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Expert Report: Comparative Jurisdictions Wayne Sumner

1. Introduction

1.1. This report will cover the development of medical assistance in dying (MAiD) in Canada from the February 2015 Supreme Court decision in *Carter v Canada* (Attorney General), (2015) 1 S.C.R. 331 through the end of 2024. I have been writing about assisted dying for the past fifteen years, including books published in 2011 and 2017. A further book, Deciding on Death: Rodriguez, Carter, and Medically Assisted Dying in Canada (coauthored with Kent McNeil) will be published next year by the University of British Columbia Press. In 2011, I served as an expert witness for the plaintiffs when Carter was being argued at the trial level in the British Columbia Supreme Court. For further details, please see my curriculum vitae (attached).

1.2. I have been instructed by Adams & Adams on behalf of DignitySA to address the following matters concerning the position of MAiD in Canada.

2. Legal Framework

2.1. Legislation establishing MAiD as a legal end-of-life option was compelled by the Supreme Court decision which found the existing Criminal Code provisions prohibiting consensual homicide and assisting a suicide to be in violation of the right to life, liberty, and security of the person enshrined in s. 7 of the Charter of Rights and Freedoms. More particularly, the court ruled that, while the protection of life is a legitimate purpose of criminal law, an exceptionless prohibition of assisting death suffered from the fatal defect of overbreadth, since it excluded instances which do not threaten that purpose. The court therefore mandated the federal government to devise legislation allowing for exceptions.

2.2. The government responded in June 2016 with Bill C-14, which defined eligibility criteria and procedural safeguards for the provision of MAiD. However, in June 2017

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two Quebec residents, Jean Truchon and Nicole Gladu, initiated a constitutional challenge to the requirement in C-14 that the patient's natural death be "reasonably foreseeable", arguing that this provision infringed both s. 7 of the Charter and the equality guarantee in s.15. In her September 2019 decision in Truchon c. Procureur général du Canada, 2019 QCCS 3792, Justice Christine Beaudoin of the Quebec Superior Court agreed with the plaintiffs on both points, declaring the "reasonably foreseeable natural death" (RFND) requirement to be "inoperative".[1]
She then suspended the declaration of inoperability for six months, to allow the federal government time to respond.

2.3. The government decided not to appeal Justice Beaudoin's decision, thereby acknowledging that some amendment of the existing legislation was required. It could have simply allowed the RFND condition to expire, while leaving C-14 otherwise intact. (This is what the province of Quebec did with the similar provision in its own assisted dying legislation.) Instead, it responded in March 2021 with Bill C-7, which utilized RFND to distinguish two classes of persons requesting MAiD and two tracks to its provision: those deemed to satisfy the condition (Track 1) and those deemed not to satisfy it (Track 2). For both tracks the bill stipulated distinct eligibility requirements and procedural safeguards.

2.4. In contrast to C-14, Bill C-7 also explicitly excluded mental disorder as the sole or primary qualifying condition for MAiD (on either track), but that provision was subject to a sunset clause under which it was to expire in 18 months (later extended to 24 months). It has since been further extended and is now due to expire in March 2027. Meanwhile, however, in August 2024 Dying with Dignity Canada initiated a constitutional challenge to the medical disorder exclusion, arguing that it violates both s. 7 and s. 15 of the Charter.

2.5. Both C-14 and C-7 imposed a minimum age of 18 years for access to MAiD and stipulated that the patient must give "express consent" at the time at which it is

[1] Truchon at para 766.

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administered. Since 2021, there has been continued discussion of whether mature minors should be eligible for MAiD and whether allowance should be made for advance requests where the patient's medical condition may lead to later incapacity. Despite the fact that both provisions have been repeatedly recommended by its Special Joint Committee on Medical Assistance in Dying, to date the government has declined to move on either of them.

2.6. However, in June 2023 the Quebec National Assembly passed Bill 11, which, inter alia, made provision for advance requests. Because of the evident conflict between this provision and the "express consent" requirement in the federal legislation, it did not immediately come into force. However, in August 2024 the Quebec government elected to proceed with it and declared that, effective October 30, it would no longer prosecute practitioners who provided MAiD pursuant to an advance request in accordance with the requirements of Bill 11. In response, the federal government undertook to initiate a national consultative process on the issue, to conclude in early 2025.

3. MAiD eligibility criteria and safeguards

3.1. Under the terms of Bill C-14, in order to qualify for MAiD a person had to be at least 18 years of age, capable of making decisions about their health care, and eligible for government-funded health services in Canada. Two independent practitioners (either physicians or nurse practitioners) had to attest that the person has "a grievous and irremediable medical condition". Having such a condition required the person to have "a serious and incurable illness, disease or disability" and to be "in an advanced state of irreversible decline in capability". In addition, their medical condition had to be causing them "enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions that they consider acceptable".

3.2. Finally, their natural death must have become "reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining". A person

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seeking MAiD had to make a voluntary written request without external pressure. At least 10 days then had to elapse between the time of the request and the time of administration of MAiD. The person had to be informed that they could withdraw their request at any time; further, they had to give "express consent" at the time of administration. Administration could be either by the patient or by the practitioner.

3.3. Since passage of the legislation, every provision of MAiD has had to be reported to the appropriate authority in the province or territory in question (usually either the Coroner's Office or the Ministry of Health). It is at this level that cases are reviewed in order to determine compliance with the regulations. All requests for, and provisions of, MAiD are reported to Health Canada, either directly or through a designated provincial or territorial body, and data for the country as a whole are then collated and published in annual reports.

3.4. The RFND requirement in Bill C-14 meant that the Canadian legislation effectively occupied a middle ground between the regimes in the Benelux countries, whose eligibility criteria are otherwise similar to Canada's but contain no such provision, and the various U.S. states in which assisted suicide has been legalized, where eligibility is restricted to patients whose death is expected within six months.

3.5. As noted above, when the RFND condition was successfully challenged in the Truchon case the government was forced to revisit it. For those persons who are deemed to satisfy the condition (those on Track 1), Bill C-7 made relatively modest modifications to the original C-14 procedural safeguards, including the elimination of the mandatory 10-day waiting period. For those on Track 2, it put in place a number of further safeguards, including a 90-day waiting period and a requirement of consultation with an independent practitioner with expertise in the medical condition that is the basis of the MAiD request. Additionally, under the terms of C-7, Track 2 patients had to be informed of all means available to relieve their suffering and had to be offered consultations with professionals who provide these services. Finally, the bill required practitioners to discuss these means with the patient and to attest that the patient had given them serious consideration.

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4. Critiques of MAiD

4.1. The current MAiD regime in Canada is enormously popular, achieving over 80% support in national opinion poll.[2] Notwithstanding its popularity, it does have its critics. Their critiques tend to divide into two categories: claims that the regime is "out of control" or on a "slippery slope", and allegations that its eligibility criteria and/or procedural safeguards are susceptible to abuse.

A. Slippery slope arguments

4.2. The general form of such arguments is well known:

4.2.1. Some sequence of events is identified whose first step, considered by itself, would be ethically defensible.

4.2.2. Once having taken that step, however, it would be difficult, or impossible, to avoid taking a number of further steps.

4.2.3. Each of these further steps would be ethically indefensible.

4.2.4. Therefore, it would be wrong even to take that first step.

4.3. For the MAiD critics, the first step in the sequence is Bill C-14, whose eligibility criteria for MAiD they regard as suitably sensible and restrained. The further steps would be: deleting the RFND requirement in C-14, allowing MAiD on the basis of a mental disorder, allowing advance requests, and extending eligibility to mature minors. The only step in this sequence that has actually been taken to date is the incorporation of Track 2 in Bill C-7, which was required to comply with the Truchon decision. But MAiD for mental disorders is currently on the agenda, while advance requests will be

[2] Ipsos, Support for Medically assisted Dying in Canada, June 30, 2023.

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under active discussion in the next few months, and the inclusion of mature minors remains a recommendation of the parliamentary committee.

4.4. If C-14 is adopted as the baseline, then each of these further steps does indeed constitute an expansion of its eligibility criteria for MAiD. But the appropriate baseline is not C-14, the government's response to the Supreme Court's decision in Carter, but that decision itself. Here it is useful to recall the court's ruling:

> The appropriate remedy is therefore a declaration that s. 241(b) and s. 14 of the Criminal Code are void insofar as they prohibit physician-assisted death for a competent adult person who *(1)* clearly consents to the termination of life; and *(2)* has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition. "Irremediable," it should be added, does not require the patient to undertake treatments that are not acceptable to the individual. The scope of this declaration is intended to respond to the factual circumstances in this case. We make no pronouncement on other situations where physician-assisted dying may be sought.[3]

4.5. What is noteworthy in this ruling is what is not mentioned: it does not require (1) that the person's natural death be reasonably foreseeable, (2) that their "grievous and irremediable" medical condition be physical rather than mental, (3) that "adult person" be defined in terms of age rather than decisional capacity, or (4) that the person's consent to the termination of life be contemporaneous, rather than given in advance.

4.6. All of these further restrictions were imposed by the government in C-14. It is therefore arguable that that legislation itself contravened the Supreme Court's ruling, by prohibiting MAiD for some persons who would otherwise have met the court's

[3] Carter at para 127.

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criteria. That point was explicitly argued in Truchon, at least where RFND is concerned, and Justice Beaudoin concluded that C-14 was indeed inconsistent with Carter, as well as being in violation of the Charter. If that is so, then it follows that the current MAiD legislation remains inconsistent with Carter, by virtue of denying eligibility to mature minors and persons with mental disorders and prohibiting advance requests.

4.7. When viewed in light of the *Carter* decision, therefore, it becomes clear that the history of MAiD in Canada since C-14 has not been an uncontrolled slide down a slippery slope, but rather a gradual process of aligning the eligibility criteria for MAiD with the conditions laid down by the Supreme Court.

4.8. This much is a matter of law and of the authority of the court. But the critics are also making an ethical point. In order for their slippery slope argument to succeed, every subsequent expansion of the C-14 eligibility criteria must be ethically unjustifiable.

4.9. By way of response, it is well to keep in mind the justifying conditions for MAiD itself. The ethical case for legal access to MAiD rests on two principal values: patient autonomy and patient well-being.[4] These are the central values served by medical care in general, and they apply equally to MAiD. Access to assisted dying enables persons both to exercise some degree of control over the manner and timing of their own death, thereby enhancing their autonomy, and to escape further needless suffering from their medical condition, thereby protecting their well-being. The ethical justification for legalizing MAiD, based on these values, is rock solid. The further developments in the Canadian MAiD regime to which the critics object will be equally justified to the extent that they serve these same values.

4.10. Those developments are:

[4] See L.W. Sumner, Assisted Death: A Study in Ethics and Law (Oxford: Oxford University Press, 2011), ch. 4.

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4.10.1. **(a) The removal of RFND as a condition of eligibility for MAiD.** This requirement was neither necessary nor ethically defensible in the first place. Experience, both in Canada and elsewhere, has shown that most requests for MAiD come from patients with such acute illnesses as cancer, cardiovascular conditions, and respiratory conditions, all of which typically have a relatively short time line to death.[5] On the other hand, neurological disorders such as amyotrophic lateral sclerosis (ALS) can lead to equally intolerable suffering but take much longer to run their inevitably fatal course. If someone whose suffering could be expected to last no longer than a few weeks could qualify for MAiD, why could someone not qualify whose suffering was likely to persist for months or even years? If one of the fundamental purposes of allowing legal access to MAiD is to enable individuals to escape unnecessary suffering, then the prospect of lengthier suffering should logically make a stronger case for access to MAiD rather than a weaker one. From the beginning, RFND looked to the wrong aspect of the patient's condition: length of life rather than quality of life. .

