

# Canada's Chilling Next Step: MAID for Babies

By Anna Farrow

**Most Canadians disagree strongly with the concept of euthanasia for babies.** We know this because every time the topic comes up, the public's response is one of instant horror. So why does it keep coming up?

The issue first surfaced in 2022 when Louis Roy of the Quebec College of Physicians (CMQ) appeared before Parliament's Special Joint Committee on Medical Assistance In Dying (MAID). The committee was examining plans to expand MAID beyond terminal illness to cover cases of mental illness as well as to accommodate advanced requests and mature minors. But Roy's advocacy went even farther. He also suggested MAID could be considered for "babies from birth to one year of age" who are born with severe deformities or disabilities.



*The Selection of Children in Sparta (detail), Jean-Pierre Saint-Ours, 1785*

The public response was immediate shock. On *CBC Radio*, federal disabilities minister Carla Qualtrough snapped, "There is no world where I would accept that." The reaction was sufficiently negative that even pro-life activists assumed it was a dead-end issue.

This past September, however, several international media stories on Canada's MAID program have re-ignited the baby MAID debate. A long feature in the magazine *The Atlantic* headlined "Canada is Killing Itself" compared Roy's baby euthanasia proposal to the policies of Nazi Germany – an argument that caused instant outrage among pro-MAID lobby groups. Then the British newspaper *Daily Mail* asked the CMQ for an update on its stance and was told the organization now believes "medical assistance in dying may be an appropriate treatment for babies suffering from extreme pain" and that "parents should have the opportunity to obtain this care for their infant."

Clearly the issue has not gone away.

Since it was legalized in 2016, more than 76,000 Canadians have died via MAID. [In 2024 alone, it was responsible for 16,499 deaths](#), accounting for over five percent of all deaths nationwide and up nearly seven percent over the previous year. The reason for this increase is that what was originally promised to Canadians as a strict, end-of-life option for the terminally ill now includes a much broader range of options, including "Track 2," for which imminent death is no longer required.

Against this backdrop, infant MAID cannot be considered an outlier. It is one more step down the slippery slope that many critics warned about back in 2016.

As *The Atlantic* article pointed out, the Netherlands is unique among western nations today in allowing doctors to euthanize newborns deemed to be in "hopeless and unbearable suffering." Yet some Dutch ethicists point out that since babies cannot

describe pain, doctors have to infer their degree of suffering, which is clearly an imprecise and highly subjective determination.

As for the historical parallel that so enraged MAID supporters, it is entirely accurate. The first organized government program of euthanasia for disabled infants was created by Nazi Germany in 1939. In that year Adolf Hitler approved the killing of a single severely disabled infant at his father's request. This one "mercy killing" case eventually metastasized into the infamous Aktion T4 program which was responsible for the murder of approximately 250,000 disabled children and adults by 1945. The creator of Aktion T4, Hitler's personal physician Karl Brandt, was executed after the Second World War for crimes against humanity.

It is important to remember that MAID for infants is categorically different from all other forms of officially sanctioned euthanasia. In every other example of this policy, both current and proposed, it is possible to ask the patient if they willingly consent to the procedure. A baby cannot consent to ending its own life. Instead suffering must be guessed at. It is also possible that parental distress or the anticipation of future burdens might influence the final decision.

When pressed, the CMQ has stated that MAID is "not a matter of politics, morality or religion, but rather a medical matter". This is clearly wrong. Ending the life of a disabled child, regardless of their degree of suffering, is undoubtedly an issue of morality. And it must be treated as such.

As for why MAID has proven to be so persistent in Canada, it is necessary to understand the missionary-like zeal of its promoters. Consider the comments of Jonathan Reggler, a retired Vancouver Island family physician and active MAID provider, in the recent *Atlantic* essay. While he acknowledges moments of discomfort when performing Track 2 MAID cases, he

explained how he is able to set aside any moral quandaries: "Once you accept that life is not sacred and [not] something that can only be taken by God, a being I don't believe in – then ... some of us have to go forward and say, 'We'll do it'."

It is this "do-it" attitude of Canada's MAID movement, which regards life as fundamentally unsacred and unworthy of protection, that explains the practice's growth to date. And threatens to put the lives of future innocent babies at risk. Unless, that is, Canadians wake from their slumber and finally say, "No. *Don't* do it."

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