
Bill 18: *Safeguards for Last Resort Termination of Life Act*

Spring 2026

Safeguards for Last Resort Termination of Life Act

To protect vulnerable Albertans, the *Safeguards for Last Resort Termination of Life Act* would:

- Establish Alberta's medical assistance in dying (MAID) framework by defining key terms, establishing provincial safeguards and establishing regulation making powers.
- Limit MAID eligibility to those whose natural death has been determined by a physician or nurse practitioner to be reasonably foreseeable, meaning that it is likely to happen within 12 months. This is known as Track 1 MAID.
- Prohibit MAID where a natural death is not reasonably foreseeable, also known as Track 2 MAID.
- Prohibit MAID in Alberta for:
 - those under 18
 - persons whose sole underlying medical condition is a mental illness
 - advance requests
 - individuals without capacity to make their own health-care decisions.
- Prohibit physicians and nurse practitioners in Alberta from making referrals for individuals to receive MAID eligibility assessments outside the province.
- Require Alberta's MAID assessors and providers to meet education and training requirements.
- Introduce mandatory sanctions for physicians and nurse practitioners where a regulatory college finds they have violated Alberta's MAID legislation.
- Establish rules and restrictions around how and when MAID information may be shared with patients and displayed in health-care settings.
- Enshrine in provincial law the right of physicians and nurse practitioners to refuse to assess or provide MAID.
- Enshrine in provincial law the right of certain types of health care facilities to refuse MAID assessments or provision on or around their premises, including through the use of defined exclusion zones.

Changes in relation to MAID in Alberta

MAID in Alberta under the *Safeguards for Last Resort Termination of Life Act*

Current federal and provincial MAID rules and practices

1. Establish Alberta’s medical assistance in dying framework by defining key terms and establish provincial safeguards and regulation making powers. The act would:

- a. Require physicians and nurse practitioners assessing an individual for MAID to make a reasonable effort to contact each practitioner (family physicians and nurse practitioners) who is or has acted as a primary care provider for the individual within the 12-month period before the date on which the individual requested MAID.
 - o If none exists, the assessors must contact the physician or nurse practitioner who is listed in the individual's health information as being primarily responsible for the individual's care.
- b. Require physicians and nurse practitioners assessing an individual for MAID to make a reasonable effort to review the individual's health and personal information.
- c. Require the presence of a family member to witness MAID provision, unless the physician or nurse practitioner providing MAID determines that a family member is not reasonably available.
 - o The definition of a “family member” is limited to the types of persons specified in the act. It is defined as an adult who is a parent, spouse or partner, child, sibling, grandparent, or grandchild.
 - o The practitioner must consider the individual's circumstances when determining whether to waive the family member requirement prior to providing MAID.

The federal *Criminal Code* sets out the framework for MAID and permits the practice only under specific conditions and rules.

This includes eligibility criteria, procedural safeguards and a two-track system depending on whether a person’s natural death is reasonably foreseeable. Under the *Criminal Code*:

- a. Before being provided MAID, an individual must be independently assessed and approved by two independent physicians or nurse practitioners who determine whether the individual meets the eligibility criteria.
- b. Individuals whose sole underlying condition is a mental illness, individuals under 18 years of age and individuals without the capacity to make their own health care decisions are not eligible for MAID. No family member witness is required at the time of MAID provision.
- c. There is no requirement to contact the individual’s primary care provider in relation to a MAID application.

While the federal *Criminal Code* makes MAID legal across Canada, the delivery of health care is a provincial/territorial responsibility.

2. Limit MAID eligibility in Alberta to Track 1 MAID and prohibit Track 2 MAID cases.

- **Track 1 MAID:** To ensure eligibility requirements are met, the act would require both MAID assessors to confirm that the individual’s natural death is reasonably foreseeable, meaning that it is likely to happen within 12 months.
- **Track 2 MAID:** The act would prohibit MAID in Alberta where an individual’s natural death is not reasonably foreseeable.

In 2019, the Superior Court of Quebec ruled that restricting MAID to those whose death is “reasonably foreseeable” (Track 1 MAID) violates the Charter.

In 2021, federal Parliament passed Bill C-7 to revise MAID eligibility criteria and assessment processes in the *Criminal Code*.

The *Criminal Code* establishes the legal framework for MAID in Canada through exemptions to what would otherwise be criminal offences that set eligibility criteria,

procedural safeguards and reporting requirements.