4.10.2. **(b) The inclusion of mental disorders as qualifying medical conditions for MAiD.** From the beginning it has been clear that the "intolerable suffering" required for MAiD eligibility could be either physical or psychological in nature. Some patients who receive MAiD report that their suffering was due to inadequate control of pain or other physical symptoms. But a majority mention forms of suffering that are rather more existential in nature: loss of ability to engage in meaningful life activities, loss of ability to perform activities of daily living, and loss of dignity.[6] These results are entirely consistent with the experience of other jurisdictions.[7] It is abundantly clear that these symptoms can equally be felt by patients whose sole or primary medical condition is mental rather than physical. Excluding these patients simply on the basis that they have the "wrong kind" of condition is arbitrary and ethically indefensible.

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[5] Health Canada, Fifth Annual Report on Medical Assistance in Dying in Canada, 2023, para 3.1.
[6] Health Canada, Fifth Annual Report, para 3.6.
[7] See, e.g., Oregon Health Authority, Oregon Death with Dignity Act 2023 Data Summary, p. 14.

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4.10.3. **(c) Replacing chronological age with decisional capacity.** Where other medical decisions are concerned, up to and including decisions about whether to discontinue life-sustaining treatment, the power of a patient to give, or refuse, informed consent is based on decisional capacity. There is no reason to make MAiD a special case. In the Netherlands, mature minors (ages sixteen and seventeen) who are found to be decisionally capable are empowered to make their own life-and-death decisions, including whether to request euthanasia. Denying these minors the right to request MAiD constitutes unjustifiable discrimination on grounds of age.

4.10.4. **(d) Allowing for advance requests.** As noted above, one of the principal purposes of a MAiD regime is to allow individuals some degree of control over the manner and timing of their death. Normally, that control will be exercised during the dying process, but some persons may wish to stipulate in advance the kinds of medical treatment they wish to receive, or decline, should they later become incapacitated by a condition such as progressive dementia. They can currently utilize a written directive to register an advance refusal of life-sustaining treatment. Exactly the same logic would permit them to register an advance request for MAiD.

4.11. Slippery slope arguments can (and usually do) fail in one of two ways: either the further steps they identify in the sequence are horrible but not probable, or they are probable but not horrible. The first sort of failure is exemplified by arguments claiming that a regime in which MAiD is voluntary—requiring a free and informed request by a decisionally capable patient— would inevitably devolve into one in which it is practised for patients who are being coerced by their family or by their health care provider, or for patients who are deprived of full information about their medical condition, or for patients who lack decisional capacity. Any such sequel would indeed be horrible, but there is absolutely no evidence that any has happened or is likely to happen.[8]

[8] See discussion of coercion below, pp. 8-9.

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4.12. The arguments more typically directed against the current MAiD regime in Canada fail in the second way. A strong ethical case can be made for every actual or potential development in the evolution of that regime from its initial 2016 form. Discarding the RFND requirement extends the option of an assisted death to those whose suffering will endure longer. Redefining the eligibility conditions so as to include both mature minors and patients with a mental illness avoids unjustifiable discrimination on grounds of age and type of medical condition. Allowing advance MAiD requests enables individuals to exercise autonomy over their medical treatment despite loss of decisional capacity. In all of these ways the further developments in the MAiD regime continue to serve the foundational values of patient autonomy and patient well-being.

4.13. Including mature minors would be a relatively straightforward matter, as long as we have reliable means of determining decisional capacity. Accommodating patients whose sole or primary medical condition is mental rather than physical will be more complicated, since questions will inevitably arise concerning the patient's decisional capacity and the irremediability of their condition. Similarly, accommodating advance requests will raise issues about interpreting the terms of the patient's advance directive and determining how the requirement of their intolerable suffering will be satisfied. These various problems are not trivial and will require carefully thought out solutions. But there is no reason to think that they are insoluble, or that a blanket exclusion is the only viable option.

4.14. Furthermore, experience both in Canada and abroad has shown that even taking all of those further steps would result in only a very small increase in the total number of MAiD deaths. In 2023 (the most recent year for which we have data), Track 2 patients constituted just 4.1% of total MAiD provisions.[9] For an estimate of the likely impact of the other three developments we need to look to the Netherlands, where all three are already in place. In 2023, out of a total of 9,068 cases of euthanasia, 138 involved patients with one or more psychiatric disorders (1.5% of the total), while

[9] Health Canada, Fifth Annual Report, Table 2.1a.

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there were nine cases (0.1%) where euthanasia was administered pursuant to an advance directive. There were two cases involving a minor.[10]

4.15. Speaking of numbers, the critics frequently try to show that MAiD in Canada is out of control, or on a slippery slope, by citing the annual number of MAiD provisions. In 2023, there were 15,343 provisions across the country, representing 4.7% of all deaths in that year.[11] According to these critics, both that total and that percentage were too high. From 2019 through 2022, the annual number of provisions increased by an average of 31% per year.[12] According to these critics, that growth rate was also too high. (In 2023, the growth rate was halved to 15.8%, indicating that the curve may be starting to flatten.)

4.16. When any of the foregoing numbers are claimed to be too high, the obvious question is: too high relative to what? There is no way to specify in advance the ideal number of annual MAiD provisions in Canada (unless you are opposed to MAiD in principle, in which case the number would be zero). MAiD is not like, say, immigration, where the government can set an annual intake target and then work toward hitting it. Instead, the annual number of MAiD provisions will be determined by the intersection of demand (the number of patients qualifying for the service and requesting it) and supply (the number of practitioners providing it). On the demand side, the growth rate in provisions is being driven by increasing numbers of MAiD requests.[13] That level of demand is unlikely to decline anytime soon. When a sample of Canadians was asked whether they would request MAiD if they were facing a long and painful death, just under 50% indicated that they either probably or definitely would.[14] That's a lot of potential demand, which we should expect to continue to grow as the population ages. (The cohort of Canadians 65 years of age or older increases by about 3.5% per year.) Meanwhile, on the supply side, the growth in

[10] RTE Regional Euthanasia Review Committees Annual Report 2023, ch. 2.
[11] Health Canada, Fifth Annual Report, para 2.2.
[12] Ibid.
[13] Health Canada, Fifth Annual Report, para 2.1.
[14] Adrian C. Byram and Peter B. Reiner, "Disparities in public awareness, practitioner availability, and institutional support contribute to differential rates of MAiD utilization: a natural experiment comparing California and Canada", Mortality, March 14, 2024, Table 2.

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MAiD provisions is also enabled by the growth in MAiD providers, where the 2,200 practitioners in 2023 represent a 73% increase since 2019.[15]

4.17. Health Canada provides a useful summary of the factors likely to influence the rate of provisions in the foreseeable future: "An increased awareness of MAiD within the care continuum, population aging and the associated patterns of illness or disease, personal beliefs and societal acceptance, as well as the availability of practitioners who provide MAiD "[16]

4.18. One point worth underlining: the increasing numbers are not being driven by Bill C-7's introduction of Track 2 in 2021. As noted above, in 2023, Track 2 cases accounted for just 4.1% of total MAiD cases in Canada. It is clear that the growth is overwhelmingly in Track 1.

4.19. One way the critics use to demonstrate that the Canadian numbers are too high is to compare them with jurisdictions abroad that have their own assisted dying regimes. Currently, the comparator of choice is California. On the surface at least, the comparison is apt: two jurisdictions with roughly equal populations, similar access to high-quality health care, and no substantial differences in the leading causes of death or overall death rates. And the disparity in the numbers is undeniably stark: in 2023 the 884 assisted deaths in California constituted just 0.27% of all deaths.[17] So we might conclude, with the critics, that the Canadian numbers are too high. Or we might conclude that the California numbers are too low. At least at this point, both conclusions are equally in play.

4.20. So, what explains the disparity? One obvious place to look is the different eligibility criteria in the two regimes: at least since the passage of C-7, Canada's criteria have been more expansive than California's. In California, as in all of the U.S. states that

[15] Health Canada, Fifth Annual Report, para 6.1.
[16] Health Canada, Fifth Annual Report, p. 7.
[17] California Department of Public Health, California End of Life Option Act 2023 Data Report.

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have legalized assisted dying, a diagnosis of a terminal condition is required, with death expected within six months. However, a recent side-by-side comparison of the two regimes found that this difference between them did little to account for the numbers gap.[18] Instead, it appears to result from three principal factors: (1) Canadians are much more aware of MAiD and its availability than are their California counterparts; (2) Canada has many more MAiD providers than California; and (3) Canadian health care authorities and institutions provide robust support to members of the public seeking to access MAiD, support that is lacking in California.[19] The appropriate conclusion would then seem to be that Californians are being under-served by their current assisted dying regime. It's not that Canada is doing worse, but that California could be doing much better.

4.21. These differences between Canada and California make comparisons between the numbers in the two regimes of questionable relevance. We get more reliable results when we look to jurisdictions with regimes more like Canada's. The nearest analogue is the Netherlands, where the 9,068 MAiD deaths in 2023 represented a 4% increase over the previous year and amounted to 5.4% of all deaths during that year.[20] Quite clearly, in this context Canada is not an outlier.

B. Arguments from abuse.

4.22. These arguments take a very different form, since they do not dispute that the eligibility criteria for MAiD (both those of C-14 and further actual or potential developments thereafter) are justified in principle. Instead, they contend that, in practice, either some of those criteria or some of the program's procedural safeguards are susceptible to abuse. Since the specific feature of the program to target can vary from critic to critic, these arguments form a more diverse family. However, most of them fall into one of the following three categories:

[18] Byram and Reiner, "Disparities", p. 9.
[19] Ibid.
[20] RTE Regional Euthanasia Review Committees Annual Report 2023, ch. 2.

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4.22.1. **(a) Disability.** Perhaps the boldest claim is that Bill C-7's opening up of Track 2 has put persons with disabilities at risk. This change was widely regarded as making MAiD available to this cohort for the first time. But this was a misperception. Under the original terms of C-14, in order to qualify for MAiD a person had to have "a serious and incurable illness, disease or disability". Persons with disabilities have therefore been eligible for MAiD ever since the inception of the program, and a significant percentage of Track 1 recipients continue to self- report as having a disability. In 2021, the Criminal Code was amended to allow data collection to include information respecting, among other personal characteristics, disability. In 2023, recipients of MAiD were asked whether they self-identified as having a disability. Of the 10,221 Track 1 patients who responded to this question, 33.5% reported having a disability (the comparable figure for Track 2 patients was 58.3%).[21]

4.22.2. The innovation of C-7, therefore, was not to open up eligibility for persons with disabilities, but to accommodate those with a longer trajectory to their natural death.

4.22.3. In any case, it was greeted with alarm by critics who made the point that Canadians with disabilities live in a society pervaded by ableism: the mindset that having a disability makes one less than fully human. As a result, they may seek an assisted death having internalized the ableist valuation that their lives are not worth living. Under these oppressive circumstances, the argument goes, persons with disabilities are unable to make a genuinely autonomous choice for MAiD, in which case it is wrong—because discriminatory and unjust—to offer them that option. Some critics have gone so far as to label C-7 as eugenicist in its potential impact on the disability community.

4.22.4. That opinion does not appear to be shared by most Canadians with disabilities. In a 2023 Ipsos poll, 83% of respondents who self-identified as having a disability supported the Carter decision. More to the point, 78% supported C-7's removal of

[21] Health Canada, Fifth Annual Report, Table 4.4a.

