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## ARTICLE

[Death On Demand: Canada Now Offering Same-Day Assisted Suicide](#)



BY PNW STAFF FEBRUARY 26, 2026

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Something profound--and profoundly unsettling--is unfolding in Canada. What began less than a decade ago as a tightly controlled policy presented as a compassionate last resort is now evolving at a speed that is raising alarm among physicians, ethicists, and families alike. The country's assisted dying system, known as Medical Assistance in Dying (MAiD), is no longer just expanding who can qualify. Increasingly, it is accelerating how fast death can be delivered. And the latest official data suggests the shift is happening faster than most citizens realize.

A recent report from the Chief Coroner's Medical Assistance in Dying Death Review Committee in Ontario revealed that in 2023 alone, 65 people were euthanized the very same day they requested it, while another 154 died the day after applying. In other words, more than 200 individuals moved from request to death in 24 hours or less. For a program once designed with multiple safeguards and waiting periods, this represents a dramatic procedural transformation--one that critics say risks turning a supposedly cautious system into a rapid-response mechanism for ending life.

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The shift did not happen overnight. When Canada first legalized assisted dying in 2016, the law required a mandatory 10-day waiting period between approval and death. That safeguard was removed in 2021 by the Canadian Parliament for patients whose deaths were deemed "reasonably foreseeable." The problem, however, is that there is no universally fixed definition of what "reasonably foreseeable" actually means. In practice, that ambiguity has opened the door to increasingly short approval timelines--including same-day deaths.

One case cited in the review involved an elderly woman, identified as Mrs. B, who initially asked about assisted death but later told an assessor she wanted to withdraw her request because of her personal and religious beliefs. She instead sought hospice care. After she was reportedly denied access to hospice, another assessment was arranged. Despite earlier concerns from a practitioner about possible coercion and the sudden reversal of her wishes, she was approved by two assessors and euthanized the same day.

Committee members reviewing the case noted that poor quality or inaccessible end-of-life care may be influencing some patients to choose death. That observation should stop policymakers in their tracks. When death becomes easier to obtain than treatment, relief, or hospice support, the ethical landscape shifts dramatically. As physician and committee member Ramona Coelho argued, the priority in such cases should be urgent palliative intervention--not expedited death.



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Another documented case involved a man hospitalized after alcohol-related falls. He had previously been ruled ineligible for assisted death because he did not have a qualifying medical condition. Yet after two rapid virtual assessments conducted without his treatment team's knowledge--and without further clinical testing--he was deemed eligible based on a presumed diagnosis. The next day, he died with state assistance.

Even members of the review committee acknowledged that such compressed timelines "did not promote a quality approach." Their concern was simple: when evaluations, second opinions, and treatment alternatives are compressed into hours, the margin for error widens. Decisions that should be measured in weeks or months are now sometimes measured in a single afternoon.

Meanwhile, policy momentum continues moving in one direction: outward. A federal parliamentary committee recommended in 2023 that the government consider extending eligibility to so-called "mature minors" whose deaths are considered foreseeable. Though not yet enacted, the proposal signals where the conversation may be heading next. If adults can receive same-day approval today, critics ask, what procedural barriers will remain tomorrow if eligibility expands to younger patients? Will parental consent be required? Could it be overridden? These are no longer abstract hypotheticals--they are policy discussions already underway.

From a biblical perspective, this accelerating normalization of assisted death stands in direct tension with the sacredness Scripture assigns to human life. The Bible teaches that life is not a disposable possession but a divine gift, intentionally formed and known by God before birth and bearing His image from the very beginning. Because life is God-given, its value is not measured by comfort, productivity, independence, or prognosis.

Christianity has historically insisted that suffering--while painful and often mysterious--does not erase dignity or purpose. In fact, the biblical narrative repeatedly shows God working most powerfully through human weakness, despair, and limitation. To choose death as a solution to suffering, therefore, is not presented in Scripture as liberation but as a tragic surrender of hope. The Christian answer to pain has never been elimination of the sufferer; it has been compassion, care, presence, and endurance.

Supporters argue Canada's system reflects autonomy and mercy. But even some supporters of assisted dying in principle warn that speed changes everything. Safeguards are not merely legal checkboxes--they are time itself. Waiting periods exist because despair can fluctuate, diagnoses can evolve, and circumstances can change. Remove time, and you remove one of the most important protections medicine has.

This is why Canada's trajectory deserves global attention. The story is no longer simply about whether assisted suicide should exist. It is about whether a nation can maintain meaningful safeguards once cultural and legal momentum shifts toward normalization. What begins as an exception can become an option. What becomes an option can become an expectation. And what becomes an expectation can, eventually, become routine.

Canada's experiment is still unfolding. But the direction is unmistakable: eligibility widening, safeguards loosening, timelines shrinking. The question now confronting lawmakers, doctors, and citizens is stark and unavoidable--when death can be requested in the morning and delivered by nightfall, is the system still protecting the vulnerable... or has it begun protecting the process itself?

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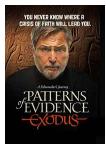
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