Learning from Hanne: Reflections on Social Work Practice in Medical Assistance in Dying (MAID)

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Abstract: This article details the experiences of Hanne Schafer, who is the first Canadian, outside of Quebec, to receive a court-ordered exemption on February 25, 2016, for a physician-assisted death which occurred on February 29, 2016. While helping my friend achieve her goal of a peaceful death, I reflected on the implications for social work practice with clients considering or proceeding toward what is known in Canada as MAID, Medical Assistance in Dying. I offer my ideas on how social workers can prepare themselves for engaging in this developing area of practice.

Keywords**:** physician-assisted death, MAID (Medical Assistance in Dying), guidelines for social workers

Canada's movement toward medically assisted dying has been captured in a timeline prepared by the Canadian organization MAiDHouse (n.d.), beginning in 1892 when the Criminal Code was introduced to Canada. That Code specified that assisting anyone to commit suicide—as well as helping anyone to die—was criminal and warranted punishment (MAiDHouse, n.d.). Since then, much change has occurred, with the culmination in 2015 when the Supreme Court of Canada struck down the prohibition on medical assistance in dying as unconstitutional (Amies, 2018; Kirkup, 2025; Martin, 2016). By June 17, 2016, the federal government passed legislation permitting medically assisted dying under certain conditions (MAiDHouse, n.d.). Although Canadians have generally supported the legislation passed on June 17, 2016 (Dying with Dignity Canada, 2021), controversies abound, primarily about the rights of mature minors, advanced directives, and the rights of persons whose sole problematic condition is mental illness that has not responded to any known treatment. Legislation on these facets of assisted dying has been proposed, studied intensively by expert committees and others, debated in various fora, argued against by some, and vigorously recommended by others (Wilson & Lemmens, 2025). Often, the federal government has responded with a "pause" intended to give Canadians more opportunity to consider the matter and health professionals more time to prepare for possible changes in practice.

In early November, 2022, Dying with Dignity, Canada's major advocacy organization for the right of persons to be able to access quality end-of-life choice and care, hosted in Toronto the 2022 World Federation of Right to Die Societies International Conference, highlighting personalities from 18 countries who have pioneered in relation to the right to decide on one's own death at the end of life (Preisig, 2022). Participants came from 23 countries, all in varying stages of the pursuit of what has been generally known as euthanasia (Preisig, 2022). One of the actions of the Congress was to agree that within the World Federation the terms "euthanasia" and "suicide" should no longer be used, as both terms have negative connotations; assisted dying would be the favoured wording within the World Federation (Preisig, 2022). The term "suicide" is still used by Alberta's United Conservative provincial government where I reside (Dawson, 2024). While some countries, such as Switzerland, The Netherlands, and Belgium, have over 20-year histories with some form of assisted dying, the Conference's presentations showed the efforts (and successes) that have gone into legalizing self-determination in uncharted territory: Australia, New Zealand, Columbia, Germany, Austria, Spain, and Italy, as well as some states in the U.S. (Preisig, 2022). Most recently, Great Britain has moved more decisively in the direction of approving medically assisted dying (Pylas, 2025), but each country has its unique story.

Canada's situation was seen as impressive, in that within six years since legalization in 2016, a network of family physicians, palliative care physicians, and nurse-practitioners has been established with varying protocols in the provinces. Further, there are clear guidelines and progress in training more medical professionals (Canadian Association of MAID Assessors and Providers [CAMAP], n.d.).

I participated in this conference with a presentation on my friend Hanne Schafer and her experience of choosing assisted death on February 29, 2016, in Vancouver, British Columbia. She had attained a court exemption to proceed prior to the actual federal legislation being passed in June 2016. She is, in my view, a pioneer, and I admired her greatly for her fortitude, clarity, and courage throughout a three-year process from diagnosis of Amyotrophic Lateral Sclerosis (ALS) to death. My role was that of a friend, but I did not turn off my social work knowledge and skills in helping her to achieve her goal. Nor did Hanne, a psychologist, cease drawing on her expertise in assisting others with mental health issues. Throughout this period of joint endeavour, I considered the implications of the process of choosing death for social workers engaging in a new area of practice that I believed would evolve significantly.

Social workers in diverse settings are often faced with questions from clients/patients regarding their options, given their current or developing serious medical condition. Guidance has not always been readily available for social workers who must act in keeping with directives—from employing agencies, their regulatory body or provincial college of social workers, the state or provincial government, and their own conscience. However, more latterly, there are social workers in Canadian health units who can offer their services to patients seeking to know about MAID (Dying with Dignity Canada, 2025). However, that was not the case in 2013, although social workers have a long history of working with clients with health issues, as detailed in journals and other literature pertaining to social workers in health settings (e.g., *Social Work in Health Care*). Relevant to the topic of MAID is social work engagement in palliative care; social workers in palliative care units offer a range of services to individuals and their families who need support and connection with resources. One might expect attention to assisted dying as an end-of-life option. However, in the qualitative research by Ho et al. (2020), the path to incorporation of MAID in palliative care has clearly been challenging for health care providers, including social workers, who may have been trained to accept death as a natural process, not an increasingly medicalized and hastened process.

