Society of Canadian Psychiatry

Brief on MAID and Mental Illness Expansion

October 13, 2023

This Brief reviews key areas related to Canada's planned 2024 expansion to provide medical assistance in dying (MAID) for sole mental illness conditions. The Board of Directors of the Society of Canadian Psychiatry (SocPsych) does not have an *a priori* opinion on whether or not MAID for sole mental illness should be provided. The intent of this document is to review the evidence and processes to date regarding Canada's plans to expand* eligibility for MAID to sole mental illnesses in 2024, and make recommendations based on that review.

EXECUTIVE SUMMARY

Based on its review of evidence outlined further in the Brief, the Board of Directors of the Society of Canadian Psychiatry concludes the following (note:abbreviated conclusions and recommendations are presented in the Executive Summary, refer to the full Brief for complete text)

CONCLUSION 1: At this time, it is impossible to predict in any legitimate way that mental illness in individual cases is irremediable. *A significant number of individuals receiving MAID for sole mental illness would have improved and recovered.*

CONCLUSION 2: Evidence shows that individuals with suicidal ideation symptomatic of mental illness cannot be differentiated or identified as distinct from those seeking MAID for sole mental illness. *Suicidal individuals who could benefit from suicide prevention will receive psychiatric MAID instead.*

CONCLUSION 3: Non-dying disabled marginalized Canadians suffering from poverty and other social distress are at higher risk of premature death by MAID, with their disability allowing them to qualify for MAID while their social suffering fuels their MAID request.

CONCLUSION 4: Key consultations from the Canadian Psychiatric Association and Association des médecins psychiatres du Québec informing the sunset clause failed to provide essential relevant evidence and due diligence that would normally be expected of expert professional bodies informing public policy discussions.

CONCLUSION 5: Most psychiatrists oppose expanding MAID for mental illness, despite not being conscientious objectors to MAID.

CONCLUSION 6: The political process leading to the planned expansion of MAID for mental illness has not followed a robust and fulsome process, has not reflected the range of opinions and evidence-based concerns on the issue, and has been selectively guided by expansion activists.

CONCLUSION 7: Reassurances of safety have been provided but safeguards have not been implemented to substantiate those reassurances. The lack of safeguards in planned MAID for mental illness expansion allows suicidal Canadians afflicted by mental illness, who could get better, to receive MAID for social suffering.

SUMMARY RECOMMENDATION:

Based on review of evidence, the Board of Directors of the Society of Canadian Psychiatry believes the process leading to the planned 2024 MAID for mental illness expansion was flawed, insufficiently responsive to evidence-based cautions, and resulted in a lack of safeguards.

The Board of the Society of Canadian Psychiatry recommends that the planned 2024 MAID for mental illness expansion be paused indefinitely, without qualification and presupposition that such implementation can safely be introduced at any arbitrary pre-determined date; and that any future potential consideration of MAID for sole mental illness policy be informed by evidence, guided by experts reflecting the range of views rather than being driven exclusively by ideological advocates, and only be potentially considered following fulsome and unbiased review of the issues and process flaws identified in this Briefing.

**** Note on terminology***

This Brief describes the planned 2024 implementation of Bill C-7's "sunset clause" allowing for MAID for sole mental illness as an expansion of Canada's MAID laws. In contrast some expansion advocates have claimed implementation of the sunset clause does not represent expansion, since Canada's initial MAID laws did not specifically identify an exclusion of mental illnesses from MAID eligibility – however this argument is fallacious. While Canada's initial MAID laws and Bill C-14 did not specifically identify mental illnesses as an exclusion, they contained an initial safeguard that for all intents and purposes had the effect of precluding sole mental illnesses from eligibility for MAID. Mental illnesses in and of themselves rarely, if ever, lead to foreseeable natural death, thus they would not meet Bill C-14's "reasonably foreseeable natural death" (RFND) requirement. Furthermore, Bill C-14 does explicitly mention initiating a future review to study issues related to situations when mental illness was the sole underlying medical condition (which was subsequently undertaken by the Council of Canadian Academies), along with review of issues related to mature minors and advance requests, and clearly none of these three situations (sole mental illness, mature minors, and advance requests) were envisioned as situations that would qualify for MAID under Bill C-14.

Bill C-7's specific exclusion of sole mental illness as an eligibility criterion for MAID was a response to the removal of the RFND safeguard following the Truchon ruling. Enacting the sunset clause to allow MAID for sole mental illnesses in 2024 clearly would represent an expansion of Canada's MAID laws, and not simply be a 'restoration' of prior eligibility for MAID for sole mental illness, as some expansion advocates have wrongly suggested.

