

Refining the Controversy of MAiD, Chronic Suffering, and Chronic Pain; Olumuyiwa Bamgbade, Salem Pain Clinic Canada

The society and stakeholders of the MAiD system must clarify MAiD's impact on chronic suffering and chronic pain; Olumuyiwa Bamgbade, Salem Pain Clinic Canada

SURREY, BC, CANADA, July 17, 2025 /EINPresswire.com/ -- Canada is one of the few nations that

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legalized Medical Assistance in Dying (MAiD) for people with non-terminal chronic pain. Although this respects individual autonomy, it also highlights a duty of care. Thus, we must ensure that MAiD is not chosen because of inadequate care. Some Canadian advocacy groups, like the [British Columbia Civil Liberties Association \(BCCLA\)](#), have expressed concerns over how MAiD is being expanded across Canada.

The BCCLA initially supported MAiD's legalization but now cautions that MAiD has drifted far from the initial aims of mitigating chronic suffering. They argue that vulnerable

people facing disability, mental illness, or social isolation are being inadvertently nudged toward MAiD rather than supported with robust care alternatives. Thus, the BCCLA advocates for stricter oversight and urges clear ethical standards. Indeed, we need better data tracking and stronger informed consent regarding MAiD.

In the contemporary era of MAiD access expansion, there is the potential risk of increased requests among vulnerable non-terminal chronic pain patients. A recent three-year study conducted at the Salem Pain Clinic in Surrey, British Columbia, Canada, provides a context-specific narrative: when suffering endures, most chronic pain patients do not choose death, but they prefer dignity, resilience, and multimodal pain management. Dr. [Olumuyiwa Bamgbade](#) and a multinational team published the [peer-reviewed clinical study](#) in the SVOA Medical Research journal in June 2025.

The observational longitudinal cohort study reviewed 520 chronic pain patients, recording their diagnosis, age, gender, and SF-36 quality-of-life (QoL) scores across eight domains. Only five

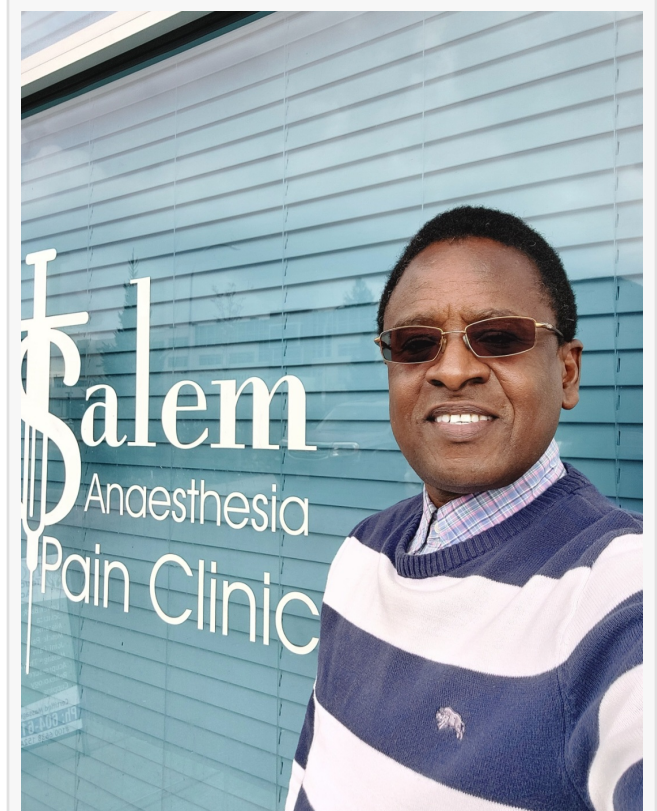
patients ($\approx 1\%$) inquired about or requested MAiD. All were males aged 43–80 with neuropathic, non-cancer paraspinal pain. Over three years, the patients' SF-36 scores remained remarkably stable, with slight improvements in bodily pain (+1.6), general health, vitality, social, emotional role, and mental health (+0.6 to +0.8), while physical functioning remained unchanged. Despite ongoing chronic pain, most patients exhibited remarkably stable quality of life scores, reflecting healing, adaptation, and hope rather than despair.

The clinical study concludes that the overwhelming majority ($\geq 99\%$) of non-cancer chronic pain patients chose ongoing multimodal pain management over MAiD, even when suffering remained significant. This empirical evidence, unlike subjective opinions, suggests that stable QoL is achievable in chronic pain patients, even when they contemplate MAiD. Patients prefer hope, hospitality, and healing. Indeed, with consistent, value-based care and nonjudgmental listening, many chronic pain patients find pathways through the chronic suffering without resorting to MAiD.

The research publication highlights a crucial message: value-based, patient-centered pain management can sustain dignity and discourage premature death decisions, even when chronic pain persists. This implies that value-based, multimodal pain care can preserve quality of life and dignity, making the ethical case to continue robust multimodal pain treatment rather than defaulting to MAiD. It reinforces the importance of multimodal, compassionate care and avoiding premature MAiD referral. This is valuable information for policymakers, clinicians, ethicists, and other MAiD process stakeholders.

The ongoing MAiD debates emphasize one urgent truth: MAiD must never replace adequate health and social care. For MAiD to remain ethical and compassionate, Canada must ensure accessible, comprehensive mental health, pain management, and social care. Indeed, Canada must ensure rigorous informed consent practices and transparency regarding the MAiD approval process.

The MAiD framework was built on the values of autonomy and compassion. But when suffering is rooted in structural gaps like inaccessible care, inequity, or poverty, then autonomy is incomplete. The question before us is not just who can access MAiD, but how we ensure that choosing death does not reflect failed care systems. This is not just a clinical issue but a moral one. And if we are to offer dignity in dying, we must first commit to providing dignity in living and



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caregiving.

Dr. Bamgbade is a healthcare leader with an interest in value-based healthcare delivery. He is a specialist physician trained in Nigeria, Britain, the USA, and South Korea. He is an adjunct professor at institutions in Africa, Europe, and North America. He has collaborated with researchers in Nigeria, Iran, Armenia, Zambia, China, Rwanda, the USA, Kenya, South Africa, Britain, Tanzania, Namibia, Australia, Botswana, Mozambique, Ethiopia, Jamaica, and Canada. He has published 45 scientific papers in PubMed-indexed journals. He is the director of Salem Pain Clinic, a specialist and research clinic in Surrey, BC, Canada. Dr Bamgbade and Salem Pain Clinic focus on researching and managing pain, insomnia, value-based care, health equity, injury rehabilitation, neuropathy, societal safety, substance misuse, medical sociology, public health, medicolegal science, and perioperative care.

References

Bamgbade OA, Onongaya VO, Bamgbade DO, Adineh-Mehr L, Clarke-Webster CE, Donyagardrad H, Bada BE, Chorna O, Maude PS, Mwizero AG, Oyewole OO, Yimam GT, Atcham-Amougou LM, Lawal OO. Pain Clinic and Sociology of Palliative Care: Request for Medical Assistance in Dying (MAiD) by Chronic Pain Patients. SVOA Medical Research 2025, 3:4, 98-105.

Gallagher, R., Passmore, M. J., & Baldwin, C. Hastened death due to disease burden and distress that has not received timely, quality palliative care is a medical error. Medical Hypotheses 2020, 142, 109727.

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