advance of an admission to a medical facility whether they might be able to receive MAID within that facility, such information is often not readily available. This has led to situations in which patients, being cared for in ICUs, palliative wards, or hospice settings of denominational hospitals, may be told, upon request for a MAID provision, that they must vacate their room, building or facility altogether. To what extent do you agree or disagree with each of the following?
Base: All respondents (n=3502).

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Agreement with disclosure of MAID information

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents (T2B)	n=3502	362	1044	942	1139	512	375	238	1452	672	253
This causes distress for both the family and patient in question.	87%	78%	86% **A**	**89% A**	**91% AB**	90% F	83%	85%	88% F	86%	91% F
This should be avoided by requiring better disclosure up front.	87%	81%	85%	**87% A**	**91% ABC**	86%	88%	84%	87%	87%	**91% G**
This highlights a lack of transparency.	86%	79%	84%	**85% A**	**90% ABC**	85%	86%	85%	86%	84%	86%
This denies patients timely access to clinical treatments (e.g., pain management, hospice care, etc.)	81%	71%	**82% A**	**82% A**	**83% A**	83%	84%	80%	80%	80%	81%
This puts the patients at risk.	77%	72%	77%	77%	**80% A**	**82% I**	**77% I**	76%	**79% I**	70%	**82% I**
This is an acceptable practice for a hospital or healthcare facility to refuse to disclose the policy.	34%	**40% D**	**41% D**	**39% D**	23%	32%	29%	29%	35%	**37% F**	**38% F**

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents (B2B)	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
This causes distress for both the family and patient in question.	87%	86%	87%	86%	88%	88%	87%	**87% K**	**89% K**	**88% K**	**87% K**	72%
This should be avoided by requiring better disclosure up front.	87%	85%	87%	86%	88%	89%	87%	**87% K**	**90% JK**	**88% K**	**86% K**	75%
This highlights a lack of transparency.	86%	85%	86%	84%	86%	87%	85%	85%	84%	87%	86%	80%
This denies patients timely access to clinical treatments (e.g., pain management, hospice care, etc.)	81%	79%	81%	80%	82%	83%	81%	**79% K**	**81% K**	**85% GHK**	**82% K**	65%
This puts the patients at risk.	77%	78%	77%	79%	76%	**82% F**	77%	76%	75%	78%	79%	72%
This is an acceptable practice for a hospital or healthcare facility to refuse to disclose the policy.	34%	**42% B**	33%	**41% D**	32%	30%	35%	34%	33%	34%	35%	38%

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Seven in ten support the ability for mature minors to request and be considered eligible for MAID, providing they meet all criteria under the law.

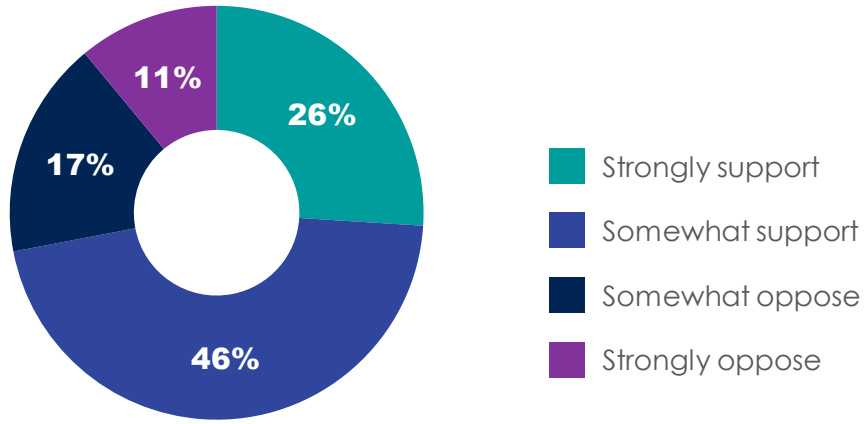
Seven in ten (71%) of Canadians support the ability for mature minors to request and be considered eligible for MAID, providing they meet all other criteria under the law.

