Question

With regard to Health Canada and the Public Health Agency of Canada, and any policies, programs, agreements, or initiatives related to organ and tissue donation, including where medical assistance in dying is involved: (a) is the government planning to request or recommend that the provinces and territories make changes or amendments to their Human Organ and Tissue Donation Acts (or equivalent legislation), including, but not limited to, (i) introducing or expanding deemed consent including opt-out systems, (ii) changing consent requirements or procedures for organ or tissue donation in the context of medical assistance in dying, (iii) modifying any provisions relating to next-of-kin consent, substituted decision-making or informed consent; (b) if the answer to (a) is affirmative, for each province or territory, what changes have been requested or proposed, and on what dates, and through what mechanism (letters, working groups, federal- provincial-territorial tables); (c) does the medical assistance in dying assessment or consent process, including any federal medical assistance in dying guidance or model forms, include an explicit opt-in or opt-out provision regarding organ or tissue donation; (d) are there any current or planned changes to the forms, guidance, or processes referenced in (c) that would alter how consent for organ or tissue donation is sought from medical assistance in dying patients (for example, making donation discussion mandatory, changing timing, or changing who raises the topic); (e) at what point in the medical assistance in dying process (before final consent, after final consent, during eligibility assessment) are patients first informed about the possibility of organ or tissue donation, and by whom; (f) what safeguards, if any, are in place to ensure that (i) medical assistance in dying eligibility and decision-making are fully independent from any organ or tissue donation considerations, (ii) medical assistance in dying patients are not unduly influenced, coerced or incentivized to consent to donation, (iii) health care providers and organ donation organizations avoid conflicts of interest; (g) since January 1, 2020, broken down by calendar year and by province or territory, what is the (i) number of medical assistance in dying patients referred for organ or tissue donation, (ii) number of referred medical assistance in dying patients assessed as eligible for organ or tissue donation, (iii) number of eligible medical assistance in dying patients who were approached regarding organ or tissue donation, (iv) number of medical assistance in dying patients who provided consent to organ or tissue donation, (v) number of organs recovered and utilized for transplantation from medical assistance in dying donors, by organ type (kidney, liver, lung, heart, pancreas, etc.), (vi) number of tissues recovered and utilized from medical assistance in dying donors, by tissue type (corneas, heart valves, bone, skin, etc.), (vii) average number of organs transplanted per medical assistance in dying donor, by year, and, where data is not available or not collected, for which variables, years, or jurisdictions is this the case and why; (h) starting in 2020, broken down by calendar year and by organ and tissue type, (i) how many Canadian organs and tissues were exported outside Canada for transplantation, research, or any other purpose, (ii) for each exported organ or tissue type, what was the destination country and intended use category (therapeutic transplant, research, education, commercial use), (iii) how many of these exported organs or tissues originated from medical assistance in dying donors, if known; (i) for the exported organ and tissue donations identified in (h), (i) what fees, charges, or other financial or in-kind consideration were associated with each organ or tissue type (cost-recovery, procurement fees, transport, logistics charges, processing fees), (ii) for each fee or charge, who or what entity received the payment, (iii) does the federal government have any policies, agreements or guidance regarding cost-recovery, commercialization or prohibition of profit in relation to organ and tissue export, including those from medical assistance in dying donors; (j) what policies, guidelines or ethical frameworks does Health Canada or the Public Health Agency of Canada rely on to ensure that organ and tissue donation practices, including those involving medical assistance in dying patients, comply with the Canadian Charter of Rights and Freedoms, international human rights obligations, and the principle of free and informed consent; (k) since 2020, have there been any internal reviews, audits, complaints or investigations (including by ethics bodies, ombudspersons or human rights commissions) related to (i) organ and tissue donation in the context of medical assistance in dying, (ii) the export of Canadian organs and tissues; (l) if the answer to (k) is affirmative, what are the details, including the dates, the bodies involved, the nature of the concerns and any findings or corrective actions taken; and (m) are there any federal agreements, memoranda of understanding or funding conditions with provincial and

territorial organ donation organizations or transplant programs that reference medical assistance in dying, organ or tissue donation from medical assistance in dying patients or export of organs and tissues, and, if so, what are the details and the dates?

Response

This response was tabled in the House of Commons on March 25, 2026, as Sessional Paper 8555-451-844.

Tabled on
March 25, 2026

Sessional Paper
8555-451-844

House of Commons

Order/Address of the House of Commons

Question number	Asked by	Date asked
Q-844	Marilyn Gladu (Sarnia—Lambton—Bkejwanong)	February 6, 2026

Presented by

Kevin Lamoureux

Parliamentary Secretary to the Leader of the Government in the House of Commons

Health Canada

Reply by: the Minister of Health

Name of Signatory: Maggie Chi

Reply

Health Canada

(a) is the government planning to request or recommend that the provinces and territories make changes or amendments to their Human Organ and Tissue Donation Acts (or equivalent legislation), including, but not limited to, (i) introducing or expanding deemed consent including opt-out systems, (ii) changing consent requirements or procedures for organ or tissue donation in the context of medical assistance in dying, (iii) modifying any provisions relating to next-of-kin consent, substituted decision-making or informed consent; (b) if the answer to (a) is affirmative, for each province or territory, what changes have been requested or proposed, and on what dates, and through what mechanism (letters, working groups, federal- provincial-territorial tables)?