[Click to return to Executive Summary]

1. Irremediability of Mental Illnesses and MAID Assessments

The fundamental premise of assisted dying and Canada's MAID laws is the presence of a medical condition that can be assessed to be irremediable (i.e. will not improve). Unlike far more predictable medical conditions like advanced cancer or neurodegenerative disorders like ALS, this raises the question of whether assessors concluding an individual's mental illness was irremediable for purposes of a MAID assessment could legitimately make that determination.[1]

Reviewing available evidence, independent scientific groups have concluded that it is not possible to determine irremediability of mental illness in individual cases:

- The Centre for Addiction and Mental Health concluded: ***"At any point in time it may appear that an individual is not responding to any interventions – that their illness is currently irremediable - but it is not possible to determine with any certainty the course of this individual's illness. There is simply not enough evidence available in the mental health field at this time for clinicians to ascertain whether a particular individual has an irremediable mental illness".***[2]
- The Canadian Association for Suicide Prevention (CASP) concluded: ***"It is important to be perfectly clear that when considering MAID in the context of someone who is not dying as a result of their particular condition, we are talking about suicide"*** and ***"Regarding irremediability in mental disorders, there is insufficient research into this".***[3]
- The Canadian Mental Health Association (CMHA) concluded: ***"As a recovery-oriented organization, CMHA does not believe that mental illnesses are irremediable, though they may be grievous or unbearable".***[4]
- The Expert Advisory Group on MAID concluded: ***"MAID policy and legislation should explicitly acknowledge that determinations of irremediability and irreversible decline cannot be made for mental illnesses at this time, and therefore applications for MAID for the sole underlying medical condition of a mental disorder cannot fulfill MAID eligibility requirements".***[5]
- Precision modeling estimates of the accuracy of predicting irremediability in treatment-resistant depression show that predictions of irremediability are accurate *less* than 50% of the time.[6]

While most psychiatrists do not support MAID for sole mental illness (Conclusion 5, below), even the rare psychiatry organizations or leaders ideologically supporting MAID for mental illness acknowledge that meaningful determinations of irremediability cannot be made. In its Discussion Paper co-authored by Dr. Mona Gupta (chair of the 2022 Expert Panel and co-author of the 2023 Health Canada Model Standard), the Association des médecins psychiatres du Québec (AMPQ) acknowledged that: ***"It is possible that a person who has recourse to MAID - regardless of his condition - could have regained the desire to live at some point in the future"***.[7] The Canadian Psychiatric Association (CPA), despite ideologically advocating that patients with mental illness *"should have available the same options regarding MAID as available to all patients"*, has admitted it has not considered whether mental illnesses can be determined to be irremediable, and if so how.[8]

CONCLUSION 1: At this time, it is impossible to predict in any legitimate way that mental illness in individual cases is irremediable. The fundamental safeguard required by law therefore cannot be met for MAID assessments of mental illness irremediability. Furthermore, assessments by individual clinicians concluding that an individual's mental illness is irremediable could not be based on evidence or scientific medical process, but would reflect speculation and individual belief systems.

COROLLARY: A significant number of individuals (more than half) receiving MAID for sole mental illness would have improved and recovered.

[Click to return to Executive Summary]

2. Distinguishing Suicidality from Requests for Psychiatric Euthanasia

Bill C-14[9], developed in response to the 2015 Carter v Canada Supreme Court ruling[10], recognized that *"suicide is a significant public health issue that can have lasting and harmful effects on individuals, families and communities"* and acknowledged the need to balance *"the interests of vulnerable persons in need of protection and those of society"* as Canada introduced MAID laws.

Advocates for MAID expansion have argued that providing MAID for mental illness is not the same as facilitating suicidal individuals' death wishes. The former Minister of Mental Health and Addictions, Carolyn Bennett, echoed this reassurance, saying that *"MAID assessors are trained to eliminate people who are suicidal."*[11]

Contrary to these claims, evidence does **not** support the conclusion that suicidal ideation related to and due to mental illness can be differentiated from motivations for psychiatric MAID requests.

