



LIVING WITH DIGNITY

**Bill 1**

**Québec Constitution Act, 2025**

**End of Life, Healthcare, and Dignity**

**Brief submitted by the  
Living with Dignity citizen network**

Presented to the Committee on Institutions

November 24, 2025

## Presentation of the Living in Dignity citizen network



Living with Dignity is a non-profit Quebec citizen network based in Quebec, with no religious or political affiliation. It was incorporated in Montreal on May 19, 2010.

### Vision

We believe in a society where everyone can live in dignity, with the certainty that their life is valued, regardless of their state of health. We aim to build a solidarity-based society that ensures a natural and respectful end of life to its citizens.

### Mission

Promote the protection of life, inherent dignity and support for people made vulnerable due to illness, old age or disability.

Over the years, nearly 20,000 people, primarily from Quebec, have signed our manifesto:

<https://vivredignite.org/en/about-us/declaration>

This is the fifth brief submitted over the years to the National Assembly of Quebec.

The first four were submitted to:

- The Select Committee on Dying with Dignity, August 18, 2010;
- The Committee on Health and Social Services (Bill 52), September 25, 2013;
- The Select Committee on the Evolution of the Act Respecting End-of-Life Care, August 6, 2021;
- The Committee on Citizen Relations (Bill 11), March 28, 2023.

## Introduction

### The unexpected appearance of a “right to die with dignity” in a constitution

[In its November 2024 report](#), the *Advisory Committee on Quebec’s Constitutional Issues within the Canadian Federation* recommended, as its first proposal, to “provide Quebec with a codified constitution.” It was a very interesting document, although it had not yet appeared on the radar of the Living with Dignity citizen network.

The announcement of a draft constitution on October 9, 2025, was expected. However, we were taken by surprise when we discovered its contents on the social media accounts of the Minister of Justice, Mr. Simon Jolin-Barrette ([Facebook](#), [social network X](#)). A portion of one of the published visuals immediately drew our attention. The proposed constitution sought to protect the following:

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- Le droit des Québécoises et des Québécois de mourir dans la dignité et d'avoir recours à **l'aide médicale à mourir;**

Screenshot, Facebook.

Indeed, “the right of Quebecers to die with dignity and to access **medical assistance in dying**” (in bold) appeared in the very first wave of communications promoting the constitutional bill.

On October 9, we reacted promptly on our own social media channels to denounce this idea, and we immediately resolved to prepare a brief outlining the reasons for our opposition.

We appreciate that public hearings began on December 4th, 2025, as part of the general consultation on Bill 1, 2025 Quebec Constitution Act. By submitting this brief, we express our wish to take part in that process.

Sincerely,

Alex King  
President

Jasmin Lemieux-Lefebvre  
Coordinator

# 1- Why include end-of-life care in a constitution?

Should a future constitution of Quebec address the issue of a “right to die with dignity”, medical assistance in dying, or end-of-life care?

If adopted, Quebec would become the first jurisdiction in the world to include end-of-life matters in its constitution.

Let us first examine how this issue is presented in the bill.

## **A surprising addition to the *Quebec Charter of Human Rights and Freedoms***

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Although the government’s official communications about the proposed constitution emphasize the right to die with dignity and medical assistance in dying, Bill 1 actually opts for a broader concept: end-of-life care, [found on page 33 of the document](#).

According to the proposed amendment, the Quebec Charter of Human Rights and Freedoms would be modified by adding the following article:

“39.2. Every person whose condition requires it has the right to receive end-of-life care, subject to the specific requirements set out in the Act respecting end-of-life care (chapter S-32.0001).”

**22.** The Charter is amended by inserting the following section after section 39.1:

**“39.2.** Every person whose condition requires it has the right to receive end-of-life care, subject to the specific requirements established by the Act respecting end-of-life care (chapter S-32.0001).”

Screenshot, [Constitutional Act of 2025 for Quebec](#).

This article would be inserted into Chapter IV of the Charter, the chapter devoted to economic and social rights.

Article 39 currently reads:

“Every child has a right to the protection, security and attention that his parents or the persons acting in their stead can provide.”

Article 39.1 reads:

“Every person has the right, to the extent provided by law, to know his or her origins.”

The addition of a “right to receive end-of-life care” immediately after these articles is surprising. We would be interested to know the reasons for inserting it at this point, immediately before Article 40 on public education.

