ALBERTA COLLEGE OF SOCIAL WORKERS

MEDICAL ASSISTANCE IN DYING (MAID)

Update and Practice Note

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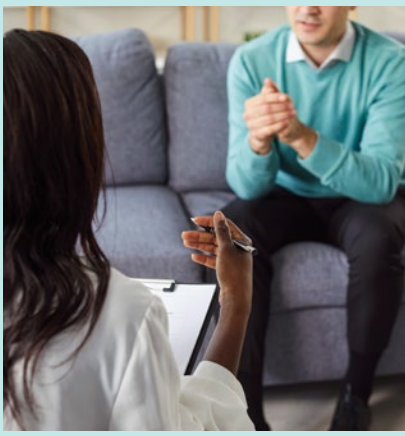
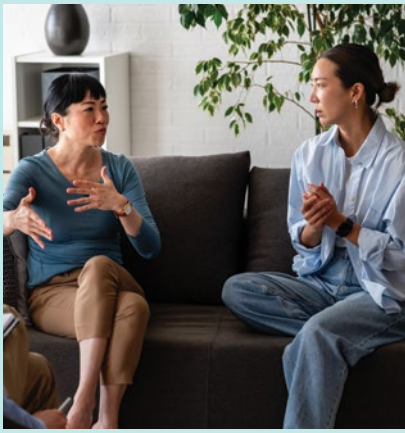




BACKGROUND

Medical assistance in dying (MAID) is a legally regulated process through which an eligible person may receive assistance from a physician or nurse practitioner to end their life.

In Canada, the federal framework for MAID is set out in the *Criminal Code of Canada*, as amended by Bill C-7 in 2021 and more recently by Bill C-62 in 2024, which delays eligibility to access MAID in cases where a mental illness is the sole underlying medical condition until March 17, 2027. MAID may be provided only where the applicable eligibility criteria and safeguards under federal law are met.

On April 22, 2026, the *Safeguards for Last Resort Termination of Life Act* (Bill 18) passed third reading in the Legislative Assembly of Alberta and subsequently received royal assent. The Act is not yet in force unless and until it is proclaimed.

The intention of this update and practice note is to provide current information and support to registered social workers regarding upcoming changes to the law around medical assistance in dying.

KEY MESSAGE

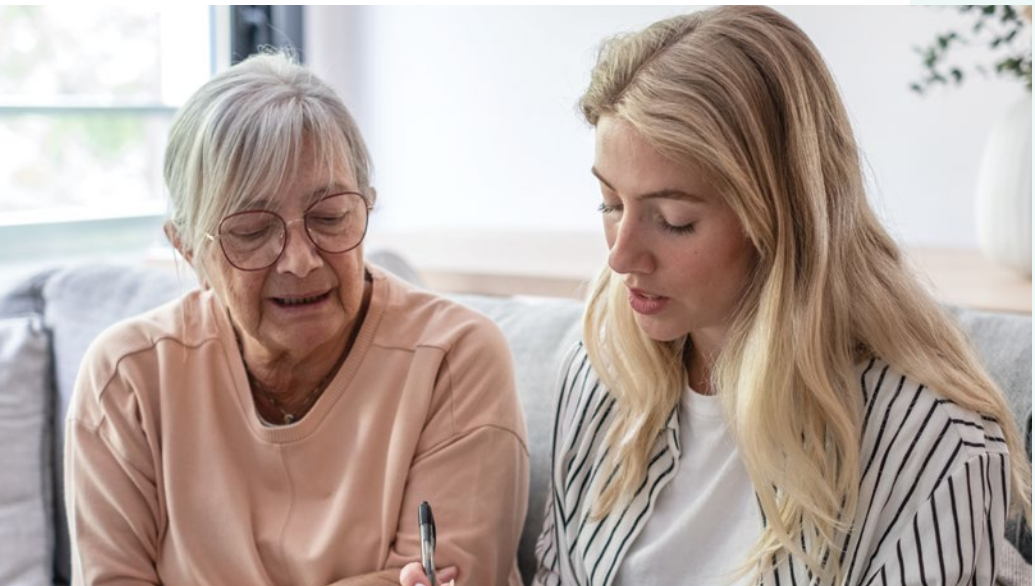
Until the legislation is proclaimed, there is no change to how MAID is governed or provided in Alberta.

ACSW will monitor this legislation and provide updated guidance as appropriate.