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the "reasonably foreseeable natural death" requirement (the same level of support found for respondents with no disability).[22]

4.22.5. But the most obvious weakness in the ableism argument is its inconsistency. Anyone with a serious disability will frequently be called upon to make decisions about the course of their medical treatment, including very consequential ones where both benefit and risk are uncertain. Sometimes those decisions will concern whether to continue treatment for their condition at all or, instead, opt for hospice or palliative care. Those who make the latter choice have determined that their expected quality of life is no longer sufficient to justify continuing to prolong their life by every means possible. In the starkest cases they are deciding to die. No one suggests that persons with disabilities lack the capacity to make autonomous decisions concerning the management of their medical condition, up to and including the decision to forego further life-sustaining treatment. Any such suggestion would be rightly dismissed as offensively paternalistic. Only in the case of MAiD is that capacity put in question. Ableism is objectionable precisely because it perpetuates stereotypes about persons with disabilities. But so does the assumption that they are incapable of managing their own affairs.

4.22.6. **(b) Coercion.** A related critical concern targets the voluntariness of MAiD requests, not just for persons with disabilities but for the general population. The legislation requires that the request not be made "as a result of external pressure". The Health Canada Advice to the Profession: Medical Assistance in Dying (MAiD) stipulates that "assessors and providers must be satisfied that the person's decision to request MAiD has been made freely, without undue influence (contemporaneous or past), from family members, health care providers, or others". In cases where the person making the request is, or has been, in an abusive or controlling relationship, ensuring the absence of undue influence may require serial assessments over an extended period of time. To my knowledge, there have been no cases to date in which undue influence by family members has been alleged to be a factor in a patient's decision.

[22] Ipsos, Support for Medically-assisted Dying in Canada.

4.22.7. The critics' concerns, however, tend to focus not on family members but on health care providers. Sometimes the concern is simply speculative: since there is (alleged to be) a power imbalance between medical practitioners and their patients, there is always the risk that in deciding on a course of treatment the former will exert undue influence on the latter. If so, then that risk will be equally present when patients are deciding whether to request MAiD. But the worry has a more specific focus as well. In some foreign jurisdictions where assisted dying is legal, such as Australia and New Zealand, medical practitioners are not permitted to initiate a discussion with a patient about MAiD. This is not the case in Canada. Quite the contrary: in line with the general requirement that patients be fully informed of the treatment options available to them, in appropriate circumstances practitioners are expected to inform patients about the availability of MAiD. When are circumstances appropriate? The Health Canada Advice to the Profession puts the matter this way:

4.22.7.1. As in all situations of clinical care, practitioners have a responsibility to explore patients' values and discuss their goals for care. Practitioners should always provide information about treatment options and services that are appropriate to the patient's condition, in light of these values and goals of care. If a practitioner has determined that MAiD is consistent with a patient's values and goals of care and has good reason to believe that the person might be eligible to receive MAiD, the practitioner must inform the patient about MAiD. The practitioner must also indicate an openness to discussing the topic and be attentive to the patient's wishes about further dialogue. The timing of initiating a conversation about MAiD should be determined by the practitioner, using their professional judgment, and should be undertaken with care, skill, and sensitivity....

4.22.7.2. If a practitioner is aware that MAiD is not consistent with a patient's values and goals of care, they should not initiate a discussion about MAiD.

4.22.8. It is under these same circumstances that a practitioner would be expected to inform a patient about the option of hospice/palliative care. There is no reason to treat MAiD

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differently. When these guidelines are followed, there seems little likelihood of practitioners pressuring their patients to opt for MAiD. In addition, patients must be informed that they may withdraw their request at any time, and they must still give express consent to the procedure at the time of administration.

4.22.9. For whatever reason, assisted dying legislation that has recently been proposed in some foreign jurisdictions appears to take the possibility of practitioner coercion very seriously. In Ireland, for instance, one of the recommendations of the parliamentary committee on assisted dying in its March 2024 report was that any enabling legislation make it a specific offence for practitioners to attempt to coerce a patient.[23] Likewise, the bill that recently passed first reading in the UK House of Commons contains the provision that "A person commits an offence if the person, dishonestly or by coercion, induces another person to make, or revoke, a request for assistance to die". The bill stipulates the maximum penalty upon conviction for this offence to be life imprisonment.[24]

4.22.10. While it seems entirely appropriate to warn against practitioner coercion, it is difficult to understand this level of alarm about its likelihood. During Canada's 8+ years of experience with legal MAiD, I am unaware of a single instance in which a medical practitioner has been alleged to have exercised undue influence over a patient's decision to seek the procedure.

4.22.11. **(c) Poverty and lack of social support.** The critics have been fond of highlighting a few widely- publicized cases in which a person has accessed MAiD seemingly in part because they lacked access to, or could not afford, needed social supports for their medical condition. This case was perhaps the best known:

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[23] Joint Committee on Assisted Dying, Final Report, March 2024, pp. 41-2.
[24] Assisted Dying for Terminally Ill Adults Bill [HL], 10(3)(5).

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4.22.11.1. Ms. B was a female in her 50s with multiple chemical sensitivity syndrome (MCSS). She had a history of psychiatric hospital care for depression, anxiety, suicidality, and post- traumatic stress disorder, related to childhood trauma.

4.22.11.2. Ms. B had difficulty securing housing that met her medical needs. After years of attempts to secure appropriate housing, the Human Rights Tribunal issued a ruling to allocate funds to renovate her apartment. These renovations did not satisfactorily address her MCSS symptoms. A remaining option presented was to live in a small hypoallergenic space (i.e., a bubble). As a result of her housing situation and conditions, necessary to address her MCSS, Ms. B experienced social isolation, which greatly contributed to her suffering and request for MAiD.[25]

4.22.12. The critics concluded from this case, and others similar to it in some respects, that MAiD in Canada was being used as a means of solving a social problem. One critic went so far as to characterize it as "social murder".

4.22.13. Before commenting on this particular instance, it is worth noting just how scarce such cases are. The annual Health Canada reports record, for each MAiD provision, whether the patient required and, if so, received disability support services. In 2023, 5,613 patients (36.6% of total cases for that year) were reported as having required such services, of whom 5,181 (92.3%) received them and 432 (7.7 %) did not. Of those 432, the services were reported to be accessible for 158 (36.6%) and inaccessible for only 5 (1.2%); the rest were unknown.[26]

4.22.14. It could be said, with fairness, that even 5 patients are too many, that ideally no one who qualifies for MAiD should lack access to needed social services. But at least the figures do not reveal a widespread problem.

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[25] Office of the Chief Coroner (Ontario), MAiD Death Review Committee Report, 2024-3.
[26] Health Canada, Fifth Annual Report, Table 5.1b.

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4.22.15. As for Ms. B in particular, two things need to be kept in mind. The first is that she qualified for MAiD on the basis of her MCSS, and the suffering it caused her, not on the basis of her social situation. No one can qualify for MAiD just by virtue of poverty or lack of access to needed services. The other is that the foregoing brief summary omits a great deal of information about her medical condition, information that was available to her assessor and provider, and to the provincial review team, but not to the general public. In the absence of fuller information, it is hazardous to speculate about the reasons for her seeking MAiD, or for her approval for it.

4.22.16. To probe a bit deeper, some background information is required. In Ontario (Canada's most populous province) MAiD provisions must be reported to the Office of the Chief Coroner (OCC). The OCC has established a MAiD Review Team (MRT), whose members retrospectively review every provision. The MRT, therefore, would have reviewed the case of Ms. B. More recently, the OCC also set up a MAiD Death Review Committee (MDRC), comprising sixteen members across multiple disciplines, whose task is not to further review particular cases but rather "to provide recommendations and guidance that may inform the practice of MAiD through the evaluation and discussion of topics, themes, and trends identified by the ... MRT".[27]

4.22.17. Ms. B's case was discussed by the MDRC, who did not reach consensus on the question whether she qualified for MAiD, largely because of disagreement over whether her symptoms were primarily physiological or psychiatric. (Had they been solely or primarily psychiatric she would not have qualified for MAiD under the existing eligibility criteria.) The report of the MDRC discussion notes that "Most MDRC members believed that Ms. B's MCSS presentation required her to continue living in isolation in a small hypoallergenic environment and hypothesized that other housing arrangements would not have led to the resolution of her suffering." This view of the matter was confirmed by Ms. B herself, in a letter to her MAiD provider, Dr. Chantal Perrot, which was made public only after her death: "Even if I were to find a medically-safe, affordable home, I would still be isolated from the rest of the

[27] MAiD Death Review Committee Report.

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community, unable to go into public buildings OR visit friends/family [due to the risk of exposure to triggers]... With my health deteriorating... I made the only decision that I felt was available: I chose MAiD now...".[28]

4.22.18. Ms. B's assessment of her own situation nicely illustrates two important points: that patients are capable of making autonomous decisions about their health care (including decisions to access MAiD) under circumstances in which they lack access to needed resources, and that, under those circumstances, MAiD can be the least bad option for them. Both points are well argued in an excellent recent article by Kayla Wiebe and Amy Mullin.[29]

4.22.19. Besides the MDRC report that included discussions of individual cases, such as Ms. B's, the OCC also released a report providing valuable data on marginalization rates for MAiD recipients in Ontario during 2023.[30] These data were reported by the critics as showing that MAiD was being sought primarily by people living in marginalized communities, with the implication that it was being embraced by the poor as an escape from their dire condition. The data did indeed show that MAiD recipients were on average more likely to be marginalized than the Ontario population as a whole. However, the overall population is not the appropriate comparator group, since MAiD recipients are both older and (by definition) less healthy than the average Ontario resident. A suitable comparator group would be one with a better match for age and health condition: the cohort of patients with serious illnesses who opted not for MAiD but instead for palliative care. Compared to this cohort, the data showed Track 1 MAiD recipients to be slightly less likely to be marginalized, while Track 2 recipients were equally likely. The basic takeaway from the data is that "If marginalization is associated equally with the decision to receive MAiD as it is associated with the decision not to receive MAiD, then we must accept that these findings simply reflect factors associated with disease and age, not the decision to

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[28] extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.ourcommons.ca/Content/Committee/441/AMAD/Brief/BR11824538/br-external/PerrotChantal-e.pdf

[29] Kayla Wiebe and Amy Mullin, "Choosing Death in Unjust Conditions: Hope, Autonomy, and Harm Reduction", Journal of Medical Ethics 50 (2024).

[30] Office of the Chief Coroner, Medical Assistance in Dying (MAiD): Marginalization Data Perspectives.

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pursue MAiD".[31] MAiD, therefore, is not disproportionately targeting the poor and marginalized.

4.22.20. The 2023 Health Canada report also included a socio-economic analysis of MAiD recipients, concluding that "people who receive MAiD do not disproportionately come from lower-income or disadvantaged communities".[32]

4.22.21. Whatever the bigger picture, we must recognize that there will inevitably be some patients, like Ms. B, who satisfy the eligibility criteria for MAiD and elect to pursue it under their actual social conditions, but might not have chosen to do so had those conditions been otherwise. The question then is: how do we respond to this fact? The response favoured by the critics is to deny access to MAiD for patients in these circumstances. (But how? By prohibiting MAiD for poor people?) But that would be perverse, since, like Ms. B, many patients may regard MAiD as their best option under their actual (as opposed to ideal) circumstances. The obvious solution would seem to be to remedy the underlying issues of poverty and lack of access to needed social supports. That problem is a social one and needs to be addressed on that level, not by limiting access to MAiD.

5. Practical and ethical considerations

5.1. As noted earlier, the central values underlying MAiD are patient well-being (relief from suffering) and patient autonomy (control over the manner and timing of death). These are the same values that must be in play in deciding on the practical features of a MAiD program. Keeping them in mind, here are some considerations to keep in mind in designing such a program.