#### CHAPTER IV ECONOMIC AND SOCIAL RIGHTS

🕒 **39.** Every child has a right to the protection, security and attention that his parents or the persons acting in their stead are capable of providing.

1975, c. 6, s. 39; 1980, c. 39, s. 61.

🕒 **39.1.** Every person has a right, to the extent provided for by law, to know his origins.

2022, c. 22, s. 138.

🕒 **40.** Every person has a right, to the extent and according to the standards provided for by law, to free public education.

1975, c. 6, s. 40.

Screenshot, [Quebec Charter of Human Rights and Freedoms](#).

Bill 1 proposes a total of eight amendments to the *Quebec Charter of Human Rights and Freedoms*. Among all proposed amendments, that pertaining to end-of-life care is the only one that does not derive from other sections of the constitutional bill.

As we have said, we are very surprised by the addition of section 39.2 to the Charter in the context of a constitutional law. This is all the more surprising given that the issue of end-of-life care does not appear in the explanatory notes introducing the law.

### **End-of-life care absent from the constitutions of UN member states**

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According to our research<sup>1</sup>, neither end-of-life issues nor concepts comparable to “end-of-life care” (a term unique to Quebec) appear in the constitutions of any of the United Nations member states.

We also examined more closely the constitutions of jurisdictions that authorize some form of assisted death—euthanasia, assisted suicide, or medical assistance in dying. Countries such as the

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<sup>1</sup> Research on the University of Perpignan website, *Constitutions of the World*  
<https://mjp.univ-perp.fr/constit/constitintro.htm> and with the help of artificial intelligence.

Netherlands, Belgium, Switzerland, and New Zealand have never deemed it necessary to enshrine a right related to the manner of dying or a specific right to end-of-life care in their constitutions. Nor has Canada.

Why not?

Quite simply because constitutions focus on the foundational characteristics of a state and its structure. They set out the fundamental values on which a society is built: human dignity, key principles, essential rights and freedoms, separation of powers, and so on.

Given the well-known challenges concerning access to health care in Quebec, it is difficult to understand why a Quebec constitution would single out end-of-life care. The Advisory Committee did not recommend this inclusion, and we are not aware of any group calling for it.

Adopted in June 2014 by the National Assembly, the *Act respecting end-of-life care* came into force on December 10, 2015. On the eve of the Act's 10th anniversary, we should be reflecting on its impact—an impact we are only beginning to grasp. The Act has sparked a genuine transformation in how end-of-life is understood in Quebec. Some celebrate its advances; others, including our organization, point to the imbalances it has produced. Amended in 2023 by the *Act to amend the Act respecting end-of-life care*, it will likely continue to evolve in the coming years. Does a constantly evolving statute belong in a constitution? We do not believe so.

**Recommendation 1:** Remove the reference to end-of-life care from the bill by withdrawing the proposed addition to the Quebec Charter of Human Rights and Freedoms (Part V, article 22: “39.2. *Every person whose condition requires it has the right to receive end-of-life care, subject to the specific requirements set out in the Act respecting end-of-life care (chapter S-32.0001).*”)

## 2- If one insists on including health care in a constitution

Around the world, health care is sometimes addressed in national constitutions. Here are three examples:

Brazil, [Article 196](#)

“Health is a right of all and a duty of the State, guaranteed by social and economic policies aimed at reducing the risk of illness and other harms, and at ensuring universal and equal access to actions and services for its promotion, protection and recovery.”

Mexico, [Article 4](#)

“Every person has the right to the protection of health. (...) The law shall establish a health-care system for well-being, in order to guarantee the progressive, quantitative and qualitative expansion of health services for comprehensive and free care for persons without social security.”

Finland, [Article 19](#)

“The public authorities shall guarantee for everyone, as provided in more specific legislation, adequate social, health and medical services, and shall promote the health of the population.”

We are not constitutional scholars, but it seems clear to us that there are many possible ways to include broad access to health care in a foundational text.

In Recommendation 17 of its report, the Advisory Committee on Quebec’s Constitutional Issues within the Canadian Federation addresses health care by suggesting “abolishing the Canada Health Transfer in exchange for Quebec assuming full control over the fiscal field of the Goods and Services Tax.”

We do not wish to comment on this particular recommendation, but the committee’s reasoning is relevant. According to the committee, such a measure would give Quebec “the ability to choose the means it considers necessary to provide quality and timely care to its population.”