My own professional experience with illness, dying, and death began in 1963 when I was a summer student in a general hospital in Hamilton, Ontario, and later in a six-month social work practicum in a home-hospital for elderly persons in Rochester, NY. Additionally, I had several months of employment as a social worker working with elderly and ill clients living in rather dire community settings in Hamilton, Ontario. Later, my life partner and I endured knowing he was terminally ill for seven years prior to his death in 2005 caused by his multiple myeloma (Valentich, 2023).

I am not alone as a social worker who has had numerous opportunities to engage with clients regarding end-of-life issues. I was aware of prominent Canadians such as Sue Rodriguez, who valiantly pursued the right to choose her own manner of death in the 1990s (Truelove, 2013), but I did not become engaged with MAID until 2013. However, when teaching Human Behavior and the Social Environment (1968–1998), I did not shy away from discussion of dying, loss, and grieving. I have long been committed to trying to break away from the denial of death so evident in much of North America (Waugh, 1948).

Hanne Schafer's Story

Hanne's story begins in Germany, where she qualified as a psychologist. She immigrated to Calgary, Canada, in the mid-1970s where she worked for many years for the local health authority. Initially, she lived in the same townhouse complex where my partner and I and our newborn son (born 1978) resided. Hanne and I found a commonality through our European roots and our professional backgrounds. Our love of films, concerts, and celebration of life events such as birthdays resulted in a family friendship that enriched us all. In 2013, just shortly after her retirement from practice, Hanne received a devastating diagnosis of ALS. It was a blow of major proportion. None of us, her friends nor partner Daniel Laurin, could believe that this vibrant, active, beautiful woman was now terminally ill. Like others, she sought any remedies she could, including experimental treatment. She and Daniel travelled, hiked, and continued their beloved ballroom dancing for as long as she could stay upright. However, her condition deteriorated rapidly; she became increasingly dependent on Daniel and home palliative care. Her cherished independence nearly disappeared; her condition of helplessness was becoming totally unacceptable to her.

I was not surprised one day in March 2013 to have her tell me that she had made her decision to pursue an assisted death, likely in Switzerland. She indicated that there was no help for her with seeking assisted dying from palliative care workers or organizations related to ALS. Would I help her, with Daniel and other friends, to achieve what she wanted: a peaceful exit on her terms? Though saddened by the idea of losing Hanne, I did not hesitate to say "yes." She quickly lost her capacity to speak and began to rely on email to make regular contact. I began to print and save those emails which she typed with three fingers of her left hand. Later our correspondence formed the basis of a memoir, *Fighting for Hanne* (Valentich, 2021).

We carefully assessed the options that were available. We soon gave up on the possibility of going to Oregon, where one had to self-administer drugs, or to Quebec, where she and Daniel would have to establish residence of several months. (Quebec has had its own system of assisted dying since 2014). I recall going to a workshop in Calgary, where we all lived, offered by June Churchill, a tireless and dedicated social worker who was very active in volunteering with a chapter of Dying with Dignity. I was looking for any local physician who might be able to assist Hanne, but no one presented themselves to me, at this workshop or at another in February 2016 which was titled, rather oddly in my view, *Compassion or Convenience.* It was sponsored by a local Calgary church where my question about resources fell on deaf ears. It was a frustrating time: No one seemed able to help us. We busied ourselves with requests to physicians we knew and applications to two clinics in Switzerland, but had misgivings about the travel, assessments, and whether Hanne could manage to physically complete the administration of the drugs.

Finally, one of the European contacts resulted in Dr. Ellen Wiebe and Dr. R. Malleson, Canadian physicians practicing in Vancouver, connecting with us by video in January 2016. Dr. Wiebe had been studying assisted dying in Europe and was ready to begin her own practice in this speciality. We were greatly relieved that maybe we could make something happen in Canada. When the Supreme Court permitted a four-month extension to the federal government to pass the needed legislation, Hanne took advantage of the opportunity to seek a court-ordered exemption on February 25, 2016.

Going to court was challenging for all of us. The atmosphere was subdued, and we were unfamiliar with the protocols. However, after an agonizing wait of approximately an hour, Justice Sheilah Martin granted the exemption. We were elated. We hurried back to Hanne and Daniel’s home and began dealing with the logistics of contacting Dr. Wiebe, arranging flights, a hotel, and several funeral companies who initially would not assist us, because it sounded as if we were contemplating a murder. At least we could laugh, or sometimes cry, along with the steady stream of visitors who came on Saturday and Sunday to say their final goodbyes. One of the most touching for me was the hour-long visit by my son, who’d had a special relationship with Hanne since his birth.

