

R&D Learning Series - #1

Assisted Suicide and Insurance in Canada: Leading Edge or Bleeding Edge?

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Introduction

Assisted suicide and euthanasia have long been debated from legal, ethical, and societal perspectives. However, the growing acceptance and legislative changes surrounding Medical Assistance in Dying (MAID) present significant implications for the insurance industry.

Canada has been at the forefront of assisted dying legislation, with **Medical Assistance in Dying (MAID)** becoming legal nationwide in 2016.

With a growing number of MAID cases, expanding eligibility criteria, and increasing public acceptance, insurers must reassess their policy structures, application process, risk evaluations, and claim procedures to align with this shifting landscape.



Suicide Trends Among Older Adults

Suicide, particularly among older adults, is an area of growing concern. Key observations include:

- Suicide rates among the elderly are increasing, particularly among men but now also among women.
- Although not legally suicide, MAID is disproportionately utilized by older women compared to traditional suicide methods.
- Refusing treatment or sustenance is often a pathway to death but remains outside criminal prosecution.

Figure 1: Older adults suicide trends in the US by gender and age group

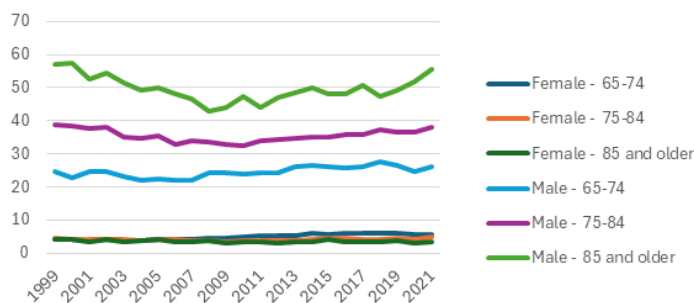
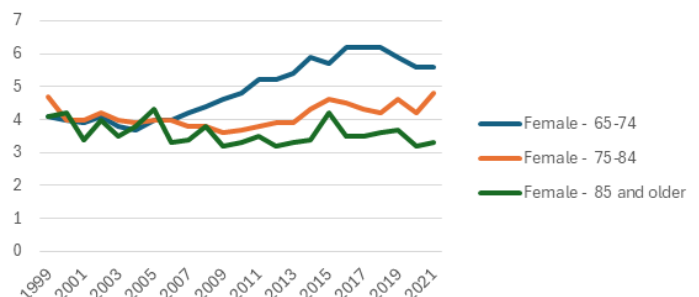


Figure 2: zooms in on the female lines of figure

1. Note the vastly different scale and different trends.

Figure 2: Older adults suicide trends in the US for women by age group



Source for figure 1 & 2: https://nchsdata.cdc.gov/DQS/#nchs-home_suicide/-/sex-and-age-group/all-time-periods/2

For insurers, these trends may warrant a re-evaluation of mortality assumptions, underwriting procedures, and claim policies-especially in the context of MAID. As MAID is not considered suicide, policy and application provisions meant to protect life insurers in regard to early death claim due to the insured voluntarily ending their life will not apply as expected.

Global Perspectives on Assisted Suicide

Assisted dying, in various forms, is legally recognized in multiple jurisdictions. The terminology and approach vary significantly:

- **Assisted suicide (A)** – A person helps another commit suicide without direct medical intervention.
- **Physician-assisted suicide (P)** – A medical professional provides the means for a patient to end their life.
- **Euthanasia (E)** – A medical professional actively administers a life-ending procedure.

Globally, assisted dying is recognized in several regions:

- **Europe:** Countries such as the Netherlands, Belgium, and Switzerland have well-established laws permitting euthanasia and/or physician-assisted suicide.
- **Americas:** In the U.S., states like California, Oregon, and Washington allow physician-assisted suicide, while Canada has fully legalized MAID.
- **Oceania:** Australia and New Zealand have provisions for assisted dying.
- **Asia:** Some tolerance is observed in Japan, though no formal legalization exists.

An important point to keep in mind is that some euthanasia and suicide go undetected. This may be in the order of 1-2%. (ref: box 1, S Mroz et al, Developments Under Assisted Dying Legislation, Deu. Artz Int. 2022)

In addition voluntary refusal to eat or drink is not considered as suicide but is not an uncommon cause of death in the elderly.