Boomers (75%) are significantly more likely than Millennials (68%) And Gen Xers (70%) to support this notion, as well as those without a religious affiliation (76%) compared to Catholics (70%) and Protestants (67%)

Three quarters (75%) of Canadians with a disability are more likely to support mature minors to request MAID than those without a disability (70%), although the proportion of those without a disability who support the notion is still high.

71% Support

29% Oppose



Q14. A mature minor is a person under the age of majority (you must be 18 years of age or older depending on the province or territory to request MAID) who has the capacity to understand and appreciate the nature and consequences of a decision. Mature minors are currently able to make important healthcare or treatment decisions for themselves based on lived experience. Subject to parental consultation, and in cases where death is reasonably foreseeable, to what extent do you support or oppose the ability for mature minors to request and be considered eligible for MAID, providing they meet all other criteria under the law?
Base = All respondents (n=3502)

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Support for mature minors to request MAID

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n=3502	362	1044	942	1139	512	375	238	1452	672	253
Strongly support	26%	25%	25%	26%	27%	24%	24%	26%	25%	**29% H**	26%
Somewhat support	46%	45%	43%	44%	**48% B**	48%	44%	41%	47%	44%	48%
Somewhat oppose	17%	18%	**19% D**	17%	15%	19%	17%	19%	17%	17%	17%
Strongly oppose	11%	11%	13%	13%	10%	9%	**15% E**	15%	12%	10%	9%
NET: Support (T2B)	71%	71%	68%	70%	**75% BC**	72%	68%	67%	72%	73%	74%
NET: Oppose (B2B)	29%	29%	**32% D**	**30% D**	25%	28%	32%	33%	28%	27%	26%

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
Strongly support	26%	24%	26%	**29% D**	25%	33%	25%	25%	24%	26%	29%	18%
Somewhat support	46%	44%	46%	46%	46%	42%	46%	45%	43%	**50% HJ**	44%	41%
Somewhat oppose	17%	19%	17%	13%	**19% C**	15%	17%	18%	17%	16%	17%	19%
Strongly oppose	11%	13%	11%	12%	11%	10%	12%	**12% I**	**16% GIJ**	8%	10%	**23% GIJ***
NET: Support (T2B)	71%	68%	72%	**75% D**	70%	75%	71%	**70% K**	67%	**76% GHK**	**73% HK**	58% *
NET: Oppose (B2B)	29%	32%	28%	25%	**30% C**	25%	29%	**30% I**	**33% IJ**	24%	27%	**42% GIJ***

* Small base size

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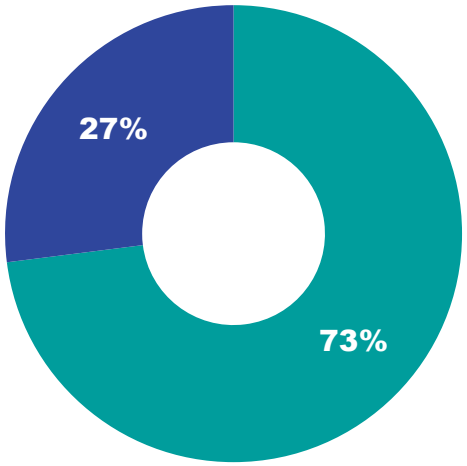
Three quarters agree that clinicians must put the patient's primary interests before their own morals when it comes to desired MAID requests.

Three quarters (73%) believe that clinicians must put patients' primary interests ahead of their own morals and values. Theymust ensure that the legal, reasonable, and desired services (of a MAID assessment) are provided, if not by them, then, through an effective referral, by others. Boomers (78%) are significantly more likely to believe this than Gen Zers (64%), Millennials (71%) and Gen Xers (71%). Residents in BC (77%) are more likely to think this than those in Saskatchewan and Manitoba (68%), those who are not regulated healthcare providers/practitioners (74% vs. healthcare providers, 62%), those with no religious affiliation (77%) compared to Catholics (72%) and Protestants (68%), as well as Canadians who are not part of the BIPOC community (73% vs. 68% BIPOC).