Hanne, Daniel, and I flew to Vancouver on February 29, on a 90-minute afternoon flight, with striking views of the mountains below. I hoped the sight of the impressive mountains might give us a sense of peace. We had only a few hours together before our last meal in the hotel’s pub and then a bumpy taxi ride to Dr. Wiebe’s clinic for a 7:00 p.m. appointment. Hanne died peacefully at approximately 8.30 pm on February 29, 2016.

In this compressed account of what transpired, I have not detailed the emotional ups and downs, the periods when we flailed about, not knowing which direction to take, or the moments of joy when we achieved success. Our focus remained steadfast, as did Hanne’s: to enable her to achieve her goal. Grieving almost remained a secondary concern: we simply did not want her suffering to increase. We worked efficiently, with as much sensitivity as possible, but always with the realization that we might run out of time and Hanne would lose the capacity to provide consent. She did not, and bravely raised her left thumb up when Dr. Wiebe asked whether she wished to proceed with MAID.

On Tuesday morning, Daniel visited his uncle, and I some close friends. We both needed to unwind and to be with people who cared for us. We returned to Calgary on Tuesday March 1 and began the next phase—primarily advocacy, though we soon realized that such activity required another court appearance in April 2016 to remove the publication ban. Otherwise, we could not have posted her obituary which I had drafted and Hanne had approved. However, Daniel needed to get away from the local scene, where his life had so dramatically changed. I finally realized that Hanne was gone, but there was still work for me and Daniel to do in her honour: namely, to tell her story so that the journey for others seeking MAID might proceed without obstacles.

What are the implications of Hanne's journey for social work practice in situations involving assisted dying?

Guidance from Professional Organizations

When the Alberta College of Social Workers (ACSW) initially indicated that social workers should not be involved in offering services to anyone regarding assisted dying, our local Calgary Social Workers for Social Justice had vigorously protested (Valentich et al., 2020). By 2024 the Canadian Association of Social Workers (CASW) and provincial associations had issued statements to assure social workers that they will not be held liable for engaging with clients/patients who request assistance (CASW, 2024; ACSW, 2016). These clients are considering their options when experiencing a physical illness that seriously compromises their quality of life. Like my seriously ill clients in the home/hospital in Rochester, NY, people at an end stage of life often wish to review their lives and to contemplate their future. Regrettably, family members are not always on the same wavelength as their parents regarding decisions that the elderly and very sick parents may wish to make.

Currently, there are no restrictions in Canada from professional social work organizations on social workers practicing in relation to clients expressing interest in MAID; nor are there practice guidelines. However, the ACSW statement, not unlike other provincial statements, does refer to ACSW Standards of Practice (2016) that entail referral (if the social worker chooses for conscientious reasons to not provide services in relation to MAID); cultural competence (recognizing the impact of varying heritage, values, beliefs and preferences of both the social worker and the client); and dignity of client (where social workers will use "reasonable advocacy and other interventions" (p. 3) to ensure that the dignity and rights of clients are safeguarded). In the same statement, ACSW notes that ACSW does from time to time develop best practice guidelines in certain areas of practice but is not currently able to provide specific practice advice on medical assistance in dying.

My experience with Hanne as a friend prompted me to consider the implications for social work practice in situations where a client may be considering assisted dying. I readily could draw on my past personal and professional experience in living and working with seriously ill people.

Knowing One's Attitudes, Values and Beliefs Regarding Death

When I began teaching at the School of Social Welfare, University of Ottawa in 1968, there was little in the Human Behavior and Social Environment course that related to aging. This adult phase of life began to surface more prominently by 1978, when I taught a similar course at the School of Social Welfare, University of Calgary. My personal experience with my parents' deaths as well as my Croatian ethnicity had prepared me well for contact and "comfort" with death. It was not unusual for my family to go to the cemetery on a Sunday afternoon to "visit" with deceased friends and relatives. I recall going to my first funeral in a home at age three. Being curious, I peered into the casket of a family friend who had stopped by our house the week before. In elementary school in the early 1950s, I was charged with picking up flowers at the local funeral home to bring back to the Catholic church near the school. My curiosity (again) led me to tiptoe quietly into the rooms with bodies in open caskets, awaiting viewing by friends and family. These experiences prompted me to arrange field visits for my social work students to a local funeral home, where the funeral directors spoke about their work as well as cultural differences they recognized as important for their diverse clients. We were also given a tour of the facilities, including the crematorium. For those students who chose to come (and most did), it was often their first contact with death, and many thanked me years later, indicating that they had been better prepared to handle the death of a loved one.