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[31] James Downar and Jocelyn Downie, "The Ontario Chief Coroner's reports are clear—alarm about MAiD in Canada isn't warranted". https://valuejudgments.substack.com/p/the-ontario-chief-coroners-reports?utm_source=post-email-title&publication_id=1009414&post_id=152639119&utm_campaign=email-post-title&isFreemail=false&r=1uq4su&triedRedirect=true

[32] Health Canada, Fifth Annual Report, p. 41.

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5.1.1. (a) The program's eligibility criteria should focus on patient suffering, not longevity. There is no justification for requiring that natural death be expected within some specified time horizon (or that it be "reasonably foreseeable").

5.1.2. (b) Eligibility should be based on diagnosis of a serious and incurable medical disorder causing intolerable suffering. There is no justification for requiring the disorder to be physical rather than mental.

5.1.3. (c) Eligibility should be based on decisional capacity, not chronological age. Anyone with capacity has the right to decide when their suffering has become intolerable, and to determine the manner and timing of their death.

5.1.4. (d) The program must make allowance for administration of MAiD either by patient or practitioner. Administration by practitioner is both safer and more reliable. In jurisdictions, like Canada, where both are allowed self-administration is very rare.

5.1.5. (e) Patients diagnosed with neurological disorders from which later incapacity can be anticipated should be able to make advance requests for MAiD.

5.1.6. (f) Practitioners must be permitted, indeed required, to inform patients of the option of MAiD under appropriate circumstances.

5.1.7. (g) Practitioners who conscientiously object to providing MAiD, or to assessing patients for eligibility, must be required to provide an effective referral to a willing provider.

5.1.8. (h) A system must be put in place whereby all MAiD provisions are reported to a relevant authority and subject to robust review. Monitoring of the program as a whole should be facilitated by the publication of annual data.

6. Key takeaways

Canada's MAiD regime has been a work in progress ever since the enabling legislation of 2016, because that legislation imposed restrictions on the practice that were both

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ethically unjustifiable and inconsistent with the Supreme Court decision in *Carter*. The subsequent process of successive amendments to remove these restrictions has been both protracted and controversial. Better to get it right in the first place.

7. Conscientious objection

7.1. The Supreme Court addressed the issue of conscientious objection in *Carter* without pronouncing on it:

> 7.1.1. In our view, nothing in the declaration of invalidity which we propose to issue would compel physicians to provide assistance in dying. The declaration simply renders the criminal prohibition invalid. What follows is in the hands of the physicians' colleges,Parliament, and the provincial legislatures. However, we note ... that a physician's decision to participate in assisted dying is a matter of conscience and, in some cases, of religious belief In making this observation, we do not wish to pre-empt the legislative and regulatory response to this judgment. Rather, we underline that the Charter rights of patients and physicians will need to be reconciled.[33]

7.2. The competing Charter rights to which the court here refers are, presumably, the patient's s. 7 right to life, liberty, and security of the person and the practitioner's s. 2(a) right to freedom of conscience and religion.

7.3. The first step toward reconciling these rights was taken in Bill C-14, whose Preamble states that "nothing in this Act affects the guarantee of freedom of conscience and religion". S. 241.2(9) then follows up by stating that "For greater certainty, nothing in this section compels an individual to provide or assist in providing medical assistance in dying". Just to be clear, this section of C-14 does not exempt practitioners from being legally compelled to provide or assist in providing MAiD. It merely says that

[33] Carter, at para 132.

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nothing in the federal law so compels them. It is in any case not clear how the law could have compelled them, since the regulation of medical services lies within provincial/territorial jurisdiction. The question of what practitioners may, or may not, be compelled to do would ultimately be determined not by Parliament but by the provincial/territorial legislatures and medical regulators.

7.4. As it happens, every provincial/territorial jurisdiction in Canada has elected to allow objecting practitioners to refuse to provide (or assist in providing) MAiD, even if their refusal will impede access to the procedure by patients who fully satisfy the eligibility criteria for it. The issue then becomes what these practitioners may be compelled to do on behalf of their patients. The only provincial legislature to have spoken directly to this issue is Quebec. Under the terms of Bill 52, passed by the National Assembly in June 2014, a physician who refuses MAiD to an eligible patient must forward the patient's request to their health care institution or local health authority, who will then have the responsibility "to find another physician willing to deal with the request in accordance with" the eligibility criteria. The legislation therefore requires that a practitioner who conscientiously refuses to provide MAiD must still take active steps to enable the patient's access to the procedure.

7.5. In Ontario, the necessary steps have been spelled out not by the legislature but by the College of Physicians and Surgeons of Ontario (CPSO). The College states that it "recognizes that physicians have the right to limit the health services they provide for reasons of conscience or religion. However, physicians' freedom of conscience and religion must be balanced against the right of existing and potential patients to access care." In order to achieve this balance, it stipulates that "physicians who decline to provide MAID due to a conscientious objection must not abandon the patient and must provide the patient with an effective referral" (emphasis in original). It then spells out what is required by an effective referral: "Physicians make an effective referral when they take positive action to ensure the patient is connected in a timely manner to a non-objecting, available, and accessible physician, other health-care professional, or agency that provides the service or connects the patient directly with a health-care professional who does." As with the Quebec legislation, therefore, the

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CPSO's rules require objecting physicians to actively enable access to MAiD for their eligible patients. Essentially the same requirement also applies to the two other groups of practitioners involved in the provision of MAiD: nurses (including nurse practitioners) and pharmacists.

7.6. In June 2017, the CPSO policy for physicians was challenged by the Christian Medical and Dental Society (CMDS), an organization of practitioners who objected to providing MAiD on moral or religious grounds. The CMDS's principal argument in the case (though not their only one) was that requiring objecting physicians to provide an "effective referral" was an unjustified infringement of their Charter right to freedom of conscience and religion. Providing such a referral, they argued, would make them complicit in an act they believed to be immoral. In its January 2018 decision, the Ontario Divisional Court agreed with the applicants that the CPSO requirement infringed their freedom of religion but held that the infringement was "demonstrably justified in a free and democratic society" under the terms of s. 1 of the Charter. The Court concluded that "the salutary effects of the Emergency Provision—the protection of life and public safety—far outweigh any deleterious effect in the form of infringement of the rights of the Individual Applicants to practice medicine in accordance with their religious beliefs".[34] It therefore upheld the constitutionality of the CPSO policy. The Ontario Court of Appeal reached the same conclusion, essentially agreeing with the reasoning of the lower court.

7.7. If exemption from the duty to provide MAiD was a victory for the objecting practitioners, imposition of the duty to refer was a victory for patients. As far as the law is concerned, the appropriate balance has been struck between the rights of the two parties. The outcome is a classic compromise in which eligible patients' access to MAiD is impeded (but not denied) while objecting practitioners are required to enable provision of MAiD (but not to provide it). This compromise has effectively become standard practice across the country. In its Model Practice Standard for

[34] The Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario, 2018 ONSC 579 at para 229.

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2 Ipsos, Support for Medically assisted Dying in Canada, June 30, 2023.

3 Carter at para 127.

4 See L.W. Sumner, Assisted Death: A Study in Ethics and Law (Oxford: Oxford University Press, 2011), ch. 4.

5 Health Canada, Fifth Annual Report on Medical Assistance in Dying in Canada, 2023, para 3.1.

6 Health Canada, Fifth Annual Report, para 3.6.

7 See, e.g., Oregon Health Authority, Oregon Death with Dignity Act 2023 Data Summary, p. 14.

8 See discussion of coercion below, pp. 8-9.

9 Health Canada, Fifth Annual Report, Table 2.1a.

10 RTE Regional Euthanasia Review Committees Annual Report 2023, ch. 2.

11 Health Canada, Fifth Annual Report, para 2.2.

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14 Adrian C. Byram and Peter B. Reiner, "Disparities in public awareness, practitioner availability, and institutional support contribute to differential rates of MAiD utilization: a natural experiment comparing California and Canada", Mortality, March 14, 2024, Table 2.

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EDUCATION

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1964	M.A., Philosophy, Princeton University
1962	B.A., Philosophy and English, University of Toronto

EMPLOYMENT

2015	Visiting Fellow, Hebrew University, Jerusalem
2011	H.L.A. Hart Visiting Fellow, University College, Oxford
2008-	University Professor Emeritus, Department of Philosophy, University of Toronto
2006-	Member, Institute for Life Course and Aging, University of Toronto
2006-10	Member, Graduate Faculty, Centre for Environment, University of Toronto
2005-	Faculty Associate, Centre for Ethics, University of Toronto
2002-08	University Professor, Department of Philosophy, University of Toronto
2001-07	Member, Women's and Gender Studies Institute, University of Toronto
1998	Visiting Professor, Uppsala University
1995-	Member, Joint Centre for Bioethics, University of Toronto
1989-95	Member, Centre for Bioethics, University of Toronto
1986	Distinguished Visiting Professor, Bowling Green State University
1985-95	Cross-appointment to Faculty of Law, University of Toronto
1980-02	Professor, Department of Philosophy, University of Toronto
1970-80	Associate Professor, Department of Philosophy, University of Toronto
1966-70	Assistant Professor, Department of Philosophy, University of Toronto
1965-66	Lecturer, Department of Philosophy, University of Toronto

HONOURS AND AWARDS

2009	Molson Prize in Social Sciences and Humanities, Canada Council for the Arts
2006	C.B. Macpherson Prize for books in political theory (for *The Hateful and the Obscene*)
2005	Shortlisted for the 2004 Donner Book Prize for books on Canadian public policy (for *The Hateful and the Obscene*)
1997	Northrop Frye Award, University of Toronto
1990	Elected Fellow, Royal Society of Canada

FELLOWSHIPS AND RESEARCH GRANTS

2006-09	SSHRC Research Grant ($41,503)
2004	Chancellor Jackman Research Fellowship in the Humanities, University of Toronto ($35,000)
2001-06	SSHRC Research Grant ($31,000)
1998	Connaught Research Fellowship, University of Toronto ($35,000)

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1997-2001	SSHRC Research Grant ($26,200)
1997-98	National Humanities Center Fellowship (US$35,000) [declined]
1994-97	SSHRC Research Grant ($18,000)
1986-87	SSHRC Leave Fellowship ($12,938)
1984-85	Connaught Programme in Legal Theory and Public Policy Research Grant ($1,000)
1981-83	Canada Council Killam Research Fellowship ($102,410)
	SSHRC Research Grant ($5,980)
1979-80	University of Toronto Humanities and Social Sciences Grant ($400)
1977-78	Canada Council Leave Fellowship ($10,500)
	University of Toronto Research Leave Grant ($3,500)
1973-74	American Council of Learned Societies Fellowship ($9,000)
1971-72	Canada Council Research Grant
1968-69	University of Toronto Research Grant
1967-68	University of Toronto Junior Fellowship
1966-67	University of Toronto Junior Fellowship
1965-66	University of Toronto Research Grant
1964-65	Woodrow Wilson Dissertation Fellowship
1963-64	Princeton University Doctoral Fellowship
1962-63	Woodrow Wilson Fellowship

TEACHING AND RESEARCH INTERESTS

Ethical theory; applied ethics (esp. bioethics and environmental ethics); political philosophy; philosophy of law

PUBLICATIONS

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'Two Theories of the Good', *Social Philosophy and Policy* 9, 2 (Summer): 1-14

1991 'Abortion and the Moral Status of the Fetus', in David J. Roy et al., eds., *Medicine, Ethics, and Law: Canadian and Polish Perspectives* (Montreal: Center for Bioethics), 189-196

1989 'Reply to Hurka and Copp', *Dialogue* 28, 1 (Spring): 149-155

1988 'Animal Welfare and Animal Rights', *Journal of Medicine and Philosophy* 13,2 (May): 159-175