Although the new restrictions will take effect upon proclamation, they will not apply to the following circumstances if they existed before the proclamation date:

- a written MAID request was signed and dated;
- a written MAID request was signed and dated on behalf of a person who was unable to make the request themselves; or
- a person was already in the process of providing, or assisting with the process of providing, an eligibility opinion, an assessment of the federal safeguards, or a MAID provision.

Registered social workers may support physicians, nurse practitioners, clients, and families during MAID-related care within the social worker's role, competence, and professional obligations.



ETHICAL PRINCIPLES AND STANDARDS OF PRACTICE

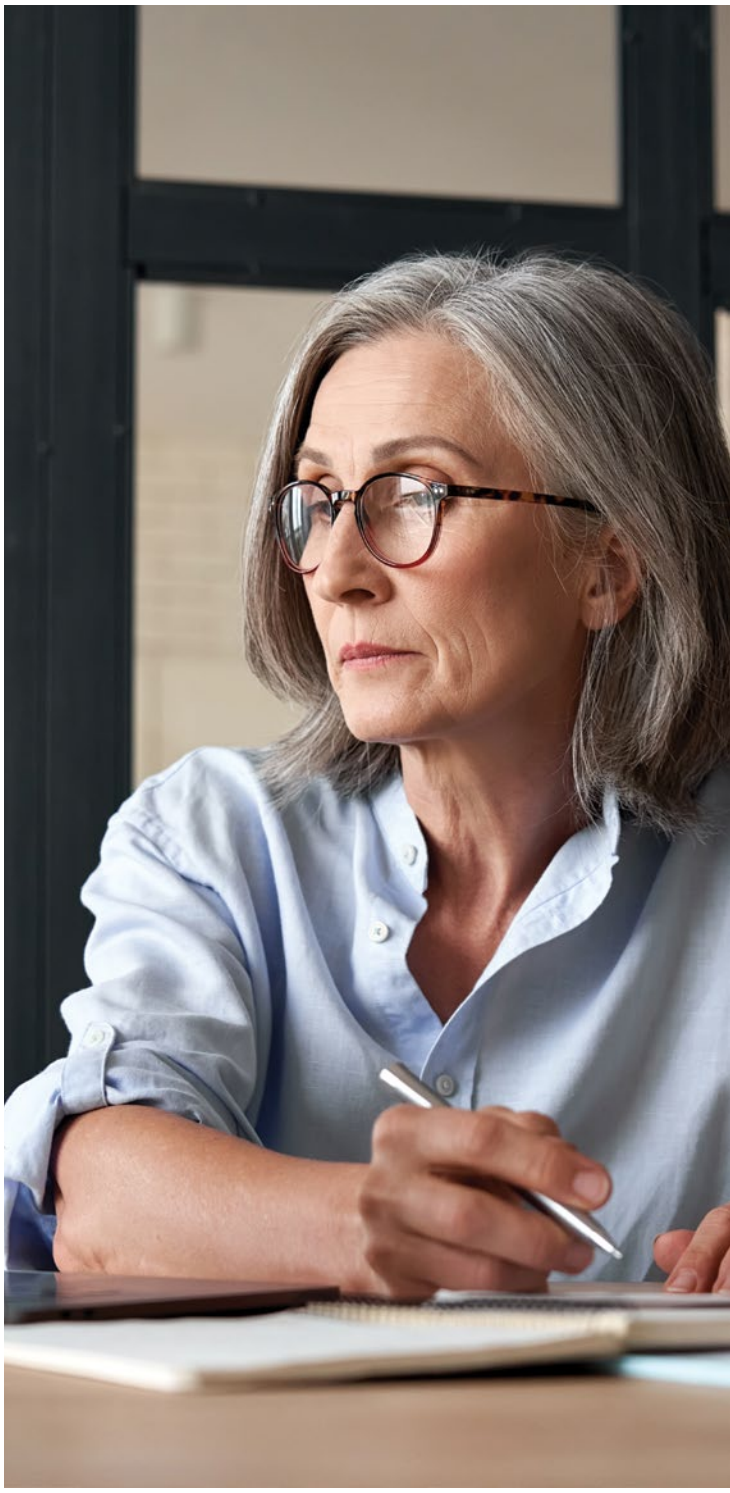
In considering the changes identified in the legislation *Safeguards for Last Resort Termination of Life Act*, social workers should be guided by the ACSW Standards of Practice and the Code of Ethics.