My engagement in feminist social work practice grounded me well with respect to persons having choice, not only in reproductive matters, but most major life decisions. I fully appreciated Hanne's stance that she had no intention of dying while choking on her own phlegm. I recognized her desire to maintain her independence for as long as she could, and I honoured her right to choose how she wanted to live and to die. Sue Rodriguez' anguished cry in the early 1990s had resonated with me and many Canadians: "Whose body is this? Who owns my life?" (Truelove, 2013).

If these issues about choice and a person's right to die create personal disharmony for a social worker, it behooves the social worker to examine their own past to understand how their own experiences with illness, dying, and death have evolved. Journaling may yield surprises about the origins of one's attitudes. Opportunities to share one's grief about deceased loved ones as well as visits to cemeteries may provide insights into one's viewpoints. There are also films about people's choices of MAID and workshops offered by Dying with Dignity and other organizations that enable a person to explore their own beliefs. All of these may yield relevant information to social workers who wish to understand their own perspectives and to increase their comfort with clients who may be seeking information about MAID. Further, discussion with a trusted friend, colleague, or supervisor can greatly enhance one's self-awareness and readiness to assist a client facing a lessened quality of life.

Fortunately, Hanne, Daniel, and I were all committed to the same goal. Despite our awareness of the forthcoming loss of Hanne, we were determined to proceed as carefully and effectively as possible. We did encounter one difficult situation when a family member of Hanne's came to Canada to visit with her. The relative was not on the same wavelength as Hanne and Daniel. Ultimately, I became the point of contact with this relative, who later realized that Hanne had a right to make her own choices about her situation.

While I strongly recommend the development of awareness about one's own attitudes regarding a person's right to choose MAID, I am not suggesting that a social worker should negate their own conscientious objection to MAID, if that is their position. No one is expected to eliminate or downplay their own beliefs. What is important, in any setting, is that the client gets the attention and service that is their right. In this regard, I highlight the ACSW Standards of Practice (2016) that identify *referral* and *dignity of the client*: Appropriate referral means that "social workers who choose not to provide services around medical assistance in dying on the basis of conscientious objection must facilitate the referral of the client to another qualified provider" (p. 3), and the dignity of the client refers to a social worker using "reasonable advocacy and other intervention activities to ensure that the dignity, individuality and rights of their clients are safeguarded" (p. 3).

Listening Without Judgment

All social workers recognize the importance of hearing a client's story, even if it is repeatedly told or shared in bits and pieces. I learned this from my mother, with whom I often visited her hospitalized friends. One sat and listened, sometimes asking a question or two to clarify what was being shared. Listening is an art, and it does not mean that one does not have feelings or reactions, some of which one might choose to share. But the spotlight is on the client—what they are thinking and feeling and wishing to disclose.

Often, older persons facing an unanticipated illness or impending death want to tell their life story to someone who will listen and who cares. They desire to put their illness into a context that is meaningful to themselves and to people close to them. That is not an easy task; sometimes it is like putting the pieces of a puzzle together. The social worker can assist by prompting reflections and possibly making occasional suggestions or offering an interpretation. I always enjoyed hearing the stories that clients told me about their younger days.

One of my former students is now a social worker who wrote about her compassionate mask that she wore while listening to her clients. She never shared what her own reactions might be to anyone (Eleniak, 2010). I was regretful that this very excellent student had taken years before discovering that she did not have to carry the burden of grieving all on her own. Feminist social work practice has enabled social workers to be more open with clients or appropriate persons who could offer support (Valentich, 1986). When a social worker listens intently, they can develop with the client an assessment of the situation and, if possible, follow up with a plan. With Hanne, I either acted as a consultant or helped her with implementing her plans. She was very competent in formulating her own plans and could rely on me and her partner to carry out her wishes—for example, applying to a second clinic in Switzerland that might better suit her situation. My job with Hanne was to listen and to hear what she wanted to do. Possibly, I might have spent more time and energy in relation to her feelings of loss and grief for her life. However, I was guided by her: She wanted to put a plan in place for her peaceful death. That was her goal and that was our focus, in the emails and in-person exchanges which often entailed Hanne typing her comments on her computer. I was committed to helping her and did not want to disappoint her. I once had not followed up with a second phone call to a friend in another province who was seriously ill. I vowed that with Hanne there would be no "excuse": We were in the same city, and I would be totally available to her and Daniel.

What do I mean by judgment? I am referring to the social worker offering an unwanted or unasked for viewpoint that negates what the client is conveying or suggests that the client is somehow off-base in their thinking. A judgmental response differs from a thoughtful perspective offered to a client who is interested in the social worker's opinion. How the social worker responds will be determined by their previous exchanges. If the client has had a chance to thoroughly explore a topic, the social worker might give their opinion, but not as a promotion of a particular direction that the client should follow. In other words, the client takes the lead in making any decisions regarding their future behavior.