A quarter (27%) believe that the conscientious objecting rights of a clinician are an important underpinning of their self-respect and any required violation of them, through assessment or referral to another non-objecting clinician, would be unjustifiable. Gen Zers (36%) are more likely to believe this than Millennials (29%), Gen Xers (29%) and Boomers (22%). Canadians living in Saskatchewan and Manitoba (32%) are more likely than those in BC (23%) to think this, as are healthcare practitioners (38% vs. 26% healthcare providers), and Canadians who are BIPOC (32% vs. non-BIPOC, 27%).



- Clinicians must put patients' primary interests ahead of their own morals and values. They must ensure that the legal, reasonable, and desired services (of a MAID assessment) are provided, if not by them, then, through an effective referral, by others.
- The conscientious objecting rights of a clinician are an important underpinning of their self-respect and any required violation of them, through assessment or referral to another non-objecting clinician, would be unjustifiable.

Q15. Some say that the request for a MAID assessment on the part of a patient is so grave and urgent given prolonged suffering and loss of autonomy, that the conscience of the clinician must give way to the decision of the patient. Others say that the damage to conscience and belief for a clinician are too high a price to pay. Please indicate which of the following two statements more closely captures your opinion: Base: All respondents (n=3502).

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Should clinicians put patients' primary interests ahead of their own morals and values

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n=3502	362	1044	942	1139	512	375	238	1452	672	253
Clinicians must put patients' primary interests ahead of their own morals and values. They must ensure that the legal, reasonable, and desired services (of a MAID assessment) are provided, if not by them, then, through an effective referral, by others.	73%	64%	**71% A**	**71% A**	**78% ABC**	**77% G**	72%	68%	73%	72%	73%
The conscientious objecting rights of a clinician are an important underpinning of their self-respect and any required violation of them, through assessment or referral to another non-objecting clinician, would be unjustifiable.	27%	36% **BCD**	**29% D**	**29% D**	22%	23%	28%	**32% E**	27%	28%	27%

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
Clinicians must put patients' primary interests ahead of their own morals and values. They must ensure that the legal, reasonable, and desired services (of a MAID assessment) are provided, if not by them, then, through an effective referral, by others.	73%	68%	**73% A**	71%	73%	76%	72%	72%	68%	**77% GH**	**73% H**	68%
The conscientious objecting rights of a clinician are an important underpinning of their self-respect and any required violation of them, through assessment or referral to another non-objecting clinician, would be unjustifiable.	27%	**32% B**	27%	29%	27%	24%	28%	**28% I**	**32% IJ**	23%	27%	32%

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Sustained support for access, and if eligible, provision of MAID for those suffering solely from a severe mental illness.

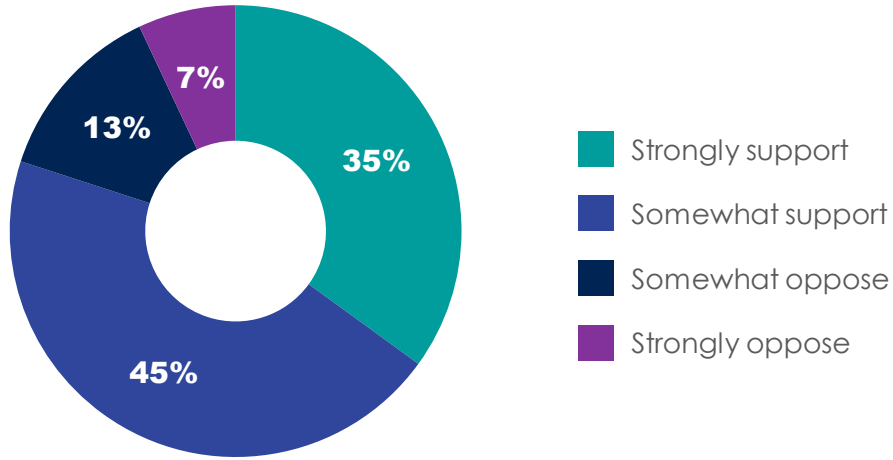
A strong majority (80%, -2) of Canadians agree that with the appropriate safeguards in place, an adult with the capacity to provide informed consent should be able to seek an assessment, and if eligible, receive medical assistance in dying for a severe, treatment-resistant mental disorder for which they experience intolerable suffering. Support is comprised of 35% (+1) who strongly support and 45% (-3) who somewhat.

