



SENIORS FOR SOCIAL ACTION (ONTARIO)

EDITORIAL

MAiD AS A COST-CUTTING ALTERNATIVE TO FUNDING IN-HOME, COMMUNITY, AND PALLIATIVE CARE

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On February 12, 2024, Newsweek did a remarkable thing. It published a piece by a respected journalist about Canada's cruelty to its elders and citizens with disabilities. That cruelty is taking the form of medical assistance in dying as an alternative to providing comprehensive health care to the end of someone's natural life - as a cost-cutting measure.

The author had this to say:

“A confession: Initially, I welcomed the idea of assisted dying, believing it could be a humane choice for those at the late stages of irreversible illnesses to make choices on their own behalf. However, my growing concern lies in the application of MAiD by the Canadian government. I am now skeptical about the true autonomy of individuals opting for assisted death, especially in a country with socialized health care. The risk of medical practitioners recommending MAiD as a cost-cutting measure to alleviate strain on the health care system is unsettling, as suggested by a 2020 analysis estimating potential annual savings of \$66 million annually in health care costs” (Brodsky, 2024).

In addition to cost factors, the other reality is that MAiD has built in very few safeguards, so that people can easily choose to die, but cannot access palliative care or the treatment they may require. We now have people in Canada who have chosen MAiD because of lack of proper housing, inability to access mental health care, punishing poverty, or severe loneliness. This speaks to the inadequacy of our societal and community support systems. The long waiting lists for treatment for people with mental illness means that people may “choose” MAiD instead of waiting for treatment. Sean Krausert, executive director of the Canadian Association for Suicide Prevention, argues that:

“Ending the life of someone with complex mental health problems is simpler and likely much less expensive than offering outstanding ongoing care. This creates a perverse incentive for the health system to encourage the use of MAiD at the expense of providing adequate resources to patients, and that outcome is unacceptable” (Urback, 2022:A13).

We need to recognize that many of the assumptions of MAiD are being contested, primarily by the disability community.

Seniors for Social Action Ontario has always supported medical assistance in dying for those living with irremediable pain and/or terminal conditions. Individual choice has always been paramount in all the information we have shared with our members and that continues to be the case. But when individuals with severe health conditions and disabilities are given no options but institutionalization or death, then we are compelled to join the disability community and many others in challenging the government to fund the needed safeguards that could provide the alternatives to people being forced into an impossible position and choosing MAiD as a default option. Assisted death should be a last resort, which it is not in Canada because there are limited safeguards for individuals and family involvement. Failing to provide these safeguards demonstrates a lack of compassion by the state.

Just the Facts

In 2020, unbeknownst to most Canadians, the Office of the Parliamentary Budget Officer put together a briefing report for a Senator entitled Cost Estimate for Bill C – 7 Medical Assistance in Dying.

Seeing is believing.

“Summary table 1 presents the net financial impact of providing MAiD in 2021, under the current legislation as set out in bill C-14, which is used as a baseline for the cost estimate. The predicted gross reduction in health care costs amounts to \$109.2 million while the cost of administering MAiD is estimated at \$22.3 million. Thus, the difference between the two represents a net cost reduction for provincial governments of \$86.9 million” (Office of the Parliamentary Budget Officer, 2020).

This number will now be much higher since the percentage of Canadians currently opting for assisted suicide has grown exponentially each year.

“The number of cases of MAiD in 2022 represents a growth rate of 31.2% over 2021. All provinces except Manitoba and the Yukon continue to experience a steady year-over-year growth in 2022” (Government of Canada, 2022).

4.1% of all deaths in Canada were due to assisted suicide in 2022. We do not yet know what that percentage has climbed to in the past year. The exponential increases in MAiD mean that the Federal and Provincial governments are saving more and more money each year as the criteria for MAiD are expanded and more Canadians choose assisted suicide.

Canada is Under-spending on Health Care and Especially Home Care

Canadians are no fools. They know what is going on and that the Government of Canada, and especially Ontario, are not spending nearly enough on health care, especially home care. “Nearly three-quarters of respondents to the new Leger poll, or 71 per cent, said the federal government should spend more on health care and health transfers to the provinces” (Karadeglija, 2023).

A 2020 Queen's University report tells the story.

“The 1.3 percent of GDP Canada now allocates to LTC (Long-term care) falls well short of the OECD average of 1.7 percent. Worse, our spending relative to GDP has barely increased despite the surge in the number of seniors. Worse still, the measly 0.2 percent of GDP Canada spent on home care is one of the lowest allocations to home care in the OECD.” (Drummond et al, 2020).

The Conclusion is Inescapable

In examining these numbers, the picture becomes clearer. It is undeniable that Canada is not investing in its elder population as other developed countries are doing. Palliative care, and especially hospice residences, are poorly funded and rely almost totally on community fund raising. Home care funding is totally inadequate with thousands on waiting lists for nursing homes because they cannot access it. Meantime, Canada is expanding MAiD.

For four years now Seniors for Social Action Ontario (SSAO) has encountered nothing but resistance from both the Federal and Provincial governments in its attempts to get them to adopt more innovative and humane approaches to funding programs and services to support aging in place for elders. Neither government has shown any interest in helping elders who need care to obtain these services in their own homes and communities or to provide direct funding so that they can organize their own care.

It is now patently obvious that ignoring the voices of elders across Canada, that they do not want to enter institutions, is state-sponsored ageism. If the best these governments can offer is institutionalization or death, then elders need to raise their voices and direct their votes accordingly. If elected officials believe they can simply ignore elders and their needs, then perhaps it is time that elders ignored their desires to be re-elected.

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