'Utilitarian Goals and Kantian Constraints (or: Always True to You, Darling, in My Fashion)' and 'Reply to Ruddick and Reiman', in Baruch A. Brody, ed., *Moral Theory and Moral Judgments in Medical Ethics* (Dordrecht: Kluwer Academic Publishers), 15-31, 53-54

1987 'Positive Sexism', *Social Philosophy and Policy* 5, 1 (Autumn): 204-222

'Abortion', in Donald VanDeVeer and Tom Regan, eds., *Health Care Ethics* (Philadelphia: Temple University Press), 162-183

1986 'Subjectivity and Moral Standing' and 'A Response to Morris', in L.W. Sumner et al., eds., *Values and Moral Standing* (Bowling Green, Ohio: Bowling Green State University), 1-15 and 22-23

Italian translation of 'Subjectivity and Moral Standing', *Etica & Animali* 5, 1-2 (1992), 3-11

'Welfare, Sentience, and Moral Standing', in Philip P. Hanson, ed., *Environmental Ethics: Philosophical and Policy Perspectives* (Burnaby, B.C.: Institute for the Humanities/SFU Publications), 125-128

'Moral Theory and Moral Standing: A Reply to Woods and Soles', *Dialogue* 24, 4 (Winter): 691-699

1985 'Abortion Policies: The View from the Middle', in Paul Sachdev, ed., *Perspectives on Abortion* (Metuchen, N.J.: Scarecrow Press), 59-69

1984 'Rights Denaturalized', in R.G. Frey, ed., *Utility and Rights* (Minneapolis: University of Minnesota Press and Oxford: Blackwell), 20-41
1983 'The Canadian Harp Seal Hunt: A Moral Assessment', *International Journal for the Study of Animal Problems* 4, 2 (April-June): 108-116
1979 'The Good and the Right', in Wesley E. Cooper et al., eds., *New Essays on John Stuart Mill and Utilitarianism* (Guelph: Canadian Association for Publishing in Philosophy), 99-114
1978 'Classical Utilitarianism and the Population Optimum', in R.I. Sikora and Brian Barry, eds., *Obligations to Future Generations* (Philadelphia: Temple University Press), 91-111
1977 'Rawls and the Contract Theory of Civil Disobedience', in Kai Nielsen and Roger A. Shiner, eds., *New Essays on Contract Theory* (Guelph: Canadian Association for Publishing in Philosophy), 1-48
1976 'A Matter of Life and Death', *Nous* 10, 2 (May): 145-171
1974 'More Light on the Later Mill', *Philosophical Review* 83, 4 (October): 504-527
'Toward a Credible View of Abortion', *Canadian Journal of Philosophy* 4, 1 (September), 163-181
Swedish translation in Thomas Anderberg and Ingmar Persson, eds., *Abortetik* (Lund: Doxa, 1987), 92-114
1971 'Cooperation, Fairness and Utility', *Journal of Value Inquiry* 5, 2 (Spring): 105-119
1968 'Value Judgments and Action', *Mind* 77, 307 (July): 383-399
1967 'Hare's Arguments Against Ethical Naturalism', *Journal of Philosophy* 64, 23 (December 7): 779-791
'Normative Ethics and Metaethics', *Ethics* 77, 2 (January): 95-106

Non-Refereed Articles

2018 'How We Are (Still) Dying' [with Sandra Martin], *Literary Review of Canada* 25, 10 (January): 2-3
2014 'And When I Die: The Pro-life Case for Assisted Suicide', *The Walrus* (November): 19-20
2013 'The Ethical Bases of Medical Aid in Dying', *Impact Ethics*
http://impactethics.ca/2014/01/21/the-ethical-bases-of-medical-aid-in-dying-2/#more-1106
[co-authors: Jean Mercier, Daniel Weinstock]
2011 'The Morgentaler Effect: Legalizing Assisted Suicide', *The Walrus* (January-February): 44-50
Honourable Mention, 2012 National Magazine Awards
2010 'Looking for Options at the End of the Day', *Canadian Medical Association Journal* 182, 9 (June 15): 1004
2006 'An Ethics Forum on Free Speech', *idea&s* 3:2, 7-15 [with Joseph Carens, Anver Emon, David Novak, and Melissa Williams]
1995 'How to Do Applied Ethics', *The Science of Mind* 34 (November): 1-12
1989 'Employment Equity: The Next Step', *University of Toronto Bulletin*, 17 April: 16
1988 'Abortion: Getting the Balance Right', *University of Toronto Bulletin*, 21 March: 12
'Abortion: Not Why But When', *The Globe and Mail*, 3 March: 7
1987 'Sex Discrimination and Employment Equity', *University of Toronto Bulletin*, 13 October: 15
1985 'The Canadian Harp Seal Hunt: A Moral Issue', *Alternatives* 12, 2 (Winter): 15-22
1984 'Animals in Research: Two Views', *Animals Canada* (Autumn): 4-5
1978 'Mill and the Death Penalty: Some Addenda', *The Mill News Letter* 13, 2 (Summer): 13-19
1976 'Mill and the Death Penalty', *The Mill News Letter* 11, 1 (Winter): 2-7

Critical Notices

2008 'Politicians, Judges, and the Charter' [W.J. Waluchow, *A Common Law Theory of Judicial Review: The Living Tree*], *Canadian Journal of Law and Jurisprudence*, 21, 1 (January): 227-238
2005 Roger A. Shiner, *Freedom of Commercial Expression. Canadian Journal of Philosophy* 35, 4 (December): 623-640
1987 'Justice Contracted' [David Gauthier, *Morals by Agreement*], *Dialogue* 26, 3 (Autumn): 523-548
1986 Michael Tooley, *Abortion and Infanticide. Canadian Journal of Philosophy* 16, 3 (September): 527-543
1984 'The Carnivore Strikes Back' [R.G. Frey, *Rights, Killing, and Suffering*], *Dialogue* 23, 4 (December): 661-668
'Deliberating on Death' [Eike-Henner W. Kluge, *The Ethics of Deliberate Death*], *Dialogue* 23, 3

(September): 503-508

1982 'Utilitarianism Reformed' [Donald H. Regan, *Utilitarianism and Co-operation*], *Michigan Law Review* 80, 4 (March): 701-714

1979 Alan Donagan, *The Theory of Morality*. *Canadian Journal of Philosophy* 9, 1 (March): 185-194

1975 'Catching Up With Castaneda' [Hector-Neri Castaneda, *The Structure of Morality*], *Dialogue* 14, 4 (December): 671-685

1969 'Consequences of Utilitarianism' [D.H. Hodgson, *Consequences of Utilitarianism*], *Dialogue* 7, 4 (March): 639-642

Reviews

2020 Daniel Sperling, *Suicide Tourism*. *Bioethics* 34, 8 (October): 872-3.

2013 Ishani Maitra and Mary Kate McGowan, eds., *Speech and Harm: Controversies over Free Speech*. *Social Theory and Practice* 39, 4: 710-718

Janet Radcliffe Richards, *The Ethics of Transplants: Why Careless Thought Costs Lives*. *London Review of Books* 35, 13 (4 July): 27-28

Jeremy Waldron, *The Harm in Hate Speech*. *Law and Philosophy* 32, 2: 377-383 DOI: 10.1007/s10982-013-9178-1

2006 Torbjörn Tännsjö, *Understanding Ethics: An Introduction to Moral Theory*. *Theoria* 72,1 (Part I): 87-90

2003 Stan Persky and John Dixon, *Kiddie Porn: Sexual Representation, Free Speech and the Robin Sharpe Case*. *University of Toronto Quarterly* 73, 1 (Winter): 362-364

Susan M. Turner, *Something to Cry About: An Argument Against Corporal Punishment of Children in Canada*. *University of Toronto Quarterly* 73, 1 (Winter): 131-133

1998 Fred Feldman, *Utilitarianism, Hedonism, and Desert*. *Ethics* 109, 1 (October): 176-179

1996 Owen M. Fiss, *The Irony of Free Speech*. *The Globe & Mail* 5 October: D13

1995 Thomas Hurka, *Perfectionism*. *Philosophical Review* 104,1 (January): 151-153

Frances Myrna Kamm, *Creation and Abortion*. *Ethics* 105, 2 (January): 426-428

1993 Conrad Johnson, *Moral Legislation*. *Utilitas* 5, 1 (May): 122-124

1991 Newton Garver and Peter H. Hare, eds., *Naturalism and Rationality*. *Nous* 25, 5 (December): 736-738

1989 Loren E. Lomasky, *Persons, Rights, and the Moral Community*. *Ethics* 99, 3 (April): 640-641

1988 Joseph Raz, *The Morality of Freedom*. *Canadian Philosophical Reviews* 8, 4 (April): 149-152

Rosalind Hursthouse, *Beginning Lives*. *Times Literary Supplement* 4 March: 256

1986 Tom Regan, *The Case for Animal Rights*. *Nous* 20, 3 (September): 425-434

Robin Attfield, *The Ethics of Environmental Concern*. *Environmental Ethics* 8, 1 (Spring): 77-82

1985 Derek Parfit, *Reasons and Persons*. *Canadian Philosophical Reviews* 5, 7 (September): 310-313

Fred R. Berger, *Happiness, Justice, and Freedom*. *The Mill News Letter* 20, 1 (Winter): 24-28

1983 R.G. Frey, *Interests and Rights: The Case Against Animals*. *Philosophical Review* 92, 3 (July): 447-450

1982 'Does Medical Ethics Have Its Own Theory?' [Robert M. Veatch, *A Theory of Medical Ethics*], *Hastings Center Report* 12, 4 (August): 38-39

'Ethics for the Underdog' [Bernard E. Rollin, *Animal Rights and Human Morality*], *Times Literary Supplement* 4114 (5 February): 126

1981 C.L. Ten, *Mill on Liberty*. *Canadian Philosophical Reviews* 1, 5 (October): 229-232

Ted Honderich, *Violence for Equality*. *Queen's Quarterly* 88, 3 (Autumn)

1980 Freeman Dyson, *Disturbing the Universe*. *Books in Canada* 9, 3 (March): 19

1979 Peter Singer, *Animal Liberation* and Tom Regan and Peter Singer, eds., *Animal Rights and Human Obligations*. *Environmental Ethics* 1, 4 (Winter): 365-370

J.B. Schneewind, *Sidgwick's Ethics and Victorian Moral Philosophy*. *The Mill News Letter* 14, 1 (Winter): 22-25

1978 *Ethics: Report of the Consultative Group on Ethics*. *Dialogue* 17, 3 (September): 575-581

Stephen R.L. Clark, *The Moral Status of Animals*. *Dialogue* 17, 3 (September): 570-575

1977 Joseph Margolis, *Negativities: The Limits of Life*. *Dialogue* 16, 2 (June): 348-352

1968 Jan Narveson, *Morality and Utility*. *Dialogue* 7, 2 (September): 302-305

1967 George Kerner, *The Revolution in Ethical Theory*. *Dialogue* 5, 4 (March): 649-652

PKI

RESEARCH IN PROGRESS

'Goods: Personal and Otherwise' (for a *Canadian Journal of Philosophy* festschrift for Tom Hurka)
'Defending Morality' (CJP lecture)
'Advance Requests for Medically Assisted Dying' (?)
'Why Track 2 MAiD is NOT Discriminatory' (submitted to *Canadian Journal of Bioethics*)