Boomers tend to be more supportive of this policy (84%) compared to Gen Z (75%), Millennials (79%) and Gen X (78%).

Moreover, Quebec residents (85%, -6) are more likely to agree that those suffering from solely a severe mental disorder can access the MAID assessment compared to residents in Alberta (78%), Saskatchewan and Manitoba (75%), Ontario (78%) and Atlantic Canada (79%). Non-BIPOC Canadians (81%) are more supportive than BIPOC (76%).

80% AGREE

20% DISAGREE



Q66. In 2021, as a result of a court decision, the federal government allowed access to MAID for adults to include those with a physical illness but whose death was not reasonably foreseeable. The government is now including access to MAID for 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 allowed the option of MAID and that those solely with a mental disorder should not be able to access MAID. Do you agree or disagree with the following statement: Subject to the legislated safeguards being proposed, an adult with the capacity to provide informed consent should be able to seek an assessment for, and, if eligible, receive MAID for a severe, treatment-resistant mental disorder for which they experience intolerable suffering.
Base: All respondents (n=3502).
Note: Question wording and statement changed slightly from January 2023: 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.

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Agreement for MAID for those with severe mental illness

		Generation				Region					
	Total	Gen Z (18-23)	Millennial (24-39)	Gen X (40-55)	Boomer (56+)	BC	AB	SK/MB	ON	QC	Atlantic
		A	B	C	D	E	F	G	H	I	J
Base: All respondents	n=3502	362	1044	942	1139	512	375	238	1452	672	253
Strongly agree	35%	26%	**34% A**	**34% A**	**39% A**	37%	32%	32%	33%	38%	35%
Somewhat agree	45%	48%	45%	44%	46%	44%	45%	44%	45%	48%	44%
Somewhat disagree	13%	**20% BCD**	**13% D**	12%	10%	14%	11%	13%	**14% I**	10%	13%
Strongly disagree	7%	5%	8%	**10% AD**	6%	5%	**12% EI**	**12% EI**	**8% EI**	4%	8%
NET: Agree (T2B)	80%	75%	79%	78%	**84% ABC**	81%	78%	75%	78%	**85% FGHJ**	79%
NET: Disagree (B2B)	20%	**25% D**	**21% D**	**22% D**	16%	19%	**22% I**	**25% I**	**22% I**	15%	**21% I**

		BIPOC		Person with disability		LGBTQ2S+		Religious Identity				
	Total	Yes	No	Yes	No	Yes	No	Catholic	Protestant	None	Other	DK/REF
		A	B	C	D	E	F	G	H	I	J	K
Base: All respondents	n=3502	574	2928	935	2567	314	3188	800	674	937	993	98
Strongly agree	35%	30%	**36% A**	36%	34%	39%	34%	32%	32%	**37% K**	**38% GK**	22%
Somewhat agree	45%	46%	45%	43%	46%	41%	46%	**47% H**	40%	**49% HJ**	43%	52%
Somewhat disagree	13%	**16% B**	12%	14%	12%	13%	13%	14%	**15% I**	10%	12%	**18% I**
Strongly disagree	7%	8%	7%	7%	7%	6%	7%	**7% I**	**12% GIJ**	4%	**8% I**	8%
NET: Agree (T2B)	80%	76%	**81% A**	79%	81%	80%	80%	**79% H**	72%	**86% GHJK**	**80% H**	74%
NET: Disagree (B2B)	20%	**24% B**	19%	21%	19%	20%	20%	**21% I**	**28% GIJ**	14%	**20% I**	**26% I***