Bill C-7 extends MAID eligibility to and adds legislative safeguards for individuals whose natural death is “not reasonably foreseeable,” also known as Track 2 MAID.

Current federal Canadian legislation requires two independent physicians or nurse practitioners to assess the individual and independently confirm in writing that all eligibility criteria are met. The *Criminal Code* does not define when an individual’s death is considered ‘reasonably foreseeable.’

3. Prohibit MAID in Alberta for:

- a. Individuals under 18 years old (minors).
- b. Individuals with a mental illness as their sole underlying medical condition.
- c. Individuals making advance requests.
- d. Individuals without capacity to make their own health care decisions.
- e. Physicians and nurse practitioners in Alberta would be prohibited from making referrals for individuals to receive MAID eligibility assessments outside the province. This would ensure that physicians and nurse practitioners cannot bypass provincial MAID requirements by referring a patient to another province.

- a. Under current Canadian federal legislation, MAID is prohibited for all minors under the age of 18.
- b. In 2024, the temporary exclusion of MAID for individuals with a mental illness as their sole underlying condition was extended until March 17, 2027. The extension gives provinces and territories time to prepare their health-care systems and gives health-care professionals time to participate in MAID training and become familiar with available supports, guidelines and standards.
- c. Under current federal legislation, advance requests for MAID are prohibited. The *Criminal Code* requires a person have the capacity to provide express consent to receive MAID immediately before it is administered.

- **Quebec advanced requests:** In October 2024, Quebec began allowing advance requests for MAID under provincial legislation for individuals with serious and incurable illnesses that may lead to loss of capacity, such as Alzheimer’s disease.

- **Current status:** The federal government has stated it will not challenge Quebec’s legislation. Instead, the federal government conducted national consultations on the possible expansion of MAID to include advance requests. The federal government released a “What

	<p>We Heard” report indicating that principle of advance requests was generally supported.</p> <p>d. Under federal legislation in Canada, MAID is prohibited for individuals under 18, and those who lack capacity to make their own health-care decisions at the time of the procedure. The <i>Criminal Code</i> requires individuals to give informed consent and be capable of making decisions regarding their health at the time MAID is provided.</p> <p>e. Under the Criminal Code, sections 241.1 to 241.4, medical practitioners (physicians and nurse practitioners) are not compelled to provide or assist with MAID. Referrals are not mentioned in the federal Criminal Code.</p>
<p>4. Require Alberta’s MAID assessors and providers to meet training and education requirements to ensure competency and clear understanding of MAID eligibility criteria, before being permitted to assess or provide MAID.</p> <ul style="list-style-type: none"> • Training and education would include information about MAID procedures and eligibility, evidence-based assessments, capacity assessment requirements, identifying potential coercion and available alternatives such as palliative care. • The training program would be developed in consultation with health-care professionals. 	<p>Specialized training is already available and strongly encouraged for MAID assessors and providers across Canada to support the consistent application of complex legal requirements.</p> <p>While federal law does not require a mandatory national certification, specialized training is available to help practitioners build skills needed.</p> <p>Some provinces and territories may also require additional training.</p> <ul style="list-style-type: none"> ▪ For example, the Canadian MAID Curriculum was launched in September 2023 with funding from Health Canada. It is the first comprehensive, nationally accredited and bilingual training program designed for physicians and nurse practitioners. The curriculum covers eight topics, including foundational concepts, complex cases and assessments for MAID involving mental illness. <p>MAID assessors and providers working within Alberta Health Services (AHS) complete training required by AHS.</p>
<p>5. Introduce mandatory sanctions, specified in Alberta’s MAID legislation, for physicians and nurse practitioners</p>	<p>There are already federal monitoring mechanisms and provincial professional regulatory sanctions in place in Canada to</p>

where a regulatory college finds they have violated the legislation.

- Other regulatory colleges may also sanction their regulated health professionals if the college finds that they have violated Alberta's MAID legislation.
- Regulatory colleges would continue to oversee and discipline regulated health professionals and administer sanctions as set out in the legislation.
- Engagement on this matter with regulatory colleges in Alberta is planned.

ensure health-care professionals follow the legal requirements for MAID.

While the federal government does not directly administratively sanction individual practitioners for professional misconduct, it requires strict reporting requirements under the *Criminal Code* to monitor compliance.

