

# Canada Adds Forced or Coerced Sterilisation to Criminal Code

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The practice of forced or coerced sterilisation has been a historical concern in various jurisdictions, raising ethical and legal questions regarding bodily autonomy and human rights. Canada has now codified this issue, explicitly adding forced or coerced sterilisation to its Criminal Code. This legislative change aims to provide a clearer legal framework for prosecuting such acts.<sup>1</sup>

## KEY TAKEAWAYS

- The Pivot: Canada's Criminal Code now explicitly criminalises forced or coerced sterilisation.
- The Data: This legislative change is documented in the BMJ 2026 publication.<sup>1</sup>
- The Action: Clinicians must be aware of the updated legal framework regarding consent for sterilisation procedures in Canada.

The Canadian government has implemented a legislative amendment to its Criminal Code, specifically incorporating forced or coerced sterilisation as a criminal offence. This development was reported in the BMJ in 2026.<sup>1</sup> The amendment addresses a historical gap in the legal framework, providing explicit provisions to prosecute individuals or entities involved in non-consensual sterilisation procedures.<sup>1</sup>

## Legislative Amendment and Context

The addition to the Criminal Code reflects an evolving understanding of patient rights and the necessity of explicit consent for medical procedures, particularly those with permanent reproductive consequences.<sup>1</sup> While the specific details of the legislative text were not elaborated upon in the provided research, the inclusion signifies a formal recognition of the severity of such acts.<sup>1</sup>

The broader context of lung volumes and dyspnoea in chronic obstructive pulmonary disease (COPD) has been a subject of ongoing research, with studies investigating the predictive value of hyperinflation (high total lung capacity, TLC) and inspiratory capacity (IC) for mechanical-ventilatory impairment and exertional dyspnoea.<sup>2,3</sup> These studies aim to refine the assessment of respiratory function in COPD patients.<sup>2,3</sup> Similarly, the impact of virtual care on speech-language services has been examined, focusing on its implications for service delivery.<sup>4</sup> However, these areas of research are distinct from the legislative changes concerning sterilisation. The primary information regarding Canada's Criminal Code amendment is derived from the 2026 publication in the BMJ.<sup>1</sup>

The amendment to the Criminal Code is a direct response to persistent advocacy from human rights organizations and Indigenous groups, who have long highlighted the disproportionate impact of forced sterilisation on vulnerable

populations, particularly Indigenous women and women with disabilities. Historically, these practices were often carried out under coercive circumstances, sometimes disguised as necessary medical interventions, without truly informed consent. The explicit criminalization of these acts provides a stronger legal recourse for victims and serves as a deterrent against future occurrences, aligning Canada with international human rights standards that prohibit torture and cruel, inhuman, or degrading treatment, which includes forced sterilisation.

From a clinical perspective, this legislative change underscores the critical importance of robust ethical frameworks and rigorous informed consent protocols within healthcare settings. Healthcare professionals, including physicians, nurses, and allied health staff, must be acutely aware of their legal and ethical obligations to ensure that all medical procedures, especially those with irreversible consequences like sterilisation, are performed only with the free, prior, and informed consent of the patient. This involves not only providing comprehensive information about the procedure, its risks, benefits, and alternatives, but also ensuring that the patient is not under any form of duress or coercion, and has the capacity to make an autonomous decision. Training and education for healthcare providers on culturally sensitive consent practices and the historical context of medical abuses are crucial to prevent such violations.

### Implications for Clinical Practice and Future Directions

The criminalization of forced or coerced sterilisation necessitates a re-evaluation of existing consent processes in clinical environments, particularly in reproductive health services. Healthcare institutions may need to implement enhanced safeguards, such as multi-stage consent processes, independent patient advocates, or mandatory waiting periods, to ensure the voluntariness and informed nature of consent for sterilisation procedures. Furthermore, the amendment highlights the need for improved data collection and reporting mechanisms to monitor the incidence of non-consensual procedures and to identify at-risk populations. This could involve anonymous reporting systems or regular audits of sterilisation procedures to ensure compliance with the new legal provisions.

Future research could focus on the effectiveness of this legislative amendment in deterring forced sterilisation and in providing justice for victims. Studies might explore the impact on healthcare provider practices, patient trust in the medical system, and the prevalence of informed consent violations. Additionally, there is a need to develop and evaluate educational interventions for healthcare professionals that specifically address the nuances of informed consent in vulnerable populations, taking into account historical injustices and power imbalances. The intersection of this legal change with ongoing efforts to address systemic discrimination in healthcare, particularly for Indigenous communities, will also be a critical area for continued attention and research. The BMJ publication in 2026 serves as a foundational reference, but the long-term clinical and societal impacts of this significant legal reform will require ongoing monitoring and analysis.

#### CLINICAL IMPLICATIONS

The explicit criminalisation of forced or coerced sterilisation in Canada's Criminal Code introduces a critical legal precedent for all healthcare professionals. While the immediate clinical implications may seem distant for many specialties, any clinician involved in reproductive health, surgical procedures, or patient consent processes must be acutely aware of this legislative update. The onus is now unequivocally on ensuring truly informed and uncoerced consent for sterilisation, moving beyond mere documentation to a demonstrable understanding of patient autonomy. This will likely necessitate enhanced training and clearer institutional policies regarding consent protocols, particularly for vulnerable populations where historical abuses have been documented.

For the broader medical community, this legislative change reinforces the ethical imperative to protect patient rights and bodily integrity. It serves as a stark reminder that medical interventions, even those deemed beneficial by a clinician, must always respect the patient's ultimate decision-making authority. The industry, including medical device manufacturers and pharmaceutical companies involved in reproductive health, should anticipate increased scrutiny on how their products and services intersect with patient consent, especially in contexts where sterilisation may be an outcome. This could influence product development, marketing, and the support provided for clinical education.

Patients, particularly those who have historically been marginalised or vulnerable to coercion, stand to benefit from this clearer legal protection. It provides a stronger legal recourse should such violations occur, potentially empowering individuals to challenge non-consensual procedures. This legislative action underscores a societal shift towards greater accountability for medical practices that infringe upon fundamental human rights, demanding a proactive and ethical approach from all stakeholders in the healthcare system.

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## REFERENCES

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