Given an unfortunate media headline about a "caseworker" promoting MAID to a veteran (Passifiume, 2022), it is important that social workers are careful to simply respond to their client's questions and to not give the impression of suggesting a particular course of action that might be MAID. Because of the controversial nature of MAID and forthcoming proposals to extend MAID, opponents of MAID are ready to jump on any perceived undue influence by social workers on clients' choices. Hence, documentation of the social worker's activity with a client is important as well as reviewing one's work with a supervisor or trusted colleague.

Listening without judgment can be emotionally tiring. In the situation with Hanne, Daniel and I could give each other support: we three could laugh and cry together. Hanne was a dear friend: I grieved her loss from the moment she told me about her diagnosis in 2013. Social workers develop varying degrees of closeness with their clients and will experience loss. It is difficult to watch someone decline physically and emotionally, and social workers need their sources of comfort and support to sustain them.

Beyond listening non-judgmentally, social workers are often key sources of information for their clients.

Knowing About MAID Resources and Processes

When Hanne was seeking information regarding assisted death in various countries around the world, she would follow any leads she found on Google. She was able to contact several clinics in European countries, all of whom responded helpfully. In Canada, from 2013 to January 2016, there were no organizations that could readily provide us with information except for Dying with Dignity. We asked questions wherever we could, usually of people we knew in the health field. The situation has changed dramatically with considerable information available through various sites on the internet. In each province, the health authority will have relevant information that social workers need to know to respond appropriately to their clients. In Alberta, one calls the Health Link number (811) regarding MAID, and information about the process of application is forthcoming. Further, many Canadian cities have local chapters of Dying with Dignity, and there are often provincial and national in-person and virtual workshops available to professionals in health fields and interested members of the public.

Another organization that has developed a curriculum for physicians and nurse practitioners who engage in practice related to MAID is the Canadian Association of MAID Assessors and Providers (CAMAP). Their website was developed for those active in this area, with clinicians able to access the curriculum without cost. For a $50 fee, the Foundations of MAID in Canada topic is available to anyone and provides pertinent information about the regulatory context for MAID in Canada as well as the “multidisciplinary roles that can support a patient who has requested MAID”; a topic of possible interest to social workers is “what resilience means for clinicians engaged in MAID” (CAMAP, n.d., para. 3). CAMAP states that while they are predominantly an association of nurse practitioners and physicians, anyone involved in the work or interested in supporting it is most welcome to join the community. They note further that “this includes social workers” and a long list of other disciplines.

A major source of information is the emerging literature on MAID in Canada. I strongly recommend Sandra Martin’s (2016) *A Good Death*, which provides a background to assisted death in Canada, including an account of Hanne Schafer’s journey. David R. Amies in 2018 presented an account of *Medical Aid in Dying in Canada*. My book on Hanne’s journey was published in 2021, followed by two books by physicians on their experiences in providing MAID, the first by Stephanie Green (2022) and another by Jean Marmoreo and Johanna Schneller (2022). Interestingly, Jean and I were work colleagues and friends in 1965 while employed in our first professional positions at a psychiatric hospital in Toronto. I do not recall that we ever discussed dying: We were in our early 20s and looking forward to the future. We lost touch for many years, but reconnected when I learned that she was focusing on assisted dying and might be able to provide some guidance to Hanne and me. She did. There is nothing like networking with like-minded colleagues. Finally, Cynthia Clark and Carol Cram (2023) have written a book on the experiences of clients and their families with MAID.

There are also videos and television productions related to assisted dying which are very pertinent to anyone interested in working in this area. Dying with Dignity can provide information about such resources. The furor about assisted dying in Canada and beyond continues unabated (Green, 2025).

Not surprisingly, after MAID became legal in June 2016, there were calls for more data and, then, for research on various facets of MAID. With respect to social workers’ involvement, there is still minimal research. However, a survey conducted in Quebec examined social workers’ attitudes toward MAID for persons with dementia (Bravo et al., 2022). These researchers noted that social workers’ attitudes toward end-of-life care options have received little attention, although they cite a few studies they consider outdated. Their own survey research in 2021 in Quebec revealed “a relatively high level of support for MAID” (p. 282) with one exception, namely that the respondents were roughly evenly split between agreeing and disagreeing that all suffering can be alleviated at the end of life. Their findings also indicated that social workers, somewhat more than nurses and physicians in their study, were open to greater extension of the current legislation—for example, to people who request MAID in writing prior to losing capacity.

In any area of practice, social workers engage in a range of roles—clinician, educator, researcher, policy developer, and advocate.

