

Palliative Sedation Therapy vs MAiD – What’s the Difference?

Palliative Sedation Therapy (PST) and Medical Assistance in Dying (MAiD) are both legal options in Canada that may be considered by patients experiencing intolerable and unmanageable suffering¹. Both have specific definitions and criteria that should always guide our ethical decision-making process.²

PST^{2,4}

The intentional induction and continuous maintenance of a reduced level of consciousness to relieve a patient’s refractory symptom(s) during their last days and weeks of life when ALL OTHER possible therapeutic OPTIONS have failed^{1,2}.

MAiD^{2,4}

“The process where a physician or nurse practitioner PROVIDES OR ADMINISTERS medication INTENTIONALLY to bring about a patient’s death, at the patient’s voluntary and informed request.³”



PST^{2,4}

The Difference^{2,4}

MAiD^{2,4}

Relief without hastening death	Intent	Relief by hastening death
Last hours to days of life	Criteria	Track 1 and Track 2 definitions*
Patient/Substitute decision maker and Health care team all play a role in deciding	Refractory symptom(s) Intolerable suffering	Patient decides what is intolerable
Substitute decision maker can request on behalf of the incapable patient	The Request	Capable patient +/- waiver of final consent
No reporting policy driven in most places	Oversight	Legal oversight Mandatory reporting

* See - [Model Practice Standard for Medical Assistance in Dying \(MAiD\)](#)

Intent is what creates a major distinction between MAiD and Palliative Sedation Therapy².

Double effect means that our actions sometimes have two effects or outcomes: one that was intended and one that was predictable but not intended². With **Palliative Sedation Therapy** the intent is symptom relief, not to hasten death². Medication is to be titrated to symptom relief and not excess sedation with the use of RASS-PAL sedation scale as a tool^{1,2}.

Many thanks to Dr. Deborah Robinson for providing information from the Spring Palliative Education Evening Conference on March 25, 2025

How to respond when MAiD is requested

Always ensure you follow your facilities policies and procedures while respecting the individual’s autonomy.

“While I/we don’t provide MAiD services, I/we want to support you in every other way possible. I can connect you with someone who can answer your questions².”

“This is a really difficult situation. Your concerns are very important, and we want to make sure you have the support you need. Would you like me to connect you with our [spiritual care provider/social worker/someone] who can provide you with more information?²”

References

1. Waterloo Wellington Interdisciplinary HPC Education Committee: PST Task Force. (December 2022). The Waterloo Wellington palliative sedation therapy protocol https://hpcconnection.ca/wp-content/uploads/20191209_ww_pst_guide_final.pdf
2. Robinson, D., (March 2025), Palliative sedation therapy and medical assistance in dying. Ethical considerations for compassionate care. “[PowerPoint slides]”.
3. Health Canada. (October 2024) Medical assistance in dying: Overview https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html?utm_source=chatgpt.com
4. BC Centre for Palliative care. (2024). Inter-Professional palliative symptom management guidelines. Refractory symptoms and palliative sedation. <https://www.bc-cpc.ca/wp-content/uploads/2024/02/RefractorySymptomsAndPalliativeSedationGuideline2024-Copy.pdf>