PRESENTATIONS

Scholarly Addresses

2025 'What's so Special about Medically-assisted Dying?', Toronto Bioethics Workshop, University of Toronto
2024 'What's so Special about Medically-assisted Dying?', keynote address at MAiD in Canada: A Sober Second Look Symposium, Memorial University of Newfoundland
2023 Keynote address, conference on The Ethics of End-of-Life Decisions, Amsterdam
'Goods: Personal and Otherwise', conference honouring Tom Hurka, University of Toronto
2022 'Advance Requests for Medically Assisted Dying', Second Houston Workshop in Philosophical Bioethics. Baylor College of Medicine
2021 'Cognitive Deficiency and the Insanity Defence: The Case of Mike Hack', Legal History Workshop, University of Toronto
2019 '"Half in love with easeful Death": Rational Suicide and the Elderly', Houston Workshop in Philosophical Bioethics, Baylor College of Medicine
2017 'Dignity Through Thick and Thin', PPE Seminar, Institute for Futures Studies, Stockholm
'The Worst Things in Life', Department of Philosophy, Stockholm University
Comments on Stephen Munzer, 'Examining Circumcision', Oxford-Toronto-UCLA Colloquium, University of Toronto
2016 'The Worst Things in Life', Workshop on Goods and the Good, University of Zurich
'The Ethics of Physician-Assisted Death', Philosophy Department, University of Toronto at Mississauga
2015 'The Worst Things in Life', Conference on Well-Being, Centre for Moral and Political Philosophy, Hebrew University, Jerusalem; Philosophy Department, York University
2014 'Hate Speech: North and South', Law and Society Association Annual Conference, Minneapolis; American Political Science Association Annual Meeting, Washington
'Dignity Through Thick and Thin', Workshop on the Role of Human Dignity in Assisted Suicide, Centre for Ethics, University of Zurich
2013 'End-of-Life Care: Ethics and the Law', Ethics, Society, and Law Students Association, University of Toronto
'The Ethics of Assisted Death', Philosophy Department, McMaster University
'Author Meets Critics' [on *Assisted Death*], American Philosophical Association, Pacific Division Meetings, San Francisco
2012 'Incitement and the Regulation of Hate Speech', Department of Practical Philosophy, Stockholm University
'Carter v Canada: The Recent Decision of the Supreme Court of British Columbia on Physician-Assisted Suicide', Constitutional Roundtable, David Asper Centre for Constitutional Rights, University of Toronto [with Joseph Arvay]
'Discussing Physician-Assisted Death: Finding Consensus and Agreeing to Differ', Bioethics Seminar, Joint Centre for Bioethics, University of Toronto [with Asunción Alvarez]
Panel member, 'Forty Years of Philosophy in Canada', Annual Congress, Canadian Philosophical Association, University of Waterloo
'Incitement in Cyberspace', World Congress, International Political Science Association, Madrid
'Philosophical Ethics and Social Responsibility', Centre of Values and Ethics Graduate Philosophy Conference, Carleton University
'The Ethics of Assisted Death', Center for Ethics and Public Affairs, Murphy Institute, Tulane University

DKI

2011 'Author Meets Critics' [on *Assisted Death*], Centre for Ethics, University of Toronto
'Philosophical Ethics and Social Responsibility', Founders' Address, Annual Congress, Canadian Philosophical Association, University of New Brunswick
'Author Meets Critics' [on *Assisted Death*], Annual Congress, Canadian Philosophical Association, University of New Brunswick
'The Regulation of Assisted Death', Jurisprudence Discussion Group, Oxford University
'End-of-Life Care: Where are the Ethical Lines?', Moral Philosophy Seminar, Oxford University

2010 'Death by Request', Centre for Ethics, University of Toronto; Vanderbilt University
'End-of-Life Care: Where are the Ethical Lines?', Bioethics Seminar, Joint Centre for Bioethics, University of Toronto; University of Manitoba

2009 'Hate Speech', Ontario Philosophy Teachers Association Conference, University of Toronto Schools
Comments on Andrew Williams, 'Constructivism and Publicity', Rescuing Justice and Equality: A Conference to Celebrate the Career of G.A. Cohen, Centre for the Study of Social Justice. Oxford University

2008 'Hate Speech', Ontario Philosophy Teachers Association Conference, University of Toronto Schools
'Assisted Death: Ethical and Legal Issues', Clinical Ethics Group, Joint Centre for Bioethics, University of Toronto
'A Consequentialist Theory of the Charter', Constitutional Roundtable, Faculty of Law, University of Toronto [with Tom Hurka and Lorraine Weinrib]

2007 Comments on David Novak, *The Sanctity of Human Life*, Centre for Ethics, University of Toronto
'A Consequentialist Theory of the Charter', Centre for Ethics, University of Toronto [with Lorraine Weinrib]

2006 '"Good" and "Good For" in Aristotle's Ethics', Philosophy Department, University of Toronto [with Rachel Barney, Tom Hurka, Richard Kraut]
'Braybrooke's Benthamism', Annual Congress, Canadian Philosophical Association, York University
'Hate Speech and the Law', Philosophy Department, McMaster University

2005 Member of panel on 'The Jurisprudence and Nature of Hate Speech Regulation', Conference on Hate Speech, Floersheimer Center for Constitutional Democracy, Cardozo Law School
'Utility and Capability', Ethics Workshop, Philosophy Department, University of Toronto; Moral Philosophy Seminar, Oxford University
'Reply to My Critics', Book Panel on *The Hateful and the Obscene*, Annual Congress, Canadian Philosophical Association, University of Western Ontario

2004 'The Hateful and the Obscene', Lunchtime Seminar, Centre of Criminology, University of Toronto
'Commercial Expression and Charter Rights', Annual Congress, Canadian Philosophical Association, University of Manitoba
'Hedonism Revived?', Ethics Workshop, Philosophy Department, University of Toronto; Jowett Society, Oxford University; Philosophy Department, University of Victoria

2003 Comments on Ed Diener, 'Subjective Well-Being is Desirable, but not the Summum Bonum' Interdisciplinary Workshop on Well-Being, University of Minnesota
Comments on Leif Wenar, 'A New Analysis of Rights' and Hillel Steiner, 'Duties to Enforce Rights', World Congress, International Society for Utilitarian Studies, Lisbon

2002 'Pornography and Harm', Philosophy Department, University of Western Ontario
Comments on Valerie Tiberius, 'Reflective Virtues and Moral Education, Young Scholars Weekend, Ethics and Public Life, Cornell University

2001 Comments on Mark LeBar, 'Constructing the Human Good', Current Research Workshop, Institute for Humane Studies, George Mason University
'Hate Speech and the Law: A Canadian Perspective', 20th IVR World Congress, Amsterdam

2000 'Rights in Conflict: The Case of Hate Propaganda', Philosophy Department, Queen's University
Comments on Samuel Scheffler, 'Rawls and Utilitarianism', World Congress, International Society for Utilitarian Studies, Wake Forest University

1999 'Subjective Theories of Well-Being', Erasmus University, University of Groningen
'Mill and the Right to Free Expression', University of Amsterdam
'Euthanasia and Assisted Suicide in Canada', University of Amsterdam

1998 'Moral Harm', Conference on Well-Being, Bowling Green State University
'Mill and the Right to Free Expression', Swedish Collegium for Advanced Study in the Social Sciences,

PKI

Uppsala University; Department of Philosophy, Gothenburg University
'Rights, Values, and Free Speech', Philosophical Society, Uppsala University
'Some Reflections on the Latimer Case', Bioethics Seminar, Joint Centre for Bioethics, University of Toronto
'The Analysis of Happiness: Subtle and Unsubtle', Bentham 250 Conference, University of Texas at Austin

1997 Comments on Justin Busch, 'Medicine and Suicide: A Philosophical Perspective', Ontario Philosophical Society Conference, University of Toronto
'Liberalism and Hate Literature: J.S. Mill Meets Ernst Zundel' and 'Comments on Weinstock and Glannon', International Society for Utilitarian Studies Conference, New Orleans
'Should Hate Speech be Free Speech? Liberalism and the Limits of Tolerance', Conference on Ethics, Law and Communication in an Era of Political Violence and Extremism, University of Haifa, Israel

1996 'Happiness Now and Then', Taft Lecture, Conference on Eudaimonia and Well-Being, University of Cincinnati
'Is Virtue Its Own Reward?', University of Toronto; Queen's University; Conference on Virtue and Vice, Social Philosophy and Policy Center, Bowling Green State University

1995 'The Perils of Perfectionism', Annual Congress, Canadian Philosophical Association, Université de Québec à Montréal
'Moral Monism: A Defence', Conference on Pluralism and Conflict, University of Western Ontario
'Rethinking Abortion', Bioethics Seminar, Centre for Bioethics, University of Toronto

1994 'How to Do Applied Ethics', Keynote Address, Ontario Philosophical Society Conference, York University

1993 Comments on Samantha Brennan, 'Thresholds for Rights', Annual Congress, Canadian Philosophical Association, Carleton University

1992 'Welfare, Happiness, and Pleasure', Conference, International Society for Utilitarian Studies, University of Western Ontario
'Two Theories of the Good', University of British Columbia and Trent University

1991 'Hate Propaganda and Charter Rights', Legal Theory Workshop, Faculty of Law, McGill University
Comments on David Elliott, 'Lack of Confidence: A Problem for Two-Level Consequentialist Theories', Annual Congress, Canadian Philosophical Association, Queen's University
'Two Theories of the Good', University of Oklahoma and Conference on The Good Life and the Human Good, Cambridge, MA

1990 'Hate Propaganda and Charter Rights', Conference on Freedom of Expression, McMaster University
'Welfare and Preference', McMaster University and Philosophy Day, Scarborough College, University of Toronto
State University

1989 Comments on David Braybrooke, 'Understanding Rights: Social Devices as Natural as is Worth Wanting' and Samuel La Selva 'Should Liberals Think in Terms of Rights?', Special Section on Rights and Political Order, Annual Meeting, Canadian Political Science Association, Laval University
Comments on Roger Shiner, 'The Acceptance of a Legal System', Annual Congress, International Association for Philosophy of Law and Social Philosophy, Canadian Section, Laval University
Comments on Susan Tatton, 'A Defense of Natural Rights', Annual Congress, Canadian Philosophical Association, Laval University
'Welfare and Subjectivity', University of Manitoba, University of Saskatchewan, and Erindale College, University of Toronto
'Further Reflections on the Foundation of Rights', University of Saskatchewan and Tufts University

1988 'The Concept of Well-Being in Bioethics', University of Western Ontario
'Welfare and Subjectivity', University of Alberta and University of Calgary
Reply to commentaries by Tom Hurka and David Copp on *The Moral Foundation of Rights*, Annual Congress, Canadian Philosophical Association, University of Windsor

1987 'Agreement by Mortals: Contractarianism and its Critics' [with David Gauthier and Arthur Ripstein], Department of Philosophy, University of Toronto
'Positive Sexism', Discussion Group on Moral, Political, and Legal Philosophy, All Souls College, Oxford

PFJ

1986 'Subjectivity and Moral Standing', Keynote address, Conference on Values and Moral Standing, Bowling Green State University
'The Subjectivity of Welfare', Princeton University and Washington University, St. Louis
Comments on Carl Wellman, *A Theory of Rights*, Washington University, St. Louis
'Values and the Environment', Bertram Morris Colloquium on Social Philosophy, University of Colorado, Boulder
'Utilitarian Goals and Kantian Constraints', Wayne State University and Bowling Green State University

1985 'Utilitarian Goals and Kantian Constraints', NEH Conference, Center for Ethics, Medicine, and Public Issues, Baylor College of Medicine

1984 'Rights and Goals: A Reductionist Programme', Legal Theory Workshop, Faculty of Law, University of Toronto
'The Unacceptable Face of Deterrence', Conference on Philosophy and Nuclear Arms, University of Waterloo
'The Subjectivity of Welfare', University of Waterloo and Philosophy Forum, University of Toronto