- **Mandatory reporting (Health Canada):** Physicians, nurse practitioners and pharmacists involved in MAID must report each MAID death to Health Canada within 30 days, in accordance with the Regulations for the Monitoring of Medical Assistance in Dying.
- **Data Collection & Review:** The federal government uses this data to identify trends, ensure compliance with eligibility criteria and maintain public confidence.
- **Penalties for Non-reporting:** Failure to meet federal reporting requirements may result in penalties, including potential criminal prosecution.

Provinces and territories: Provinces and territories have jurisdiction over the regulation of health-care professionals (including physicians, nurses and pharmacists). Their regulatory colleges oversee compliance with laws applicable to their professions, investigate complaints and take disciplinary action where appropriate.

Criminal liability: If a practitioner does not comply with MAID requirements under the federal *Criminal Code*, they may face criminal charges.

6. Establish rules and restrictions around how and when MAID information may be shared with patients and displayed in health-care settings.

- The below measures would help to ensure MAID decisions are initiated and driven by patients, not by regulated health professionals or health care facilities.

(a) Restrict all regulated health professionals, including physicians and nurse practitioners, from providing information about MAID to their patient in the course of

Under the federal *Criminal Code*, healthcare professionals across Canada are exempt from criminal liability for "providing information" about the lawful provision of MAID.

Within this federal legal framework, provinces and territories regulate the delivery of health services.

Physicians may discuss MAID as a treatment option. There is no federal provision that

providing health services to them, unless the patient brings it up.

(b) The public display of MAID information, such as posters, will be restricted within health care facilities, including hospitals, continuing care homes, supportive living accommodations and physician and nurse practitioner clinics.

- This would help to protect vulnerable Albertans by reducing the risk of undue influence or coercion of vulnerable individuals by regulated health professionals.

prohibits physicians from initiating these discussions.

Health Canada guidance also notes that physicians have professional obligations to inform patients about relevant care options, including MAID.

Provinces and territories may place limits on how MAID is administered, or set professional standards of care, including how conversations are documented.

Objections by institutions:

- Some institutions (such as Catholic healthcare facilities) may have policies that restrict employees from initiating MAID discussions.
- Federal guidance suggests if a facility places such restrictions, it must still ensure the patient's right to access information about services that are legal in Canada.

Moral or religious objections by physicians and nurse practitioners:

- Physicians and nurse practitioners may decline to participate in MAID for reasons of conscience or religion but must ensure their objection does not impede a patient's access to unbiased information about or timely access to MAID.
- Physicians and nurse practitioners are not required to initiate a conversation about MAID with a patient, but they must ensure that they follow all applicable professional guidelines, which include ensuring that individual is informed about how to access MAID.

7. Enshrine into provincial law that physicians and nurse practitioners have the right to refuse to conduct MAID assessments or provide MAID, and that specific types of health care facilities have the right to refuse to allow MAID assessment or provision on their premises.

- This measure would also allow for an 'exclusion' zone of 150 metres to be established around specific types of health care facilities that refuse to allow MAID assessment or provision on their premises.

Across Canada, health-care professionals and health care facilities may refuse to provide MAID based on conscientious objections.

This varies by province and territory. Quebec, for example, does not allow any publicly funded health facilities to refuse to provide MAID.

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- The 'exclusion' zone is intended to provide added psychological safety for patients facing serious health challenges who do not wish to be exposed to MAID.

Note: If a practitioner refuses to provide MAID information or services or an operator of a health care facility refuses to permit MAID, they are required to direct the patient, or their representative, to a resource that they believe will provide information on all available medical options.

- Eligible individuals at health care facilities in Alberta that opt out of MAID would still be able to access the service by being transferred to facilities that provide and accommodate MAID.
- Only about nine per cent of all MAID provisions in Alberta in 2023 required the transfer of a patient to a different site to receive MAID.

This right to refuse is balanced with a patient's right to access a legal health service.

While some faith-based institutions do not allow MAID to be provided or accommodated on their premises, they are often required to ensure patients can access the service elsewhere.

Refusal to provide or accommodate MAID:

- **Individual Professionals:** The *Criminal Code* states that nothing in the federal MAID framework compels an individual to provide or assist with MAID.

In practice, professional regulatory bodies often require practitioners who object to MAID to provide a referral, transfer of care to a non-objecting provider, or information on how to access the service to support patient access.

- **Health facilities:** Health facilities that choose not to assess, provide or assist in MAID are generally expected to work with health authorities to ensure patients can access the service. This can involve transferring patients to another facility.

Exclusion zones or policies against on-site access:

- **Institutional Policies:** In Canada, some facilities prohibit the administration of MAID within their own buildings and land.