Evidence from Benelux countries permitting MAID for mental illness reveals overlapping characteristics between traditionally suicidal individuals, who benefit from suicide prevention initiatives, and those seeking and receiving psychiatric MAID.[12] The former Minister of Justice/Attorney General of Canada, David Lametti, publicly acknowledged that expanded MAID "*is a species of suicide*."[13] Some MAID expansion advocates the federal government has relied upon for setting policy have similarly acknowledged that MAID for mental illness and suicide can be the same thing. The 2022 Expert Panel chaired by Dr. Mona Gupta claimed that "*society is making an ethical choice to enable certain people to receive MAID on a case-by-case basis* ***regardless of whether MAID and suicide are considered to be distinct or not*** [emphasis added]".[14]

CONCLUSION 2: Evidence does not support the claim that individuals with suicidal ideation symptomatic of mental illness can be differentiated or identified as distinct from those seeking MAID for sole mental illness.

COROLLARY: Suicidal individuals, who could benefit from suicide prevention strategies, will be assessed as qualifying for MAID by assessors who wrongly believe that they can distinguish traditional suicidal ideation from motivations for psychiatric MAID.

[Click to return to Executive Summary]

3. Implications of Conclusions I and II: Risks to Marginalized Populations and Structural Vulnerabilities

The preceding Conclusion 1 implies that significant numbers of individuals suffering from mental illness will wrongly be assessed as irremediable and receive MAID even when they would have improved, and Conclusion 2 implies that traditional suicidality will fuel some of those psychiatric MAID requests. This raises the question of which individuals would be most at risk of receiving psychiatric MAID during periods of suicidality from which they could otherwise recover.

Canadian evidence with expanded MAID post-Bill C-7 shows documented cases of some individuals seeking and receiving MAID in response to social suffering and poverty.[15] Canada's laws do not preclude or protect individuals from getting MAID fueled by social suffering.

- Unique to Canada, patients do not need to have had access to or have tried standard treatments prior to receiving MAID. Some prominent assessors have acknowledged they would qualify a person for MAID even if treatment that could help was available but the wait list for treatment was too long.[16]
- In Canada, the suffering leading to MAID requests does not need to be suffering related to the patient's medical condition. Presence of a medical condition may qualify a patient to access MAID while social suffering, including poverty, is the suffering that fuels the individual's wish for death and their request for MAID.
    - Some expansion activist groups like Dying With Dignity Canada continue to deny this reality[17], despite documented cases of Canadians receiving MAID who have explicitly indicated social suffering, and not illness suffering, drove their MAID request.
    - Others including the current Canadian Association of MAID Assessors and Providers (CAMAP) President Konia Trouton have explicitly acknowledged that the suffering assessors provide Canadians MAID for does ***not*** need to be related to the medical condition allowing them to access MAID, and that social deprivation and poverty is driving approved MAID requests of some marginalized disabled Canadians.[18]

Some expansion advocates have openly gone as far as arguing that providing MAID for social suffering and poverty is acceptable, and a form of "harm reduction".[19] *To be clear, the Society of Canadian Psychiatry does not agree that state facilitated suicide in response to poverty can be appropriately described as "harm reduction", which is generally a concept in mental health policy that aims to* ***reduce*** *the number of lives lost from mental illness and mental health suffering.*

CONCLUSION 3: Prior Conclusions demonstrate that some suicidal individuals who could get better will receive MAID if Canada provided MAID for mental illness; evidence further demonstrates that in particular, non-dying disabled marginalized Canadians suffering from poverty and other social distress are at higher risk of premature death by MAID, with their disability allowing them to qualify for MAID while their social suffering fuels their MAID request.

[Click to return to Executive Summary]

4. Critique of Expert Consultative Process Informing Sunset Clause

By the time public health policies such as expanding laws to provide MAID for mental illness are implemented, robust consultations considering relevant evidence should have occurred. SocPsych does not believe the consultations informing MAID provision for mental illness satisfy this basic expectation.

In his speech to the Senate in which he advocated for the sunset clause, Senator Kutcher (also a psychiatrist) repeatedly cited input from the Canadian Psychiatric Association (CPA) and Association des médecins psychiatres du Québec (AMPQ) to support allowing MAID for mental illness.[20] Reviewing input provided by the CPA and AMPQ leading up to adoption of Senator Kutcher's sunset clause reveals the inadequacy of those consultations, and that those consultations failed to provide crucial evidence-based background to properly inform public policy.