1983 'What Welfare is Not', Discussion Group on Moral, Political, and Legal Philosophy, All Souls College, Oxford

1982 'Unnatural Rights', Queen's University, University of Bristol, and Discussion Group on Moral, Political, and Legal Philosophy, All Souls College, Oxford

1981 'Unnatural Rights', University of Ottawa, University of Western Ontario, and Conference on Utilitarianism, Rice University

1980 Comments on Richmond Campbell, 'The Place of Persons in Utilitarianism', Annual Congress, Canadian Philosophical Association, Université de Québec à Montréal
'The Utilitarian Foundation of Rights', Conference on the Moral Foundations of Public Policy, Virginia Polytechnic Institute, Conference on Human Rights, University of Waterloo, and Colloquium, Erindale College, University of Toronto
Comments on Judith Thomson, 'Rights and Compensation' and David Lyons, 'Utility as a Possible Foundation of Rights', Western Division Meetings, American Philosophical Association, Detroit
Comments on Thomas Nagel, 'The Objectivity of Ethics', Conference on Reason in Ethics, Simon Fraser University

1979 'Hard-Edge Morality' [Commentary on Alan Donagan, *The Theory of Morality*], Meeting of the American Society for Value Inquiry, New York
'Square Pegs and Round Holes: Utility and Deontic Logic', Colloquium on Hector-Neri Castaneda, University of Cincinnati
'Utilitarian Reproduction', Trent University and Erindale College, University of Toronto

1978 'Moral Persons', Annual Congress, Canadian Philosophical Association, University of Western Ontario
'A Counterblast to Tobacco', Conference on Ethical Issues in the Prevention of Cancer, Brown University

1977 'The Absurdity of Average Utilitarianism', Annual Congress, Canadian Philosophical Association, University of New Brunswick
'Classical Utilitarianism and the Problem of Population', Workshop on Justice, Social Policy, and the Problem of Population, University of Calgary

1976 Comments on Susan Peterson, 'Coercion and Rape: The State as a Male Protection Racket', Graduate Students Paper Reading Activity, University of Toronto
'A Matter of Life and Death', State University of New York College at Brockport

1975 'Morality and the Production of Life', University of Waterloo
'Rawls and the Contract Theory of Civil Disobedience', University of Cincinnati
'A Matter of Life and Death', Annual Congress, Canadian Philosophical Association, University of Alberta and Colloquium, University of Toronto

1973 'Toward a Credible View of Abortion', Annual Congress, Canadian Philosophical Association, Queen's University
'John Rawls and Civil Disobedience', Graduate Students Paper Reading Activity, University of Toronto

DKF

'The Morality of Abortion', State University of New York College at Brockport
1969 'Cooperation, Fairness and Utility', Conference in Political Philosophy, University of Toronto
1968 'The Equivalence of Simple and General Utilitarianism', State University of New York at Buffalo

Public Lectures

2026 MAiD Panel, Trinity College, University of Toronto
2025 'Ethics and Law', grade 12 philosophy classes, North Toronto Collegiate Institute
'Bioethics in the Courtroom', Philosophy Course Union Bioethics Symposium, University of Toronto
2022 'Abortion: What Matters (and What Doesn't)', Philosophy Course Union Bioethics Symposium, University of Toronto
'From Notion to Norm: The Many Meanings of Dignity', Panel Member, Canadian Institute for the Administration of Justice Conference 'The Right to Dignity in Canadian Law', Halifax, NS
2019 'Why am I Here?', University of Toronto Secular Alliance [with Abdu Murray]
2017 'Physician-Assisted Dying: Some Lessons from Canada', Nordic Committee on Bioethics conference: Euthanasia and End-of-life Decisions, University of Iceland, Reykjavik
'From *Carter* to C-14: The Long and Winding Road', Trudeau Foundation, Ottawa
2016 'Physician-Assisted Dying: Some Lessons from Canada', Self-determination, Physician-Assisted Dying and Care at the End of Life, Swedish National Council for Medical Ethics, Stockholm
'Physician-Assisted Death: Some Unresolved Issues', Life and Death: A Symposium, Senior College, University of Toronto
2015 Panel member, 'Physician-Assisted Death', Joint Centre for Bioethics 20th Anniversary Event, University of Toronto
Panel member, 'Ethics and End of Life Care: Where Are We Now?', Joint Centre for Bioethics, University of Toronto
'Physician-Assisted Death: Where Do We Go From Here?', Trinity One, Trinity College, University of Toronto
History and Philosophy of Healthcare Seminar, Faculty of Medicine, University of Toronto
Panel member: 'Physician-Assisted Death: Where Do We Go From Here?', Centre for Ethics, University of Toronto
Debate: 'Abortion: Human Right or Human Rights Violation?', Students for Life, University of Toronto; Students for Life, Ryerson University
2014 'Coping with Death's Sting: Evolving Medical and Ethical Dilemmas', University College, University of Toronto [with Sandra Martin]
'Assisted Death', Ideas for the World, Victoria College, University of Toronto
Debate: 'Euthanasia', Wycliffe College, University of Toronto
2013 Panel member, 'Ethics Beyond Undergraduate', University of Toronto
2011 Panel member, 'End-of-Life Decision Making', Royal Society of Canada, Ottawa
'Assisted Death', Senior College, University of Toronto
2010 Panel member, 'End of Life Decisions: Islamic Perspectives', Victoria College, University of Toronto
Panel member, 'Freedom of Expression and its Limits', University of Manitoba
'Should Hate Speech be Free Speech?', Centre for Inquiry, Toronto
Comments on Stephen Newman and Daniel Weinstock, 'Policy Dialogue: Towards a Framework to Address Competing Rights Claims', York University
2009 'Hate Speech and the Law', Encounter Canada: A Symposium on Free Speech on University Campuses, York University
2006 Panel member, 'Equality, Expression, and Human Rights Codes', CPA Equity Committee, Annual Congress, Canadian Philosophical Association, York University
Panel member, 'Is It Ever Rational to Choose Death?', DOC Salon, Documentary Organization of Canada, Gladstone Hotel, Toronto
Panel member, Forum on Cartoons of the Prophet Muhammad: Implications of the Crisis, Hart House, University of Toronto
2005 'Do We Need a Child Pornography Law?', Philosophy Cafe, Global Knowledge Foundation, University of Toronto

DKI

'Hate Speech and the Law', Canadian Perspectives Lecture Series, Senior Alumni Association, University of Toronto
'Rights and the Charter', Country Day School
'Credentialing v. Educating', Havergal College; Convocation address, University of Toronto

2004 *The Hateful and the Obscene*, U of T Bookstore Reading Series
'Gilead and the Politics of Reproduction', The Opera Exchange, Toronto
Panel member, Session on Death and Dying, World Affairs Conference, Upper Canada College
'Should Hate Speech Be Free Speech?', Philosophy Club, University of Toronto at Scarborough; Lansdowne Lecture Series, University of Victoria; Philosophy Course Union, University of Toronto
Panel member, Forum on Freedom of Expression, Hart House, University of Toronto

2003 'Should Hate Speech Be Free Speech?', University Professor Lecture Series, University of Toronto
Debate: 'Is Elective Abortion an Immoral Act?', Students for Life, University of Toronto

2002 Panel member, 'The Right to Offend? Freedom of Speech in the University Environment', Arts and Science Student Union, University of Toronto

2001 Workshop on Animal Rights, Ontario Philosophy Teachers Association Conference, Toronto

2000 'Utilitarianism', Living and Learning in Retirement, Glendon College

1996 Panel member, Workshop on Preserving Equity in the Face of Shrinking Budgets, Annual Congress, Canadian Philosophical Association, Brock University

1992 Member of Panel on Hiring Practices Affecting Women, Annual Congress, Canadian Philosophical Association, University of Prince Edward Island
'Hate Propaganda and Freedom of Expression', University of British Columbia

1991 'Reflections on the Abortion Controversy in Canada', MSC 1010Y, Institute of Medical Science, University of Toronto

1990 'Philosophical Approaches to Ethical Problems', Seminars in Bioethics, Institute of Medical Science, University of Toronto
Member of Panel on Exploring Moral Issues Behind the Political Debate, Public Policy Conference on Abortion: Beyond the Debate, Sacramento, California
Member of Panel on Rights, Philosophy Course Union, University of Toronto
'Ethics and the World', Philosophy Course Union, University of Toronto

1989 'Abortion', Ethics Interest Session, Toronto General Hospital
Member of Panel on Affirmative Action and Law School Admissions, Queen's University Law School
'Abortion: A Philosopher's View', Wit and Wisdom at U of T Lecture Series, University of Toronto Alumni Association
'Abortion and the Paralysis of Public Policy', University College, University of Manitoba and University of Regina

1988 'The Dying Process', 921 Millwood Retirement Home
'Medicine and Philosophy: The Battle for Medical Ethics', Seminars in Bioethics, Institute of Medical Science, University of Toronto
'Rights and Consequences', Philosophy Club, Scarborough College, University of Toronto

1985 'Two Theories of Law and Morality' [with E.J. Weinrib], University College, University of Toronto
Interview for 'Abortion: The Debate', CKFM, Toronto
Oral Presentation to the Subcommittee on Research with Human Subjects, Medical Research Council of Canada, Toronto
Oral Presentation to the Royal Commission on Seals and the Sealing Industry in Canada, Toronto

1984 'The Consequences', Workshop on Nuclear Deterrence, University of Toronto
'Abortion', Medical Humanities Lecture Series, Faculty of Medicine, University of Toronto

1983 Participant in Environmental Ethics Research Workshop, Montreal
'Ethical Problems in the Clinical Management of the Fetus and Newborn', Oxford Seminar in Perinatal Ethics, John Radcliffe Hospital, Oxford

1982 'The Canadian Harp Seal Hunt', Canadian Federation of Humane Societies Symposium, Toronto

1981 'Death and Dying', Temple Har Zion Retreat on Bioethics and Judaism, Glendon College
'Experimentation on Human Subjects', Med I Ethics Group, Faculty of Medicine, University of Toronto

1980 'Unnatural Selection', Living and Learning in Retirement, Glendon College
'Biology and Ethics', Living and Learning in Retirement, Glendon College

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'Tobacco Prohibition', Contemporary Philosophical Issues, School of Continuing Studies, University of Toronto and Philosophy Club, Erindale College, University of Toronto
'The Treatment of Animals', Contemporary Philosophical Issues, School of Continuing Studies, University of Toronto
'John Stuart Mill', Introduction to Western Philosophy, School of Continuing Studies, University of Toronto
Member of Panel on Pornography and Censorship, Centre for Human Freedom and Sexuality, University of Toronto

1979-81 Resource Person, Medical Ethics Interdisciplinary Seminars, Faculty of Medicine, University of Toronto

1979 'The Ethics of Conservation', Lifestyle, School of Continuing Studies, University of Toronto
'Biomedical Ethics', Living and Learning in Retirement, Glendon College
'Tobacco Prohibition', Undergraduate Philosophy Seminar, Trent University

1977 'Moral Theory and the Problem of Population', Philosophy Club, State University of New York College at Brockport
Dinner meeting, lecture, and two panel discussions on ethical issues of life and death, Lakehead University

1972 Panel Member, National Canadian Conference on Abortion, St. Michael's College, University of Toronto

Media

2025 Podcast: Witness to Yesterday (*Prairie Justice*)
New York Times (assisted death)

2024 Zoomer Radio (assisted death)
CTV Your Morning (assisted death)
City News (assisted death)

2016 *Macleans* (assisted death)

2015 *The Newspaper*, University of Toronto (assisted death)
Et Cetera, Humber College (assisted death)
Arts and Science News, University of Toronto (assisted death)
Durham College Chronicle (assisted death)