This includes the duty to:

- practice competently and within scope,
- maintain clear professional boundaries,
- protect privacy and confidentiality,
- obtain and respect informed consent,
- provide accurate information within one's role,
- document appropriately,
- support continuity of care and effective referral, and
- uphold the dignity, autonomy, and self determination of clients.

Social workers should also be attentive to broader ethical considerations such as cultural safety and humility, equitable access to services that may relieve suffering, and the potential for moral distress where legal requirements, workplace expectations, client wishes, and personal or professional values are in tension.

Where organizational policies, role expectations or workplace requirements create uncertainty, tension or potential conflict with a social worker's professional obligations, the social worker should seek supervision, consultation, ethics support, or other appropriate guidance.



FUTURE IMPLICATIONS FOR SOCIAL WORK PRACTICE

ACSW is assessing the impact of this legislation on social work practice and will provide additional guidance once the regulations are available and have been reviewed. In the meantime, the following table identifies key areas where the legislation may affect social work roles, responsibilities and decision-making.

Legislative change	Implication for practice
Safeguards for Last Resort Termination of Life Act **has received royal assent, but the Act is not yet in force unless and until it is proclaimed**	**Key change: Eligibility for MAID has changed. Roles and processes regarding MAID have changed which requires registered social workers to become familiar with the changes to the legislation.** MAID-related services and interventions must be provided with reasonable knowledge, care and skill, and in accordance with applicable federal and provincial law, professional standards and workplace policies. Social workers must practise only within the scope for which they are educated, authorized and competent. Social workers participating in MAID-related activities typically do so as part of a coordinated healthcare team and should: • understand the legislation, standards, and policies that govern MAID-related practice; • understand their professional and regulatory obligations; • know what supports and services are available, and how to help clients access them; and • seek education or training in trauma-informed practice and cultural safety and responsiveness. Social workers are guided by, and must carry out their duties in accordance with the following: • professional standards, legal responsibilities, the Code of Ethics, and advice to the profession; • governance for health professions under the *Health Professions Act*, including any applicable restricted activities; and • provincial legislation relevant to health and privacy, including the *Protection for Persons in Care Act*, the *Health Information Act*, and the *Personal Information Protection Act*, where applicable. This includes understanding the limits of the social work role, relevant competencies, and professional boundaries. Social workers who are designated capacity assessors under the *Adult Guardianship and Trusteeship Act* may conduct capacity assessments within the scope of that legislation. However, this designation does not extend to capacity determinations or assessments for the purpose of MAID.