- The CPA Board released a Position Statement in March 2020, in the absence of any member consultation in the preceding two years, calling for *"the same options*" for MAID being available to those with sole mental illness as are available for other medical conditions; yet the CPA acknowledged it took this Position without considering whether, or how, mental illnesses could be assessed as being irremediable, hence ignoring the primary safeguard for MAID.[21]
- In all of its written and oral input to Bill C-7 and MAID expansion, the CPA never once presented any evidence regarding known suicide risks to individuals suffering from mental illness, never raised the importance of suicide prevention, never commented on risks of suicide contagion, and never mentioned the term "suicide" or "suicidal" in any form despite these consultations being focused on individuals with mental illness who were seeking their own death.[22] SocPsych considers this a glaring omission that irreparably undermines the academic integrity of these consultations, and would be akin to a respirology association failing to once mention smoking as a risk factor for lung disease during public consultations on lung health.
- The AMPQ is another outlier psychiatric organization favouring expanding MAID for sole mental illness, yet as previously mentioned, in its Discussion Paper co-authored by Dr. Mona Gupta the AMPQ acknowledged individuals receiving psychiatric MAID could have improved; and during Senate testimony when asked about concerns regarding lack of evidence supporting psychiatric MAID, the AMPQ President replied that *"this is not a data-driven question, this is an ethical question"*.[23] Suicidology experts have described this position as *"nonsensical gibberish"*.[24]

Even after reports emerged of a mental health patient in distress attending a Vancouver hospital seeking psychiatric help, and becoming more distressed after the counsellor asked if the patient had considered MAID and proceeded to describe how "comfortable" the process was for easing suffering (raising alarms in mental health professionals across the country while being defended by the regional health authority as part of their usual process), the CPA failed to issue any public comment regarding the importance of suicide prevention strategies, or of avoiding enticing vulnerable suicidal individuals to death by MAID.[25]

CONCLUSION 4: SocPsych believes it is the obligation of professional societies, by virtue of the role extended to them as experts, to provide relevant evidence-based input to public health consultations. Reviewing the key consultations informing the sunset clause, which was supported by input from the CPA and AMPQ, shows that these consultations failed to provide essential relevant evidence and due diligence that would normally be expected of expert professional bodies informing public policy discussions.

[Click to return to Executive Summary]

5. Lack of Consensus Regarding MAID for Sole Mental Illness

There are a range of views on the topic of MAID for sole mental illness. As per Conclusion 4, expert consultations policy makers have relied upon to shape current policy failed to provide relevant evidence, and evidence-based cautions, regarding MAID for mental illness. These consultations also risked the perception that there is a professional consensus that MAID for mental illness should be permitted, when in fact evidence shows that most psychiatrists do not support expanding MAID for sole mental illness, notwithstanding the potential outlier views or activism facilitating MAID expansion by leadership of any particular organization.

- A fall 2021 survey of Ontario psychiatrists, the most populous province, conducted after passage of the sunset clause showed that by a 2:1 margin psychiatrists oppose MAID for sole mental illness, despite about 90% of these same psychiatrists supporting MAID in some situations for other medical conditions (looking at those with the strongest views, by a 3:1 margin psychiatrists strongly opposed MAID for mental illness compared to those who strongly supported it).[26]
- Prior to implementation of the sunset clause, the CPA conducted a survey in 2020. This survey was criticized for failing to provide important context (including not informing or providing context regarding imminent changes triggered by the Truchon ruling that meant the initial "reasonably foreseeable natural death" safeguard was being removed, which had significant consequences for potential MAID for mental illness requests); and for presenting leading questions (four of the ten questions related to MAID for mental illness asked how strongly the respondent supported various hypothesized 'safeguards' for MAID for mental illness, leaving respondents with the choice of either indicating they did not support safeguards, or risking their response being co-opted as suggesting support for MAID for mental illness with that hypothetical 'safeguard'). Even this unbalanced survey revealed that the plurality of respondents, when considering member and non-member responses, continued to oppose MAID for sole mental illness (a fact the CPA did not disclose when the CPA Chair wrote to the Senate to provide selective partial survey results in 2021).[27]

CONCLUSION 5: Consistent with prior psychiatrist surveys, evidence continues to demonstrate that most psychiatrists oppose expanding MAID for mental illness following passage of the sunset clause, despite not being conscientious objectors to MAID for other medical conditions. Furthermore, the national psychiatric association providing input to date on MAID consultations has not cautioned policy makers that most psychiatrists continue to oppose expanding MAID for mental illness as envisioned by the sunset clause.

