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gaging the rights to liberty and security of the person [15] concerning their bodily integrity and medical care and thus trenched on their liberty.[16] Furthermore, by leaving them to endure intolerable suffering, it infringed their right to security of the person.[17]

The Court found that the object of the prohibition on assisted dying was to protect vulnerable persons and that the prohibition was overbroad to the extent that it applied to competent adults who clearly consent to the termination of their lives and who have a grievous and irremediable medical condition that causes enduring suffering that is intolerable to the individual in the circumstances of his condition.[18] The Court found that the object of the person fails to accord with the principles of fundamental justice when it is arbitrary, overbroad, or has consequences grossly disproportionate to its objective.[19] In this case, the prohibition was not protecting a vulnerable person; it was limiting the rights of a competent, capable individual; therefore, the ban was overbroad.

The Court acknowledged that Gloria Taylor, the lead plaintiff earlier, would not be able to execute her considered decision to end her life at the point her suffering became unbearable, unless she received physical assistance. The law made it a crime for any physician to actively end her life or aid her in doing so, even though that same physician would be obliged to let her die by withholding or withdrawing lifesaving treatment and denying her artificial hydration and nutrition if she so requested. Furthermore, the Court noted that issues of decisional capacity and vulnerability arise in all end-of-life medical decision-making.[20] Since the law lets injured, ill and disabled patients decide if they wish to refuse (or request withdrawal of) lifesustaining treatment or receive palliative sedation, the Court reasoned that there is no reason to assume those seeking active medical assistance in dying are any more vulnerable or susceptible to biased decision-making.[21]

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be prescribed by law, and related to a pressing and substantial objective, the restriction failed the } µ Œ š [• ‰ Œ } ‰ } Œ Based on the findings of the trial judge, the Court concluded that the o v l š ‰ Œ } Z]] š] } v Á • v } š v •• Œ Ç š } • µ • š v š] o o Ç u š š Z P } À quently, was not minimally impairing. The Court wrote:

The inquiry into minimal impairmv š •l• ^ Á Z š Z Œ š Z Œ Œ o •• Z Œ u (µ o u v o P] • o š] À P } o • _ Y d Z µ Œ v] • } v š Z P } À Œ v u v š š } • Z } Á š Z Z] À] v P š Z } i š] À ^] v Œ o v • µ • š v š] o u v v Œ o v d Z v o Ç sure that the deprivation of Charter rights is confined to what is reasonably necessary to achieve the • š š [• } [25] i š X

d Z } µ Œ š š Z v • š š š Z š š Z • u } Á v š } š Z ‹ µ • š] } v } (^ Á Z š on physician-assisted dying, wi Z] š • Z À Ç] u ‰ š } v š Z o] u v š • [• X ó Œ] P Z š • µ Œ] š Ç } (š Z ‰ Œ • } v € Á • • š Z o • š Œ • š] u v • [26] ultima Z le- À] v P š Z o Ç (( ] Œ u š Z š Œ] o i µ P [• } v o µ •] } v ^ š Z š designed and adm- Œ P] u] • š Œ • (P µ Œ • Á • ‰ o } (‰ Œ } š š] v P À µ o v [27] Œ o ‰ } ‰ o (Œ Therefore, the Court held that the ban infringed section 7 of the Charter in a manner that could not be justified under section 1. In light of reaching this conclusion, the Court

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press their wishes. The law stipulates sanctions for failure to comply with these safeguards as well as for forgery of any of the relevant records or destruction of documents.[44]

Thus, it remains a crime for a health care professional to satisfy a suffering]v š[• Œ ‹µ •š š}] µvo •• šZ š ‰ š] vš[• ^v šµŒ o šZ Z • [45] According to the new (}Œ • o Á[• ‰Œ u o U (]v]vP D / o]P]]o]šÇ]v šZ]• Á Ç]• u vš š} •šC the autonomy of persons with grievous and irremedC q 5Ci003>]-u

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tell a physically disabled person that the criminal law is depriving them of the help they need to carry out their own wishes, even though the same law is silent when it comes to able

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law did not enter into force until December 2015, after the Supreme Court had declared the blanket ‰ Œ } Z]] š] } v µ v } v • š] š µ š] } v o µ š (} Œ š Z } µ Œ š [• Œ u] o o C law which has } ‰ Œ š] v Y µ U Z } Á À Œ U À Œ •] v š Z } µ Œ š [• í î u } v Œ š] } v } ( ] v À o]] š Ç Æ ‰] Œ] v & Œ µ Œ Ç î ì í ò X / v š Œ • š] v P o Ç U] access is likely even more restricted in this province than it is in the rest of the country where access criteria are laid out in the amendments Parliament made to the Criminal Code in June 2016.[65] Significantly, two reports issued prior to the government tabling its legislation in the House of Commons (the 2015 Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying[66] and the House of Commons and Senate, Special Committee on Physician-Assisted Dying, Medical Assistance in Dying: A Patient-Centred Approach, February 2016[67]) recommended less restrictive access criteria than were put forward and ultimately adopted in Parliament. Meanwhile, the new MAID law itself ‰ Œ } À] • (} Œ } v } Œ u } Œ] v ‰ v v š Œ À] Á • š } } v µ š ^ Œ o nors for medical assistance in dying, to advance requests and to requests where mental illness is the • } o µ v Œ o Ç] v P u][68] Reports on these two topics, the state of knowledge pertaining to each matter, completed by a multi-disciplinary expert panel appointed by the Council of Canadian Academies (CCA), were published in December 2018.[69] While offering an overview of existing research, the re-

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things provincial data related to MAID. Created under the Quebec legislation, the Commission does not have any identical parallel body in any of the other provinces. In 2018, pursuant to s 241.31(3) of the Criminal Code supra note 36, the Minister of Health introduced Regulations for the Monitoring of Medical Assistance in Dying, SOR/2018-166, Government of Canada, online: http://www.gazette.gc.ca/rppr/p2/2018/2018-08-08/html/sor-dors166-eng.html. For the most recent national government report on MAID, see Health Canada, Third Interim Report on Medical Assistance in Dying in Canada, Catalogue No H14-230/3-2018E (Ottawa: Health Canada, 2018).

[65] See L. Seller, M-È. Bouthillier, V. Fraser,

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7. Conclusion

De-criminalizing a given practice signals an alteration to, not abolition of[law Œ } o] v P } À Œ v] v P
man conduct and social interaction[81] Institutional and regulatory design are always more multifaceted, unpredictable, and interactional than the singular act of repeal. It may be that existing institutions and regulations will already serve to facilitate the purposes behind the repeal or modification of a prohibition. It may be that existing formal structures and informal norms end up frustrating the purpose of the statutory amendment. In either case, reforming the law requires imagin range of
(š } Œ • š } Á Z] Z } v • š] š µ š] } v o } µ Œ š [•] •] } v •] u ‰ o Ç v v } š š
The Supreme Court of Canada concluded that the total prohibition of voluntary euthanasia and as-

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