Sample Demographics

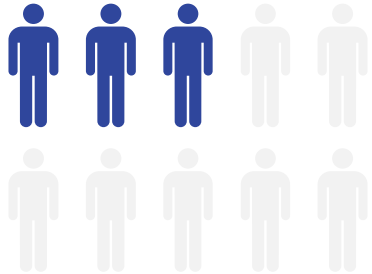
Regulated Health Care Provider/Practitioner

Are you a regulated health care provider/practitioner? (i.e. nurse, doctor, pharmacist, physiotherapist, etc.)

8%
Yes

Chronic Physical/Mental Condition or Disability

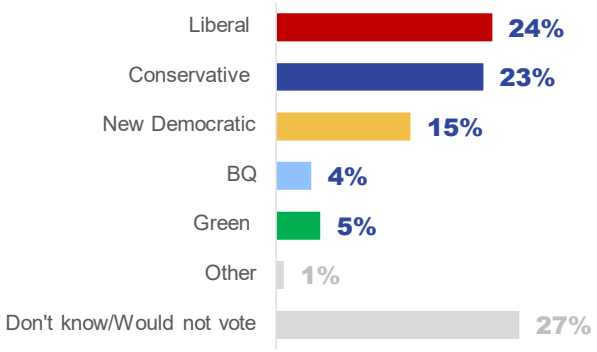
Do you have a chronic physical or mental condition or disability that has a substantial adverse effect on your ability to carry out day-to-day activities?



30%
Yes

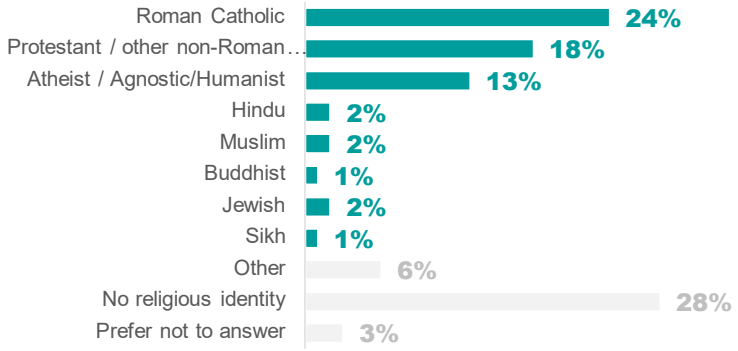
Vote Choice

If a federal election were held tomorrow, which of the following party's candidates would you vote for?



Religious Identity

Which of the following best describes your religious identity?



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Sample Demographics (continued)