Medical Assistance in Dying (MAID) in Canada

MAID allows individuals to request assistance from a medical professional to end their lives under specific conditions. The key legislative milestones shaping MAID include:

- 2016: Bill C-14 legalizes MAID, initially limiting eligibility to individuals whose natural death is “reasonably foreseeable.” (ref <https://www.justice.gc.ca/eng/rp-pr/other-autre/addend/index.html>)
- 2021: Bill C-7 removes the “reasonably foreseeable” requirement, broadening access to those suffering from intolerable conditions, even if they are not terminally ill. (ref <https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html>)
- February 2024 (Implementation postponed to 2027): expansion to allow MAID for mental illness alone, but delayed due to concerns over safeguards and public sentiment. (ibid)

Unlike traditional suicide, which may be subject to exclusions in life insurance policies, MAID is not recorded as suicide on death certificates. Instead, the underlying illness that prompted the MAID request remains the official cause of death. This also means that MAID statistics will not be assessable through normal causes of deaths analysis.

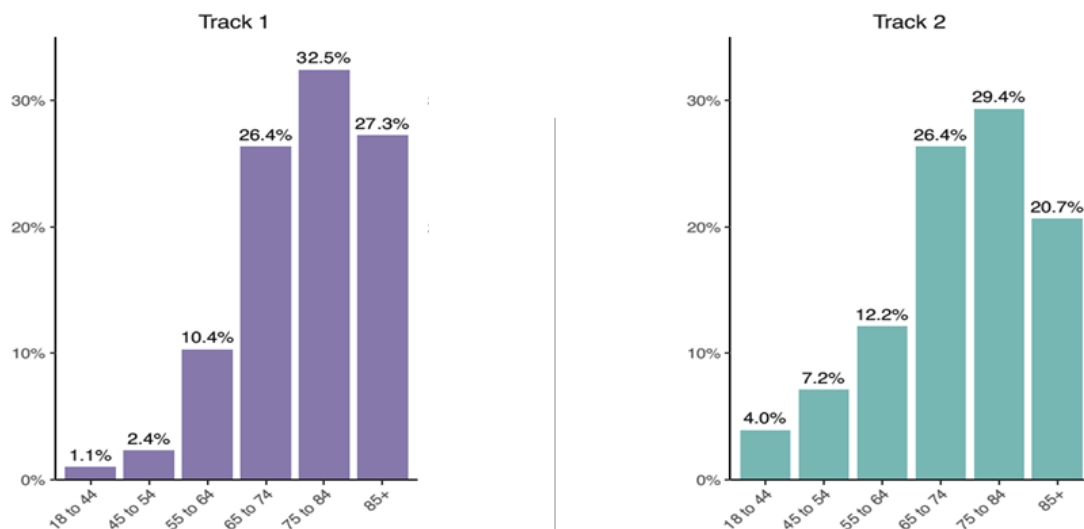
Trends in MAID Utilization in Canada

In 2023, 96% of MAID deaths are provided under track 1 (with a foreseeable deaths) and 4% under Track2 (no foreseeable death) (ref 5th Annual Report on Medical Assistance in Dying in Canada 2023).



Although the majority in both tracks are age 75 or older, more than 3% in Track 1 and 11% in track 2 are for ages between 18 and 54. (ibid). One difference with traditional suicide statistics is that MAID is used by an almost even numbers of men and women for Track 1 and about 40% men. 60% women for Track 2. (ibid) The numbers relative to suicide are especially striking for elderly women over age 85.

Figure 2.2a of 5th Report)



The utilization of MAID has increased consistently since 2016 with MAID accounting for over 4% of total deaths in Canada. (Ref 5th). Although not a completely fair statistics, as death statistics and MAID deaths are reported through two completely unrelated systems, the number in Québec could be as high as 7% (author's estimation).

Surprisingly, assisted suicide legislation does not seem to lower other suicide rates but may paradoxically increase them. (Ref AM Doherty et al, Investigating the relationship between euthanasia and/or assisted suicide and rates of non-assisted suicide: systematic review, BJ/ Psych Open 2022)

Public support for MAID remains high, with increasing acceptance across provinces- although the MAID rates vary significantly by province. A review of the safeguards showed no major issues with the current safeguards in Canada, but this remain an area of vigilance for the government.

Impact on Life Insurance Policies in Canada

The most obvious one is the inapplicability of the suicide exclusion as MAID is not considered suicide but a medical procedure and the death certificate will not mention suicide. Adjustment of the wording of applications should cover intention to use MAID at time of issue. A side complication is that not all requests for people to use MAID are granted and that not all people granted MAID do actually go through with it.

The impact of the acceleration of deaths for people using MAID may have a material impact on mortality especially if usage continues to increase, if more people use Track 2 or if access is granted for mental conditions.

Conclusion

The evolving landscape of assisted suicide legislation presents challenges for all and opportunities for the well-prepared insurance company. By monitoring developing legislation and proactively addressing these developments, insurers can adapt their policies to mitigate risk, ensure fair claim assessments, and contribute to ethical decision-making in end-of-life care. Understanding these trends is crucial to navigating the future of life insurance in a world where assisted dying is becoming increasingly normalized.

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