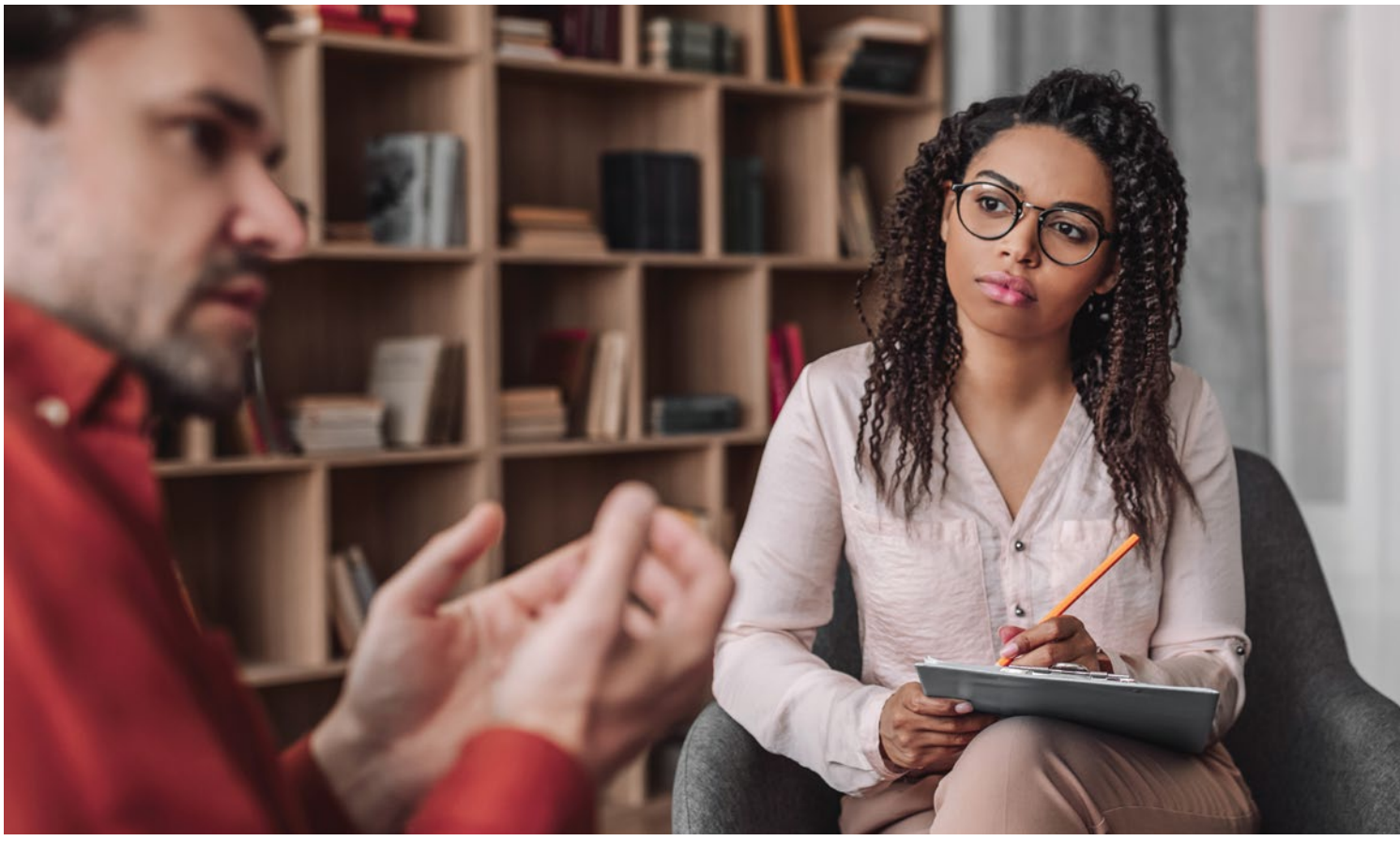
Legislative change	Implication for practice
Changes to eligibility for MAID	**Key change: If proclaimed, the Safeguards for Last Resort Termination of Life Act would limit MAID access to circumstances in which the person's natural death is reasonably foreseeable within 12 months, eliminating eligibility for clients whose death is not reasonably foreseeable within 12 months.** For social workers, this may affect how clients and families understand prognosis, eligibility and end-of-life options, as well as the types of questions they raise and the supports they seek. Prognosis (including whether a condition is life-limiting, incurable, or palliative) is a clinical determination made by the medical team. Social workers may discuss general illness impact and support the understanding of information provided by the medical team but must not interpret prognosis(es) to determine MAID eligibility or provide determinations regarding whether a client meets MAID criteria. Social workers should avoid providing legal or clinical determinations outside their role, while supporting clients to access accurate information, explore end-of-life options when requested by the client, and obtain appropriate referrals. MAID is one of several end-of-life care options that may be discussed within the scope of practice when a client has raised the topic or requested information. Social workers must not initiate discussions about MAID but may respond to client-initiated questions by providing general information within their role and knowledge, and by facilitating access to the appropriate assessing or providing practitioner. For example, a client's family asks a social worker whether they think their loved one's condition will result in death within 12 months and whether that means the client would qualify for MAID. The social worker explains that determining whether a person's natural death is reasonably foreseeable within 12 months is an assessment made by the assessing physician or nurse practitioner, not by the social worker. The social worker may clarify that prognosis and MAID eligibility are distinct clinical determinations and direct the family to the assessing practitioner. If requested, the social worker may support the family in identifying questions to raise.

Legislative change	Implication for practice
Restricting regulated health professionals from providing information about MAID to their patients unless the patient brings it up	**Key change: Regulated health professionals are not permitted to initiate conversations with clients about MAID. Clients must initiate conversations about MAID. Organizations are not permitted to publicly display information about MAID.** If proclaimed, this may affect how social workers respond to client statements, support informed decision-making, and document clinical interactions. Health professionals would not be permitted to introduce or steer conversations toward MAID unless the client has raised the topic or requested information. However, social workers may continue to respond to client-initiated statements by exploring the client's meaning, concerns, goals of care, and experiences of suffering without introducing MAID as an option. Determining whether a client has "raised the topic" may require professional judgement. Clients may express thoughts such as "I can't live like this anymore," "I don't want to continue," or concerns about loss of autonomy, suffering, or quality of life without specifically referencing MAID. In these situations, social workers may ask clarifying, open-ended questions to understand the client's meaning, but should not introduce MAID unless the client makes a clear connection or request. Where a client raises MAID directly or requests information, social workers should respond within their role and competence, provide accurate general information, and facilitate access to appropriate assessing or providing practitioners. Documentation should reflect the client's own words and the context of the discussion, including the client's expressed concerns, values and requests. Social workers should document objectively and avoid characterizing the interaction as MAID-related unless MAID was explicitly raised by the client. Social workers should use professional judgement in determining when the threshold for a MAID-related discussion has been met and are encouraged to seek supervision or consultation in situations of uncertainty.