[Click to return to Executive Summary]

6. Political Process

Similar to the medical expert consultation process that failed to adhere to normally expected standards for setting broad public policy, SocPsych believes a review of the political process likewise reveals that the political process leading to plans to expand MAID for mental illness failed to follow the due and robust process that the public would expect.

Unusually, the federal government chose to not appeal the Truchon decision despite legal scholars believing there were strong grounds for appeal.[28] Similarly the government chose not to seek a referral from the Supreme Court. Instead, even though the Quebec court Truchon ruling would not have binding authority outside that province, the federal government chose voluntarily to change national laws to remove the reasonably foreseeable death safeguard in Bill C-7.

Despite neither Carter nor Truchon including cases of mental illness (indeed, specific mention is made to emphasis mental illness was not present in those cases), the federal government chose to introduce the sunset clause to provide MAID for mental illness as an amendment on February 23, 2021, in response to the senate's recommendation. On March 17, 2021, after a single evening of debate (3 hours), the amendment mandating that MAID for mental illness would be provided was passed. Since passage of the sunset clause in 2021, the message from government policy-makers has been that "the decision has already been made", and advocates for expansion like Senator Kutcher (who introduced the sunset clause in senate) have said that the time for debate is over.[29]

At the time of passage of the sunset clause on March 17, 2021, false reassurances that robust processes had occurred were provided, including by then parliamentary secretary and current Minister of Justice/Attorney General Arif Virani, who in the House of Commons debate about the sunset clause claimed that *"scrutiny has been provided with respect to this Bill. One hundred thirty nine MPs have spoken, forty five hours of debate have occurred"*. Parliamentary secretary Kevin Lamoureux claimed that there was "*nothing new to [House] members*" in the issues being debated, and that there had been *"hundreds if not thousands of hours of consultation"* on the topic before the vote. None of those consultations involved MAID for mental illness, since for the year prior to the sunset clause amendment being introduced in February 2021, draft Bill C-7 under discussion excluded MAID for mental illness. The only debate in the House of Commons regarding expanding MAID for mental illness was that 3 hours of debate that single evening.

During the March 2021 vote that adopted the sunset clause, many MPs seemed to not be fully aware of what they were voting for at the time. After the vote at least 2 MP's from the governing party (including one cabinet minister at the time) responded afterwards to concerned constituents that they had voted to *not* allow MAID for mental illness, prior to issuing a correction a few days later saying they had voted *to* allow it under the sunset clause. This confusion likely reflected the fact that for the full year prior to the last minute sunset clause amendment, the government had said it would not be allowing MAID for mental illness in Bill C-7, and then changed last minute influenced by the senate.

Since adoption of the sunset clause, rather than addressing the range of concerns raised on this complex issue, government policy has increasingly been guided by a shrinking number of expansion advocates. The initial CCA expert panels included approximately 50 diverse experts with a range of views, and the CCA expert panel on MAID for sole mental illness specifically reported on a series of five key areas of

[Click to return to Executive Summary]

disagreement that reflected the range of views in crucial areas.[30] The government subsequently chose to have policy increasingly guided by only those ideologically favouring MAID expansion.

This bias was recognized by members of the government's own 2022 Expert Panel chaired by Dr. Mona Gupta, which initially included 12 members, but two members resigned unable to sign off on the report, including the health care ethicist and the member with lived experience.[31] The health care ethicist who resigned publicly identified Panel Chair Dr. Gupta's known activism for MAID expansion as being a flaw of the panel process.[32]

CONCLUSION 6: The political process leading to adoption of the sunset clause in 2021, and subsequent policy regarding planned expansion of MAID for mental illness, has not followed a robust and fulsome process, has not reflected the range of opinions and evidence-based concerns on the issue, and has been selectively guided by expansion activists.

[Click to return to Executive Summary]

7. False Safeguards

The federal government has claimed there are adequate safeguards to allow MAID for mental illness. Objective review shows that Canada has fewer safeguards than any other jurisdiction in the world.