The Clinical Role and Beyond

Social workers in Canada function in a society where there are competing political ideologies which provide a context for practice. Social work as a profession has been characterized by a liberal philosophy that emphasizes the importance of liberty and individualism but recognizes the necessity of state intervention in situations where social goals are not being realized (Valentich & Gripton, 1985). Mullaly (1993) affirmed that social work is based on liberal values and that social workers engaged in three activities: personal reform; limited social reform; and advocacy, all pertinent to social work with MAID clients.

Thus, personal reform or clinical work entails the social worker in a facilitative role, helping the client and possibly family members to consider all the options open to them in this last phase of life. I learned early in my first-year field placement in the home/hospital for the elderly that family members were a source of both joy and distress for some residents. Generally, there was no cause for concern: Family members played supportive roles. They would visit and help their loved one with small comforts, such as trips away from the residence, or provide useful advice or assistance with respect to business matters, such as the sale of property or the loved one's will. However, occasionally, family members would take a very protective and directive stance with respect to the decisions their loved one was planning to make or had made. If a client had given their family members the legal authority to make decisions on their behalf, there was little the social worker could do except to listen to the client and attempt to convey the client's perspective to the family.

With respect to assisted dying, family members are sometimes at a loss, not wanting to lose a loved family elder but feeling left out of the process that has major consequences for their loved one (Andersson, 2023). Sometimes family members will try to override the client's wishes by persuading them to choose other options or just to delay the process. The social worker must be clear that their task is to support the client in their decision-making and, where possible, to assist family members to recognize that their relative has the right to make this decision if they fit the criteria for MAID. In a presentation by three social workers in health settings in different Canadian provinces, it was evident that considerable time was spent by social workers in dealing with family members' concerns (Dying with Dignity Canada, 2025).

Once the decision to choose MAID occurs, the social worker may assist the client and sometimes the family members with aspects of planning for the assisted death. Such planning might be longer term—such as keeping in touch with the client who may choose to delay MAID for varying lengths of time—or it may focus on more immediate arrangements—where will the death occur; who will be invited; will they participate or not, and if so, how; will there be flowers, art, music, readings? With Hanne, we moved so quickly at the end that we did not consider many of the actual details related to the hotel or the clinic. Indeed, I scampered about the hotel collecting some lovely flowers (with permission) that I could assemble in the hotel room where we waited for a few hours before going down to the restaurant for Hanne's last meal. I trust that we did address what Byock (as cited in MAiDHouse, 2022) identifies as the Five Tasks of Dying: saying I'm sorry; thank you; I forgive you; I love you; and goodbye. Because of a last-day change of venue from the hotel to Dr. Wiebe's clinic, we left at 6:00 p.m. by cab. On that ride, Daniel and I mostly cried and then just concentrated on telling Hanne we loved her. At the clinic, we were quietly ushered into a room with one bed for Hanne. She did not hesitate, giving us one last embrace. After her death, I stayed with her for about 30 minutes until I realized that Daniel had left us, somewhat distraught, for the waiting area. Dr. Malleson said she would stay with Hanne's body, whereas I could go and comfort Daniel. I was so relieved by Dr. Malleson's offer; I had not wanted, in a sense, to abandon Hanne's body by leaving it.

By 11:00 p.m. that evening, Daniel and I were sitting outside our hotel, finally relaxing and reflecting on what had transpired—he with a Cuban cigar and me with some champagne provided by kind and thoughtful hotel staff who had figured out the nature of our mission. We felt someone was taking care of us. Hanne's death had been a profound experience for us both, and we knew that we three were forever bonded. We needed now to pause.

With respect to limited social reform, the social worker can do whatever is legally possible within the setting to assure that their client has access to services such as MAID (Ho et al., 2020). This may mean helping the client find the needed information and ensuring that the unit or setting is prepared for MAID assessment and, possibly, delivery. Changes in institutional practices might enable the client to achieve their goals without being forced to move to another setting. However, there can be time limitations related to the client's deteriorating condition. Social workers need to be prepared with alternate plans that might enable the client to attain their goal. Consultation with the local health authority may be necessary and/or with one's regulatory organization.

Since Hanne's death, new issues have emerged: advanced directives, the rights of minors and people with only psychiatric concerns, and publicly funded religious institutions that transfer terminally ill patients to other settings. Hanne, Daniel, and I were united in believing people had a right to choose how and when to end their lives if their conditions were insurmountable. Hanne was an activist who regretted not being able to be interviewed by the media because she could not talk. Daniel and I had pledged to her that we would continue with advocacy after she departed.

I believe that individual social workers, many of whom work with minors or individuals with irremediable psychiatric issues, may have a range of views regarding the rights of these individuals to apply for MAID. They could provide useful information to groups studying these matters and making recommendations to the federal government that is developing legislation. However, some social workers may be constrained from making their views known by their employers. Possibly provincial associations and regulatory bodies can speak on behalf of the profession to the policymakers.