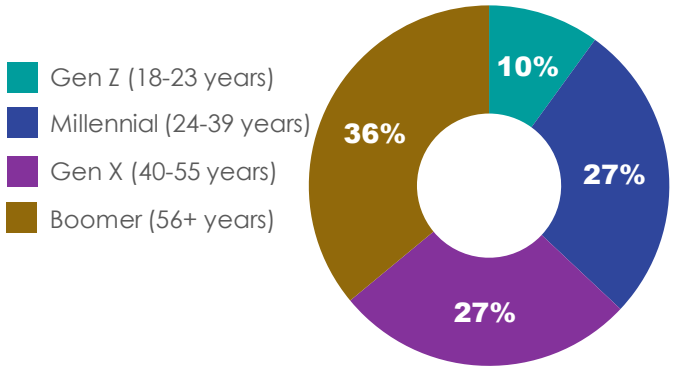
Gender

48% Male

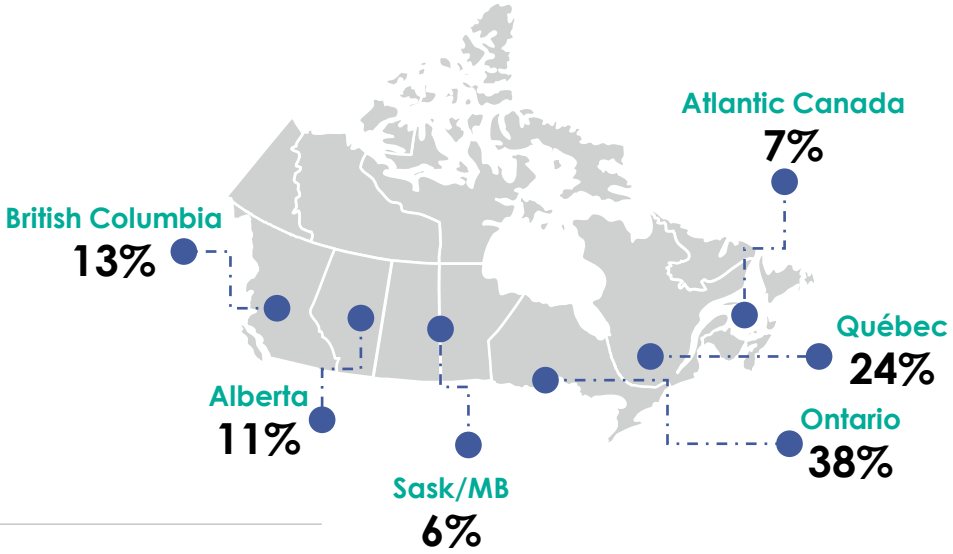
50% Female

Other 1%

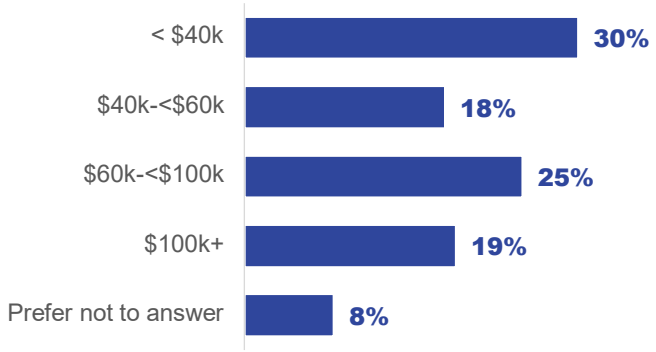
Age



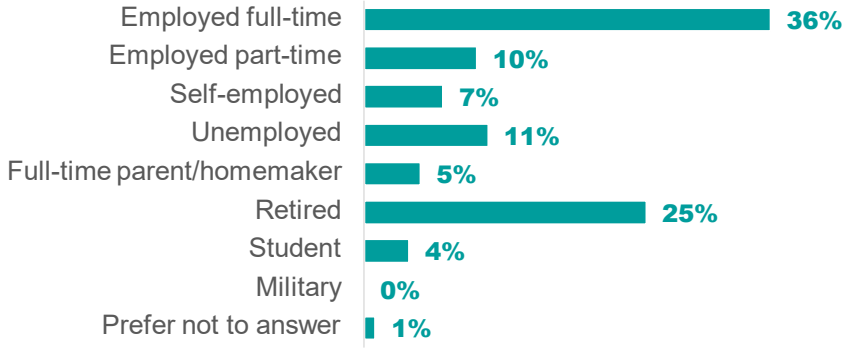
Region



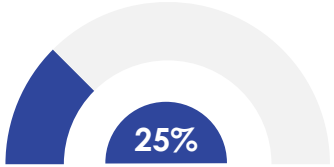
Income



Employment Status

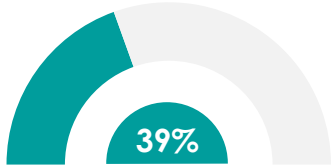


Household Composition



Kids Under 18 in HH

Marital Status



Married

Education

15% <HS

28% HS

34% Post-Sec.

24% Univ. Grad

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