Despite being tasked with providing guidelines, protocols and safeguards for the implementation of MAID for mental illness, the 2022 Gupta Expert Panel failed to provide any guidance or minimum standards for when mental illnesses should be considered irremediable, instead writing that *"it is not possible to provide fixed rules for how many treatment attempts, how many kinds of treatments, and over what period of time"* treatment should have been tried prior to providing death for mental illness.[14] Given Canada uniquely does not require that any treatments have been accessible or tried prior to MAID, this leaves it completely to the assessor's individual personal opinion, rather than medical standards, to conclude if an individual's mental illness is "irremediable" (which as per Conclusion 1, will inevitably be a false and unscientific assessment regardless, already bypassing the fundamental primary safeguard required for MAID). Activist assessors have indicated they would consider a patient being on a long enough wait list for treatment, even if effective treatment could help, as qualifying for MAID.[33]

As government has increasingly relied upon a shrinking number of MAID expansion activists to guide policy, initially promised safeguards have been reduced and eliminated.[34] In 2020 the expansionist Halifax Group, with Dr. Mona Gupta as co-author, wrote that *"it is possible for a practitioner to be of the opinion that a person's mental disorder is incurable"*, and called for *"standards for clinical assessments"* and *"the introduction of the additional eligibility criteria and procedural safeguards"*.[35] Yet in 2022, the Expert Panel chaired by Dr. Gupta failed to provide any standards for determining irremediability of mental illness, and refused to recommend any additional safeguards prior to expanding MAID for mental illness, instead claiming that psychiatric euthanasia *"can be fulfilled without adding new legislative safeguards"*.[14] The Gupta 2022 Expert Panel recommended that at least one assessor in MAID for mental illness cases should be a psychiatrist specialist, yet the 2023 Model Standard[36] co-authored by Dr. Gupta reverses that recommendation, now stating that no certified specialist should be required as a MAID assessor even in track two MAID provided to non-dying individuals.

As per Conclusion 1, the primary safeguard of MAID being for an irremediable medical condition will be bypassed if MAID is provided for sole mental illness. As per Conclusion 2, there can be no evidence-based safeguard preventing suicidal individuals from getting psychiatric MAID since assessors cannot distinguish suicidal ideation from psychiatric MAID requests. As per Conclusion 3, there is no safeguard preventing individuals getting MAID fueled by social suffering and poverty, in fact senior CAMAP leadership has acknowledged that social suffering can be the suffering qualifying individuals for MAID. CAMAP has received significant federal funding and developed training guidelines for MAID assessors, however the presence of training guidelines or manualized procedures for assessors is not the same as presence of safeguards, which remain lacking. Groups favouring expansion, including to date the Canadian Psychiatric Association, have uncritically promoted training for these guidelines to members without critical comment regarding the lack of actual legislative or evidence-based safeguards.[37]

CONCLUSION 7: As MAID for mental illness policies have been developed and expanded, reassurances of safety have been provided but actual safeguards have not been implemented in policy to substantiate those reassurances. Contrary to reassurances given, this lack of safeguards in planned MAID for mental illness expansion clearly and explicitly allows suicidal Canadians afflicted by mental illness, who could get better, to receive MAID for social suffering.

[Click to return to Executive Summary]

OVERALL CONCLUSION & RECOMMENDATIONS

Based on the preceding review and conclusions, the Board of Directors of the Society of Canadian Psychiatry believes the process leading to the planned 2024 MAID for mental illness expansion was flawed and has been significantly biased towards ideological views of those advocating for MAID expansion, was insufficiently responsive to evidence-based cautions, and resulted in a lack of actual safeguards while providing false reassurances of safety.

Independent of whether one takes the view that MAID should or should not be provided for sole mental illness, introducing MAID for mental illness in 2024 based on this flawed process would be irresponsible and disregard public safety. The planned implementation of MAID for sole mental illness in 2024 would in particular target marginalized individuals suffering from mental illness, from which they could improve, for premature and avoidable death fueled by social suffering and structural inequities.

The Board of the Society of Canadian Psychiatry recommends that the MAID for mental illness expansion planned for 2024 be paused indefinitely, without qualification and presupposition that such implementation can safely be introduced at any arbitrary pre-determined date; and furthermore that any future potential consideration of MAID for sole mental illness policy be informed by relevant evidence, be guided by experts reflecting the legitimate range of views on this complex topic rather than being driven exclusively by ideological advocates, and only be potentially considered following fulsome and unbiased review of the issues and process flaws identified in this Briefing.