A final matter of social justice relates to equity of access to MAID. What costs are involved? When Hanne Schafer sought a court exemption, she did so as a private person who had the financial means to cover costs of approximately $13,000. Going to court after her death to lift the publication ban cost me $4,000 for the legal services. Clearly, not everyone can afford such costs. The situation is now quite different in that people usually do not have to go to court. Nonetheless, those accessing MAID tend to be among the better-educated and, hence, financially secure (Picard, 2022). It is important for researchers to track information about who has access to MAID to ensure that inequities do not exist, with some people not able to exercise their legitimate rights to MAID.

Implications for Research

While social work has a long history of practice within the health field with the elderly and seriously ill, there is a paucity of research on social work engagement in Canada or beyond in relation to what is still considered an evolving area of practice, namely, assisted dying (Rivest et al., 2023). Nonetheless, the first survey of its kind concerning Canadian social workers' attitudes towards voluntary euthanasia and assisted suicide occurred in the province of British Columbia, prior to legalization of physician assisted dying in 2016 (Ogden & Young, 1998). In that exploratory survey, the researchers found that social workers were being consulted by seriously ill patients about ways to end their lives, but in that era, there was no attention paid to assisted dying by the profession or social work education. Subsequently, Antifaeff (2019) presented a case study of her work with a dying patient who had been granted MAID and called for "social workers to document their practice experience with MAID to grow this body of literature and advance practice" (p. 191). I consider my reflections on my experience with Hanne a response to this call for documentation.

In other words, the field is open for a range of research, both qualitative and quantitative, that focuses on the role of social workers. At the time of writing, the only Canadian study which examines the attitudes of social workers in Quebec toward MAID for persons with dementia is by Bravo et al. (2022): Its authors concluded that their study gives voice to social workers' more liberal views on patients' rights to self-determination and enables them to participate in shaping future policies and practices.

Conclusions

There is no dearth of controversies related to MAID (Grant, 2019). Public debate will continue as Canada proceeds with addressing unresolved issues around which there are varying views. Of particular concern is whether there is inequity and whether Canadian society is addressing the needs of those without the means to live with dignity, due to lower income, disability, or their placement in a correctional or mental health facility. Renowned health columnist Andre Picard makes the point that we should make it easier to live with dignity than die with dignity, but that no one should be denied either (2022). However, there are opponents to MAID who believe that Canada should go back to the drawing board (Selley, 2023). Social workers can play an increasingly prominent role in promoting informed discussion, which assists both clients who want to take charge of their dying and families who recognize the rights of people choosing to apply for MAID.

Based on my experience with Hanne, I believe that knowing one's own attitudes toward death, listening without judgment, and providing needed information, as well as possible advocacy, within a health setting can facilitate a friend's or a client's final journey toward a peaceful death. These time-honoured social work interventions have not been systematically taught or studied in relation to preparing social workers for practice in assisted dying. In my view, they are essential components of effective practice with clients contemplating an application for assisted dying. Hanne would encourage us with a smile and an upraised left thumb.

References

Alberta College of Social Workers. (2016, November). *Medical assistance in dying.* https://acsw.ab.ca/resource/medical-assistance-in-dying

Amies, D. R. (2018). *Medical aid in dying in Canada: Background, practice, obstacles and possible developments.* Independently published.

Andersson, E. (2023, January 18). Families grieve loved ones' MAID deaths and why they didn't know. *The Globe and Mail*, A12-13. https://www.theglobeandmail.com/canada/article-maid-death-family-members-privacy/

Antifaeff, K. (2019). Social work practice with Medical Assistance in Dying: A case study. *Health & Social Work*, *44*(3), 185–192. https://doi.org/10.1093/hsw/hlz002

Bravo, G., Delli-Colli, N., Dumont, I., Bouthillier, M., Rochette, M., & Trottier, L. (2022). Social workers' attitudes in dying for persons with dementia: Findings from a survey conducted in Quebec, Canada. *Journal of Social Work in End-of-Life & Palliative Care*, *18*(3), 1–27. https://doi.org/10.1080/15524256.2022.2093314

Canadian Association of MAID Assessors and Providers. (n.d.). *Learn about Medical Assistance in Dying in Canada*. Retrieved March 25, 2026, from https://camapcanada.ca/for-the-public/foundations_of_maid_in_canada/

Canadian Association of Social Workers. (2024). *Medical Assistance in Dying: Resource hub.* Retrieved July 1, 2025 from https://www.casw-acts.ca/en/resources/medical-assistance-dying-resource-hub

Clark, C., & Cram, C. (2023). *The many faces of MAID: What to expect when someone you know chooses Medical Assistance in Dying.* MAID Family Support Society.