While Canada’s constitution does not address health care, would Quebec wish to distinguish itself by including in its own constitution a right to “quality care”? That would be an ambitious objective in the current context—but one that unquestionably speaks to a central concern of Quebecers.

**Recommendation 2:** If the Commission on Institutions wishes to retain the concept of care in the bill, it should not limit itself to end-of-life care. It should include all health care, with references to the *Act respecting the governance of the health and social services network*.

### 3- Imbalance among end-of-life care options

Bill 1 seeks to protect “the right to receive end-of-life care.” It is therefore important to recall what *end-of-life care* refers to under the *Act respecting end-of-life care*. Section 3 of the Act defines it as follows: palliative care, continuous palliative sedation, medical assistance in dying (MAiD).

With its communications over the past several weeks, the Government of Quebec is not respecting the spirit of the Act. It overlooks the first two forms of end-of-life care, which meet the needs of the vast majority of people. Even though statistics place Quebec first in the world in terms of the annual rate of medically programmed deaths (7.9% of all deaths), palliative care remains the primary path in most end-of-life journeys<sup>2</sup>.

Yet government communications on the proposed constitution refer only to the “right to die with dignity” and the right “to receive medical assistance in dying.” Some examples include:

- [the Minister Jolin-Barrette’s press conference](#);
- [the official government news release](#);
- [the government webpage dedicated to the constitutional project](#).

The Coalition Avenir Québec, which is promoting the bill, conveys the same message [in its own communications](#).

We should never speak of the right to die with dignity *solely* in terms of MAiD. This approach leads the majority of Quebecers to now associate MAiD with *the* best way to die with dignity.

A recent Léger survey—“Perception of End-of-Life Care Services,” commissioned by the *Fondation PalliAmi* in March—found that 69% of respondents aged 55 and over consider MAiD the best way to ensure a dignified death.

However, palliative care was, and must remain, the cornerstone of the *Act respecting end-of-life care*.

**Recommendation 3 :** Ensure that all government communications dealing with end-of-life issues never place medical assistance in dying ahead of palliative care, in keeping with the spirit of the *Act respecting end-of-life care*.

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<sup>2</sup> The MAiD rate is taken from [the Commission's 2024-2025 report on end-of-life care](#). It should be noted that the Commission did not publish any data on palliative care this year, [considering it to be unrepresentative](#).



## Conclusion

## Dignity and the Constitution

Since October 9th, criticism of the inclusion of “end-of-life care” in a Quebec constitution has struggled to find its way into the public conversation. This is likely because Bill 1 touches on a wide range of issues. Even if only a few groups or individuals seem concerned about this inclusion, we remain convinced that the points raised in this brief should lead to amendments to the bill.

Although the Living with Dignity citizen does not recognize medical assistance in dying as a form of care (Quebec is the only place in the world to use this terminology, and many MAiD providers themselves refer instead to a “procedure”), we acknowledge the legislator’s intention to enshrine in a constitution a right to receive “end-of-life care.”

However, we firmly believe that addressing the notion of care *solely* from the perspective of end-of-life does not do justice to a foundational text for a young nation such as Quebec.

A final word about dignity.

A powerful term that expresses our shared humanity.

A word central to our mission, yet entirely absent from the bill.

We encourage the members of the Commission on Institutions to ensure that the final version of the bill includes this word in several places—and not only in reference to the idea of “dying with dignity.” In our view, several articles should reflect our collective aspiration to live with dignity.

*On behalf of the entire team at the Living with Dignity citizen network,  
thank you for the attention given to this brief.*

*We look forward to the opportunity to speak with you  
during the hearings.*

## **The Three Recommendations of the Living with Dignity citizen network to the Committee on Institutions**

**Recommendation 1:** Remove the reference to end-of-life care from the bill by withdrawing the proposed addition to the Quebec Charter of Human Rights and Freedoms (Part V, article 22: “39.2. *Every person whose condition requires it has the right to receive end-of-life care, subject to the specific requirements set out in the Act respecting end-of-life care (chapter S-32.0001).*”)

**Recommendation 2:** If the Commission on Institutions wishes to retain the concept of care in the bill, it should not limit itself to end-of-life care. It should include all health care, with references to the *Act respecting the governance of the health and social services network*.

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