[Click to return to Executive Summary]

REFERENCES

[1] Gaind KS. What Does "Irremediability" in Mental Illness Mean? Can J Psychiatry. 2020 Sep;65(9):604-606. doi: 10.1177/0706743720928656. Epub 2020 May 22. PMID: 32441132; PMCID: PMC7485032. [cited 2023 Oct 11]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7485032/
[2] CAMH Policy Advice on Medical Assistance in Dying and Mental Illness. 2017 [cited 2023 Oct 11]. Available from: https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/camh-position-on-mi-maid-oct2017-pdf.pdf
[3] Canadian Association for Suicide Prevention letter on Medical Assistance in Dying, November 20, 2021.
[4] Canadian Mental Health Association's Position Paper on Medical Assistance in Dying. 2017 [cited 2023 Oct 11]. Available from: https://cmha.ca/wp-content/uploads/2017/09/CMHA-Position-Paper-on-Medical-Assistance-in-Dying-FINAL.pdf
[5] Expert Advisory Group. Canada at a Crossroads: Recommendations on Medical Assistance in Dying and Persons with a Mental Disorder: An Evidence-Based Critique of the Halifax Group IRPP Report. 2020 [cited 2023 Oct 11]. Available from: https://static1.squarespace.com/static/5e3dcbaafb4d851392a9298f/t/5e4843a7dd83d25c7dc9140c/1581794218609/EAG+-+Canada+at+Crossroads+-+FINALdoi.pdf
[6] Nicolini ME, Jardas E, Zarate CA, Gastmans C, Kim SYH. Irremediability in psychiatric euthanasia: examining the objective standard. Psychological Medicine. 2022:1-19.
[7] AMPQ Discussion Paper on Access to Medical Assistance in Dying for People with Mental Disorders. 2020 [cited 2023 Oct 11]. Available from: https://ampq.org/wp-content/uploads/2020/12/mpqdocreflexionammenfinal.pdf
[8] Chaimowitz G, Freeland A, Neilson G, Mathew N, Rasasingham R, Snelgrove N, et al. Medical assistance in dying position statement. Canadian Psychiatric Association. 2020;65(9):664-7.
[9] Parliament of Canada. Bill C-14 [Internet]. 2016 [cited 2023 Oct 11]. Available from: https://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent/
[10] Supreme Court of Canada. Carter vs. Canada (Attorney General) [Internet]. 2015 [cited 2023 Oct 11]. Available from: https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/14637/index.do/
[11] Canada's mental health minister says suicidal people can't get assisted suicide. Is that true? 2023 [cited 2023 Oct 11]. Available from: https://nationalpost.com/news/canada/explainer-medical-aid-in-dying-vs-suicide/
[12] Council of Canadian Academies. The state of knowledge on medical assistance in dying where a mental disorder is the sole underlying medical condition. Ottawa (ON): The Expert Panel Working Group on MAID where a Mental Disorder is the Sole Underlying Medical Condition [Internet]. 2018 [cited 2023 Oct 11]. Available from: https://cca-reports.ca/reports/medical-assistance-in-dying/
[13] Is it too easy to die in Canada? Surprising approvals for medically assisted death -The Fifth Estate. 2023 [cited 2023 Oct 11]. Available from: https://www.youtube.com/watch?v=plinQAHZRvk/
[14] Health Canada. Final Report of the Expert Panel on MAID and Mental Illness [Internet]. 2022 [cited 2023 Oct 11]. Available from: https://www.canada.ca/en/health-canada/news/2022/05/final-report-of-the-expert-panel-on-maid-and-mental-illness.html
[15] Gaind, KS. Lemmens T, Coelho R, Maher J. Canada's Medically Administered Death (MAD) Expansion for Mental Illness: Targeting the Most Vulnerable. World Medical Journal. 2022;71(4):72-82.
[16] Raikin, Alexander. No Other Options: Newly revealed documents depict a Canadian euthanasia regime that efficiently ushers the vulnerable to a "beautiful" death. The New Atlantis. 2023 [cited 2023 Oct 11]. Available from: https://www.thenewatlantis.com/publications/no-other-options/
[17] Dying With Dignity Canada. Myth: Vulnerable populations can be eligible for MAID if they are suffering from inadequate social supports, including housing. 2023 [cited 2023 Oct 11]. Available from: https://www.dyingwithdignity.ca/advocacy/myths-and-facts/
[18] Gillmore, Meagan. Have Assisted Dying Laws Gone Too Far? The Walrus. 2023 [cited 2023 Oct 11]. Available from: https://thewalrus.ca/assisted-dying/
[19] Kirkey, Sharon. Canada shouldn't deny assisted suicide if social conditions made life intolerable: bioethicists. National Post. 2023 [cited 2023 Oct 11]. Available from: https://nationalpost.com/news/canada/canada-medical-aid-in-dying/
[20] Kutcher, Stan speech to Senate. 2021 [cited 2023 Oct 11]. Available from: https://sencanada.ca/en/senators/kutcher-stan/interventions/553870/11/