2014 *Humber News* (assisted death)
'West Block', Global (assisted death)
Globe and Mail (assisted death)
National Post (obscenity)
Global News (assisted death)
CBCNews.ca (assisted death)
'The Current', CBC Radio One (assisted death)

2013 'Opposition to Quebec's Bill 52 tends to be one-sided', *Montreal Gazette*, 9 November (assisted death)
'Kevin Newman Live', CTV News Network (pornography)
CHML Radio, Hamilton (assisted death)
'The Agenda with Steve Paikin', TVOntario (assisted death)
Canadian Press (assisted death)
National Post (legal status of fetus/child)

2012 Radio Canada (abortion)
Toronto Star (assisted death)
Toronto Star (freedom of expression)
'The Source', Sun TV (assisted death)
'16x9', Global Television (assisted death)
Toronto Star (abortion)
Quebecor Media Agency (assisted death)
National Post (abortion)

2011 *The Lawyers Weekly*, 25 November (assisted death)
The Ryersonian, Ryerson University (assisted death)

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	CH-TV Square Off (assisted death)
	'The right to die is back in the spotlight', *globeandmail.com* (15 November)
	The Lawyers Weekly, 2 September (assisted death)
2010	The Mark Radio (happiness)
	'Ontario Today', CBC Radio One (assisted death)
2009	Canadian Press (assisted death)
	'Calgary Today', AM 770 CHQR Radio, Calgary (hate speech)
2008	'Philosophy Talk', KALW radio, San Francisco (utilitarianism)
2007	CH-TV News (hate speech)
	Fairchild TV (happiness)
	'The Current', CBC Radio One (reproductive technology)
2006	Radio 940, Montreal (abortion)
	OMNI-TV (freedom of religion)
	Radio 570, Waterloo (hate speech)
2005	'Fine Print', Rogers Television (freedom of expression)
	CH-TV News at Noon (hate speech)
	'Medical Hotseat', Discovery Health Channel (assisted suicide)
2004	'Stirling Faux Show', CKNW, Vancouver (freedom of expression)
	'Nightside' (the Mark Elliot Show), CFRB 1010AM, Toronto (freedom of expression)
	CH-TV News at Noon (hate speech)
	Ontario Noon Phone-in, CBC Radio One (assisted suicide)
	'Newsline P.M.', CFAX Radio, Victoria, B.C. (hate speech)
	'More to Life', TVOntario (pornography)

PROFESSIONAL AFFILIATIONS AND ACTIVITIES

Canadian Philosophical Association

1990-91	Member, Committee to Examine the Hiring of Women in Philosophy
1989-90	Member, Nominating Committee
1988-90	Area Coordinator, Value Theory, Anglophone Programme Committee

Editing

2008-12	Member, Advisory Panel, *Encyclopedia of Utilitarianism*
2008-	Consulting Editor, *Canadian Journal of Law and Jurisprudence*
2004-10	Member, Editorial Board, *Library of Ethics and Applied Philosophy* (Kluwer Academic Publishers)
1996-2025	Member, Editorial Board, *Ethics*
1994-99	Editor, *Canadian Journal of Philosophy*
1993-	Member, Editorial Committee, *Utilitas*
1993-96	Consulting Editor, *The Encyclopedia of Philosophy: Supplement*
1984-86	Executive Editor, *Canadian Philosophical Monographs*
1978-84	Member, Editorial Committee, *Canadian Philosophical Monographs*

Refereeing and Reviewing

Member, Board of Referees, *Dialogue*, 1982-96
Member, Editorial Board, *Ethics*, 2006-
Consulting Editor, *Canadian Journal of Law and Jurisprudence*, 2010-
Other journal refereeing: *American Philosophical Quarterly, Bioethics, Canadian Journal of Law and Jurisprudence, Canadian Journal of Philosophy, Canadian Political Science Review, Critical Review of International Social and Political Philosophy, Economics and Philosophy, Ethical Theory and Moral Practice, Ethics, Journal of Applied Philosophy, Journal of Ethics, Journal of Ethics and Social Philosophy, Journal of Happiness Studies, Kennedy Institute of Ethics Journal, Law and Philosophy, Monist, Nous, Philosophers' Imprint, Philosophical Quarterly, Philosophical Studies, Philosophy and Phenomenological Research, Philosophy of the Social Sciences,*

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Politics, Philosophy, and Economics, Social Theory and Practice, Theoria, U.B.C. Law Review, University of Toronto Law Journal, Utilitas, Windsor Yearbook of Access to Justice

Refereeing for publishers: AU Press, Blackwell, Broadview Press, Cambridge University Press, Cornell University Press, Oxford University Press, Princeton University Press, Routledge, Stanford Encyclopedia of Philosophy, University of Chicago Press, University of Toronto Press

Refereeing for granting agencies: Calgary Institute for the Humanities, Canada Council, Canadian Federation for the Humanities, Innovational Research Incentives Scheme, National Endowment for the Humanities, Social Sciences and Humanities Research Council of Canada

Refereeing for conferences: Canadian Philosophical Association, Canadian Graduate Student Conference in Philosophy

Tenure/promotion refereeing: Bowling Green State University, University of Calgary, University of Colorado (Boulder), Dalhousie University, Georgetown University, McMaster University, University of Minnesota, Northwestern University, Ohio University, Ontario Institute for Studies in Education, University of Prince Edward Island, Purdue University, University of Regina, Simon Fraser University, St. Louis University Trent University, University of Utah, Virginia Commonwealth University, Washington University, York University

Ph.D. external examiner: University of Alberta, University of British Columbia, McMaster University, Stockholm University, University of Waterloo, University of Western Ontario, University of the Witwatersrand

External consultant, review of graduate programme: Laurentian University, University of Waterloo

External reviewer, departmental review: Dalhousie University, Bowling Green State University

Conference/Colloquium Organizing

2007	'Multiculturalism and Human Rights', Department of Philosophy, University of Toronto [with Marleen Rozemond]
2005	'The Good and the Right', Department of Philosophy, University of Toronto
2004	'Well-Being and Autonomy', Department of Philosophy, University of Toronto
2003	'Fairness versus Welfare', Department of Philosophy, University of Toronto
1993-94	'Philosophical Perspectives on Bioethics', Centre for Bioethics and Department of Philosophy, University of Toronto
1991	'A Right to Health Care?: An International Ethics Perspective', Toronto Hospital and University of Toronto
1986	'Values and Moral Standing', Bowling Green State University
1980	'The Severely Handicapped Newborn', University of Toronto
1979	'Death With Dignity', University of Toronto

Consulting/Advising

2011	Expert witness, *Carter v. Canada (Attorney General)*, British Columbia Supreme Court
2010	Peer Reviewer, Royal Society of Canada Expert Panel on End-of-Life Decision-Making in Canada
2000	Consultant, Canadian Biotechnology Advisory Committee
1991	Consultant, Royal Commission on New Reproductive Technologies
1990-91	Consultant, 'N.E.W.S.', Vision TV
1988	Member, Advisory Committee, Applied Ethics Research Proposal, Canadian Federation for the Humanities
1980	Consultant, 'The Moral Question', TV Ontario

GRADUATE SUPERVISION

Doctoral Theses (Primary Supervisor)

2018	Rachel Bryant, *Tragic Moral Conflict and Endangered Species Recovery* (co-supervisor: Denis Walsh)
2007	Abigail Levin, *Rethinking Rights: Equality, Power, and Oppression in the Liberal State*
2006	Lisa Fuller, *Allocating Aid: Justification, Fairness, and Deliberation in International Aid Organizations*
2005	Marika Warren, *Beyond Autonomy: Justifying Equality Rights for People with Severe Cognitive Disabilities*

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(co-supervisor: Amy Mullin)

2005 Cheryl Cline, *Beyond Ethics: Animals, Law, and Politics*
2004 Anthony Skelton, *Reasoning Towards Utilitarianism: Learning from Sidgwick*
2001 Benoit Morin, *Revisiting Euthanasia and Assisted Suicide: The Issue of Suffering*
2000 David Sztybel, *Empathy and Rationality in Ethics*
1999 Gustaf Arrhenius, *Population Axiology*
Patricia Kazan, *Liberalism, Differential Rights, and the Value of Community*
1997 Sharon Ikonomidis, *Reassessing Autonomy in Advance Health Care Planning*
1995 Pamela Courtenay Hall, *Ecoholism and its Critics*
1994 Jinfen Yan (Religion), *Utilitarianism in Chinese Thought* (co-supervisor: Julia Ching)
1993 David Elliott, *Moral Character and Consequentialism*
Sinclair MacRae, *Defending a Consequentialist Decision Procedure*
1988 Karen Wendling, *Citizens and Dependents: Equality and Inequality in Liberal Social Contract Theories*
1986 Romano Roman, *Moral Magic: The Power of a Right*
Michael Stingl, *The Relevance of a Competence/Performance Distinction to Theory Selection in Ethics*
1983 Connie Sharp, *Moral Foundations of Terminal Care*
1978 Wendy Donner, *John Stuart Mill's Concept of Utility*
1972 Kevin Donaghy, *The Logic of 'Ought'*

Doctoral Theses (Committee Member)

2018 Dan Hooley, *The Political Status of Nonhuman Animals*
Eric Mathison, *Asymmetries and Ill-Being*
2014 Hasko von Kriegstein, *Shaping the World in One's Image: An Essay on The Nature and Value of Achievements*
2013 Victor Cellarius (IMS), *A Conceptual Analysis of Canadian Palliative Care Ethics*
2011 Katharine Browne, *Reason, Evolution, and the Possibility of Cooperation*
2010 Alex Sinha, *The Justification of Deontology*
2009 Annette Dufner, *The Normative Implications of Personal Identity Theory*
2006 Darren Domsky (York), *Extending Beyond Ethical Extensionism: A Search for the Most Plausible Theoretical Basis for any Non-Anthropocentric, Non-Sentientist Environmental Ethic*
Daniel Sperling (Law), *Posthumous Interests: Legal and Philosophical Examination in the Medical Context*
2005 Joseph Millum, *The Adaptation of Morality*
2000 Scott Woodcock, *The Genealogy of Moral Memes: A New Synthesis for Evolutionary Ethics*
Vicki Igneski, *Rescue and the Duty to Aid*
Daniel Haybron (Rutgers), *Happiness and Ethical Inquiry: An Essay in the Psychology of Well-Being*
Randi Zlotnik Shaul (IMS), *The Implications of Canadian Law for Economic Approaches to Allocating Health Care Resources: The Round Hole and the Square Peg*
Howard Cohen (Political Science), *The Many Sides of John Stuart Mill's Political and Ethical Thought*
1998 Gordon DuVal (Law), *Faith, Death, and Suffering: Ethics and the Law of Suicide Intervention*
1996 Douglas Martin (IMS), *Advance Care Planning: Preparing to Die*
1996 Kevin Graham, *Philosophical Theories of Justice and Agency*
1995 Michelle Mullen (IMS), *Fetal Tissue Transplantation: Ethical Issues, Women's Health, and Public Policy*
1986 Neera Badhwar, *The Ethical Significance of Friendship*
1984 Tony Falikowski (OISE), *Moral and Values Education: A Philosophical Approach*
1983 Andy Blair (OISE), *Converging Arguments of Conflicting Moral Points of View*
1982 Kathryn Jackson, *Political Coercion: Its Nature and Justification*
1980 Emmanuel Opara (OISE), *An Examination of the Concept of Rights With Particular Reference to the Right to Education*
1975 Michael Neumann, *The Ethics of Revolt: A Study in the Limits of Political Theory*
1973 Larry Jost, *Ethical Naturalism: A Contemporary Category With Ancient Applications*

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