Dawson, T. (2024, September 24). Alberta contemplates major changes to assisted suicide rules. *National Post.* https://nationalpost.com/news/should-families-have-the-chance-to-push-back-alberta-considers-major-changes-to-assisted-suicide

Dying with Dignity Canada. (2021). *What you need to know about the Parliamentary review of Medical Assistance in Dying (MAID)* [Newsletter].

Dying with Dignity Canada. (2025, May 31). *Your health care team: Social workers*. https://www.dyingwithdignity.ca/education-resources/your-health-care-team-social-workers/

Eleniak, D. G. (2010). *The role of the arts in shifting consciousness.* CreateSpace Independent Publishing Platform.

Grant, K. (2019, October 12). A chosen death, in the nick of time. *The Globe and Mail*, A12–13. https://www.theglobeandmail.com/canada/article-from-dementia-to-medically-assisted-death-a-canadian-womans-journey/

Green, S. (2022). *This is assisted dying: A doctor's story of empowering patients at the end of life.* Scribner.

Green, S. (2025). *"Sorry, not sorry…"* [Newsletter]. Retrieved July 3, 2025, from https://mailchi.mp/45d95288e5a3/sorry-not-sorry

Ho, A., Joolaee, S., Jameson, K., & Ng, C. (2020). The seismic shift in end-of-life care: Palliative care in the era of Medical Assistance in Dying. *Journal of Palliative Medicine*, *24*(2), 189–194. https://doi.org/10.1089/jpm.2020.0185

Kirkup, K. (2025, May 29). MAID trailblazer's son seeks assisted death. *The Globe and Mail*, p. A3. https://www.theglobeandmail.com/canada/article-son-of-kay-carter-seeking-right-to-assisted-death-his-mother-fought/

MAiDHouse. (n.d.). *The timeline of MAID in Canada*. Retrieved June 27, 2025 from https://www.maidhouse.ca/timelines

MAiDHouse. (2022, April). Exploring death and dying. *MAiDHouse News* [Newsletter].

Marmoreo, J., & Schneller, J. (2022). *The last doctor: Lessons in living from the front lines of medical assistance in dying.* Penguin.

Martin, S. (2016). *A good death: Making the most of our final choices.* Harper Collins.

Mullaly, R. (1993). *Structural social work: Ideology, theory and practice.* McClelland & Stewart.

Ogden, R. D., & Young, M. G. (1998). Euthanasia and assisted suicide: A survey of registered social workers in British Columbia. *British Journal of Social Work*, *28*(2), 161–175. https://doi.org/10.1093/oxfordjournals.bjsw.a011321

Passifiume, B. (2022, October 25). Vet ‘devastated’ by offer of help to kill himself. *Calgary Herald*, NP3.

Picard, A. (2022, June 6). We mustn’t deny dignity in life or death. *The Globe and Mail*, p. A11.

Preisig, E. (2022, November 11). Euthanasia campaigners came together at a world congress lasting several days. *Lifecircle*. https://www.lifecircle.ch/en/news/news/sterbehelferkamenaufmehrtgigemweltkongresszusammen/?tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Baction%5D=detail&cHash=4269a63e0f0f7968200bfa0a89ef8900

Pylas, P. (2025, June 21). U.K. lawmakers back legislation on assisted dying. *Calgary Herald*, p. NP3.

Rivest, J., Rouly, G., Brouillette, M.-J., Nguyen, O., & Jodoin, V. D. (2023). Improving palliative care and Medical Assistance in Dying practice in Canada: How patients-partners could contribute to continuing medical education. *Palliative Medicine Reports*, *4*(1), 116–119. https://doi.org/10.1089/pmr.2023.0008

Selley, C. (2023, May 23). How to not euthanize the homeless. *Calgary Herald*, NP4. https://nationalpost.com/opinion/how-to-not-euthanize-the-homeless

Truelove, G. (2013). *Svend Robinson: A life in politics.* New Star.

Valentich, M. (1986). *Feminist theory and social work practice*. In F. G. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches.* (3rd ed., pp. 564–589). The Free Press.

Valentich, M. (2021). *Fighting for Hanne.* Austin Macauley.

Valentich, M. (2023, July 23). The power of words. *Calgary Herald*, p. A15.

Valentich, M., & Gripton, J. (Eds.). (1985). *Feminist perspectives on social work and human sexuality.* Haworth.

Valentich, M., Schmitz, Y., & McFarlane, L. (2020). Calgary Social Workers for Social Justice (CSWSJ): Our story. *Social Work With Groups*, *43*(1–2), 155–160. https://doi.org/10.1080/01609513.2019.1638639

Waugh, E. (1948). *The loved one.* Little, Brown and Company.

Wilson, D., & Lemmens, T. (2025, July-August). Should we expand eligibility for MAID? *Alberta Views*, 28–31.

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