[Click to return to Executive Summary]

[21] Chaimowitz G, Freeland A, Neilson G, Mathew N, Rasasingham R, Snelgrove N, et al. Medical assistance in dying position statement. Canadian Psychiatric Association. 2020;65(9):664-7.
[22] Gaind, KS. Lessons from the MAID debate: Medical associations should give evidence-based input, reflect diverse member views. Medical Post. 2021 [cited 2023 Oct 11]. Available from: https://bit.ly/3wcXtqK
[23] Iguarta, Karin testimony. Senate of Canada. 2021 [cited 2023 Oct 11]. Available from: https://sencanada.ca/en/Content/Sen/Committee/432/LCJC/12ev-55130-e/
[24] Sinyor, Mark. Lack of evidence-based medicine in debate around new MAID law should concern Canadians. CBC News. 2021 [cited 2023 Oct 11]. Available from: https://www.cbc.ca/news/opinion/opinion-medical-assistance-in-dying-maid-1.5934977/
[25] Woo, Andrea. Vancouver hospital defends suggesting MAID to suicidal patient as risk assessment tool. The Globe and Mail. 2023 [cited 2023 Oct 11]. Available from: https://www.theglobeandmail.com/canada/british-columbia/article-maid-suicide-patient-vancouver/
[26] Ontario Medical Association Survey of Ontario Psychiatrists. October 2021.
[27] Forsythe, Pamela. Canadian Psychiatric Association letter from CPA Chair to Senator Jaffer. 2021 [cited 2023 Oct 11]. Available from: https://sencanada.ca/content/sen/committee/432/LCJC/Briefs/CanadianPsychiatricAssociation_e.pdf
[28] Lemmens T, Jacobs L. The latest medical assistance in dying decision needs to be appealed: here's why. The Conversation [Internet]. 2019 [cited 2023 Oct 11]. Available from: https://theconversation.com/the-latest-medical-assistance-in-dying-decision-needs-to-be-appealed-heres-why-124955/
[29] Fraser, David. The issue of expanding assisted dying to mentally ill 'has already been decided': senator. National Post. 2023 [cited 2023 Oct 11]. Available from: https://nationalpost.com/news/politics/expanding-assisted-dying-mentally-ill-decided-senator/
[30] Council of Canadian Academies Expert Panels on Medical Assistance in Dying. 2018. https://cca-reports.ca/reports/medical-assistance-in-dying/
[31] Cohen, E. Why I resigned from the federal expert panel on medical assistance in dying. Globe and Mail. 2022. [cited 2023 Oct 11]. Available from: https://www.theglobeandmail.com/opinion/article-expert-panel-maid-mental-illness/
[32] Kirby, J. MAID expert panel recommendations are inadequate, contends panel member who resigned. Hill Times. 2022 [cited 2023 Oct 11]. Available from: https://www.hilltimes.com/story/2022/06/16/maid-expert-panel-recommendations-are-inadequate-contends-panel-member-who-resigned/270807/
[33] Raikin, Alexander. No Other Options: Newly revealed documents depict a Canadian euthanasia regime that efficiently ushers the vulnerable to a "beautiful" death. The New Atlantis. 2023 [cited 2023 Oct 11]. Available from: https://www.thenewatlantis.com/publications/no-other-options/
[34] Gaind, Sonu. Unpeeling the false justifications behind MAID expansion. Canada's National Observer. 2023 [cited 2023 Oct 11]. Available from: https://www.nationalobserver.com/2023/01/03/opinion/unpeeling-false-justifications-behind-maid-expansion/
[35] Halifax Group. MAID Legislation at a Crossroads: Persons with Mental Disorders as Their Sole Underlying Medical Condition. 2020 [cited 2023 Oct 11]. Available from: https://digitalcommons.schulichlaw.dal.ca/reports/14/
[36] Gupta G, Downie J, Grant G, Kirenko W, Plewes L, Thorpe L. Health Canada Model Practice Standard for Medical Assistance in Dying (MAID). 2023 [cited 2023 Oct 11]. Available from: https://www.canada.ca/content/dam/hc-sc/documents/services/medical-assistance-dying/model-practice-standard/model-practice-standard.pdf
[37] Freeland, Alison. Communication from Canadian Psychiatric Association Chair to Members on Canadian MAID Curriculum. October 4, 2023.

[Click to return to Executive Summary]