Issues of consent fall under provincial or territorial jurisdiction. Health Canada's role with respect to organ and tissue donation is limited to the safety of safety of human cells, tissues, and organs for transplantation via the *Safety of Human Cells, Tissues and Organs for Transplantation Regulations* . These regulations mandate stringent donor screening, testing, processing, and record-keeping to minimize risks to recipients.

(c) does the medical assistance in dying assessment or consent process, including any federal medical assistance in dying guidance or model forms, include an explicit opt-in or opt-out provision regarding organ or tissue donation?

A guidance document entitled: *"Deceased organ and tissue donation after medical assistance in dying: 2023 updated guidance for policy,"* was created and published in the Canadian Medical Association Journal at the request of the clinical community that addresses organ and tissue donation and medical assistance in dying.

This work was financially supported by Canadian Blood Services, which receives funding from the federal government through Health Canada.

(d) are there any current or planned changes to the forms, guidance, or processes referenced in (c) that would alter how consent for organ or tissue donation is sought from medical assistance in dying patients (for example, making donation discussion mandatory, changing timing, or changing who raises the topic)?

Provinces and territories are responsible for human organ and tissue gift legislation in their jurisdictions, and would be responsible for any changes to existing forms, guidance, or processes.

(e) at what point in the medical assistance in dying process (before final consent, after final consent, during eligibility assessment) are patients first informed about the possibility of organ or tissue donation, and by whom?

As described in the above-mentioned guidance document published in the Canadian Medical Association Journal, organ and/or tissue donation should not be introduced until after medical assistance in dying assessment is conducted and approved.

(f) what safeguards, if any, are in place to ensure that (i) medical assistance in dying eligibility and decision-making are fully independent from any organ or tissue donation considerations, (ii) medical assistance in dying patients are not unduly influenced, coerced or incentivized to consent to donation, (iii) health care providers and organ donation organizations avoid conflicts of interest?

Legislation on medical assistance in dying includes robust safeguards and procedures to protect individuals from being encouraged or coerced into seeking medical assistance in dying. Under the federal legal framework, when an individual makes a request for medical assistance in dying, the clinician assessing the request is required to establish that the person's request has been made voluntarily and that it is not a result of external pressure, and that the person has been fully informed of treatment options available. medical assistance in dying can only be provided after two practitioners confirm that all of the eligibility requirements are met. Furthermore, the law also requires that the person's request for medical assistance in dying be made in writing and signed by an independent witness who would not benefit from the person's death. The person must be informed that they can withdraw their request at any time, in any manner, and must expressly confirm their consent immediately before receiving medical assistance in dying, unless waived in limited circumstances (waiver of final consent due to loss of capacity).

(g) since January 1, 2020, broken down by calendar year and by province or territory, what is the (i) number of medical assistance in dying patients referred for organ or tissue donation, (ii) number of referred medical assistance in dying patients assessed as eligible for organ or tissue donation, (iii) number of eligible medical assistance in dying patients who were approached regarding organ or tissue donation, (iv) number of medical assistance in dying patients who provided consent to organ or tissue donation, (v) number of organs recovered and utilized for transplantation from medical assistance in dying donors, by organ type (kidney, liver, lung, heart, pancreas, etc.), (vi) number of tissues recovered and utilized from medical assistance in dying donors, by tissue type (corneas, heart valves, bone, skin, etc.), (vii) average number of organs transplanted per medical assistance in dying donor, by year, and, where data is not available or not collected, for which variables, years, or jurisdictions is this the case and why; (h) starting in 2020, broken down by calendar year and by organ and

tissue type, (i) how many Canadian organs and tissues were exported outside Canada for transplantation, research, or any other purpose, (ii) for each exported organ or tissue type, what was the destination country and intended use category (therapeutic transplant, research, education, commercial use), (iii) how many of these exported organs or tissues originated from medical assistance in dying donors, if known?

The requested information is managed by individual medical transplant centres or organ donation organizations, and is not centrally tracked at the federal level.

(i) for the exported organ and tissue donations identified in (h), (i) what fees, charges, or other financial or in-kind consideration were associated with each organ or tissue type (cost-recovery, procurement fees, transport, logistics charges, processing fees), (ii) for each fee or charge, who or what entity received the payment, (iii) does the federal government have any policies, agreements or guidance regarding cost-recovery, commercialization or prohibition of profit in relation to organ and tissue export, including those from medical assistance in dying donors; (j) what policies, guidelines or ethical frameworks does Health Canada or the Public Health Agency of Canada rely on to ensure that organ and tissue donation practices, including those involving medical assistance in dying patients, comply with the Canadian Charter of Rights and Freedoms, international human rights obligations, and the principle of free and informed consent?

Provinces and territories are responsible for human organ and tissue donations in their jurisdictions, and would be responsible for any related policies, agreements, guidelines or ethical frameworks.

(k) since 2020, have there been any internal reviews, audits, complaints or investigations (including by ethics bodies, ombudspersons or human rights commissions) related to (i) organ and tissue donation in the context of medical assistance in dying, (ii) the export of Canadian organs and tissues; (l) if the answer to (k) is affirmative, what are the details, including the dates, the bodies involved, the nature of the concerns and any findings or corrective actions taken; (m) are there any federal agreements, memoranda of understanding or funding conditions with provincial and territorial organ donation organizations or transplant programs that reference medical assistance in dying, organ or tissue donation from medical

assistance in dying patients or export of organs and tissues, and, if so, what are the details and the dates?

Provinces and territories are responsible for their respective statutes governing the legalities of donation.