Legislative change	Implication for practice
Requiring assessors to make a reasonable effort to review the individual's health information and their personal information	**Key change: No substantive change to social work practice.** Social workers may be asked by MAID assessors or providers to share relevant health or psychosocial information to support a MAID eligibility assessment. Any disclosure of personal health information must comply with applicable privacy legislation, consent requirements, documentation obligations, professional obligations, and workplace policies. The requirement for MAID assessors to make reasonable efforts to obtain relevant information does not override informed consent or other legal requirements governing disclosure of health information. Information requests from MAID assessors are typically directed to social workers in their professional capacity as custodians of relevant psychosocial records, rather than to clients. Social workers are responsible for determining whether appropriate consent or other legal authority exists to disclose information. Where a client does not consent to disclosure, the social worker should discuss and document the potential implications of non-disclosure for the assessment process, including any limits this may place on the assessor's ability to obtain relevant information. Information must not be disclosed unless authorized under applicable legislation or another lawful authority. For example, if a MAID assessor asks the social worker for collateral information or records to assist with an eligibility assessment and the person refuses consent because they are concerned it will negatively affect their assessment, the social worker should discuss the risks and consequences of non-disclosure. Unless the client consents, the social worker should not disclose the information unless another legal authority applies. The social worker should document the refusal, explain any resulting limits on the assessor's ability to obtain information through that source, follow workplace processes and engage minimally in consultation where further guidance is needed.

Legislative change	Implication for practice
Requiring the presence of a family member to witness MAID provision, unless the practitioner providing MAID to the person determines that a family member is not reasonably available	**Key change: Presence of a family member during provision of MAID. A family member cannot be compelled to be present.** This requirement does not create an obligation for family members to participate in or witness MAID. Family presence is a voluntary role, and family members retain the right to decline involvement. The absence of a family member does not determine eligibility for MAID; determinations regarding availability and application of this requirement rest with the MAID practitioner in accordance with applicable legislation and clinical judgement. This requirement may raise complex practice considerations related to client autonomy, confidentiality, family dynamics, estrangement, safety concerns, emotional readiness, and the client's preferences regarding privacy and disclosure. Social workers may be involved in supporting clients and families to communicate about end-of-life preferences where appropriate and desired by the client. This may include supporting anticipatory grief and bereavement reactions, facilitating discussion of emotional readiness, and providing or coordinating post-death grief support. Social workers must avoid coercing or directing family members toward participation and should be mindful of the potential for perceived pressure or influence. Discussions should focus on providing support, clarifying roles and options, and respecting the voluntary nature of family involvement. Where tensions arise between client wishes, family dynamics and legal requirements, social workers should seek supervision or consultation and remain attentive to risks of harm for all involved.

Legislative change	Implication for practice
Role of the Assessor **Before a physician or nurse practitioner provides MAID, they must ensure that the person has been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services, and palliative care; and has been offered consultations with relevant professionals**	**No change to social work practice.** Social workers may experience increased referrals related to MAID eligibility assessments and the exploration of supports intended to relieve suffering, including counselling, mental health supports, disability supports, community services, housing, respite, income supports, and palliative care. Services provided in this context remain within the social worker's scope of practice and are delivered in accordance with professional standards, workplace policies and available resources. A social worker is not required to accept every referral. However, decisions should be made in accordance with professional obligations, workplace processes, and the need to avoid harm arising from delay or lack of access. This work may involve complex issues such as role clarity, informed decision-making, client access to services, family dynamics, support planning, and moral distress arising from competing ethical, legal, and clinical considerations.



REFLECTIVE PRACTICE QUESTIONS

Depending on a social worker's role and practice setting, the following questions may support reflection, consultation, and ethical decision-making in MAID-related practice.

- What aspects of this situation fall within my role, competence and authority, and where do I need consultation or referral?
    - Do I have the knowledge, skills and abilities to provide competent social work services?
    - Is it within my role to contribute to a capacity assessment?
    - I am a designated capacity assessor. Can I complete a capacity assessment for MAID purposes?
    - Can I provide counselling services to the client and/or family members?
    - Can I provide grief support?
    - Can I assist with accessing social supports?
    - Is it within my role to treat an underlying mental illness?
    - Do I have access to supervision, consultation and appropriate supports to navigate practice and ethical issues?
- How am I supporting the client's dignity, autonomy and self-determination while remaining within legal and professional limits?
- What information can I appropriately provide, and how can I ensure that my communication is accurate, neutral and responsive to the client's expressed needs?
    - Have I reviewed relevant privacy legislation?
    - Have I reviewed relevant practice standards?
- Have I obtained the necessary consent to collect, use or disclose information, and have I explained any limits to confidentiality or information-sharing?
- How might family involvement, estrangement, safety concerns, or differing wishes affect this situation?
- What services, supports or referrals may help relieve suffering, and are there barriers affecting the client's equitable access to those options?
- How might culture, identity, spirituality, trauma, disability, or experiences of discrimination shape this person's experience and decision-making?
- Am I experiencing moral distress, uncertainty or value conflict, and what supervision, consultation, ethics support, cultural support, or peer support do I need?
- What needs to be documented to ensure clarity, accountability and continuity of care?

DEFINITIONS

Collateral information: information about a person that is obtained from members of the person's care team, family members or other significant contacts and which may help inform assessment, care planning or decision-making.

Cultural safety: an outcome based on respectful engagement that recognizes and seeks to address power imbalances within the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving care. (See First Nations Health Authority "Creating a Climate for Change" resource booklet.)

Cultural humility: a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves approaching another person's experience with openness and a commitment to ongoing learning. (See First Nations Health Authority "Creating a Climate for Change" resource booklet.)

Effective referral: taking positive action to ensure that a person requesting MAID is connected in a timely manner to a non-objecting, available and accessible physician, nurse practitioner, or other healthcare professional who can provide the service or connect the person directly to someone who can. A timely manner means a timeframe that does not create an adverse clinical outcome or prolonged suffering because of delay.

Family: family for the purposes of the *Safeguards for Last Resort Termination of Life Act* means any of the following who is an adult:

(a) a parent of the individual;

(b) a spouse or adult interdependent partner of the individual;

(c) a child of the individual;

(d) a sibling of the individual;

(e) a grandparent of the individual;

(f) a grandchild of the individual.

Moral distress: psychological distress that can arise when a social worker believes they know the ethically appropriate action or are trying to act consistently with their values and professional obligations, but are constrained by law, policy, role limits, resource barriers, family conflict, or other circumstances. In MAID-related practice, moral distress may be experienced when client wishes, clinical realities, legal requirements, workplace expectations, and personal or professional values are in tension.

Trauma-informed services: services that reflect an understanding of trauma and prioritize physical, emotional and cultural safety, as well as choice, collaboration and control in service delivery. Trauma-informed services do not require a person to disclose trauma but are provided in ways that reduce the risk of re-traumatization and support coping, regulation and decision-making at a pace that feels safe for the person. (See Trauma-Informed Practice and the Opioid Crisis, Centre of Excellence in Women's Health.)

RESOURCES

Medical assistance in dying: Overview - Canada.ca

Model Practice Standard for Medical Assistance in Dying (MAID) - Canada.ca

Advice to the Profession: Medical Assistance in Dying (MAID) - Canada.ca

Canadian MAID Curriculum - CAMAP | ACEPA

Government Bill (House of Commons) C-7 (43-2) - Royal Assent - An Act to amend the Criminal Code (medical assistance in dying) - Parliament of Canada

Government Bill (House of Commons) C-62 (44-1) - Royal Assent - An Act to amend An Act to amend the Criminal Code (medical assistance in dying), No. 2 - Parliament of Canada

Medical Assistance in Dying: Values-Based Self-Assessment Tool for Health Care Providers

Medical Assistance in Dying | Alberta Health Services

Medical Assistance in Dying | Canadian Association of Social Workers

Reflections: Narratives of Professional Helping

ACSW

Approved: June 2026 | **Next Review:** June 2027