EUTHANASIA FOR MENTAL ILLNESS



WHAT'S HAPPENING?

A law passed in 2021 will allow euthanasia when mental illness is a person's only medical condition. This change in the law will take effect on March 17, 2024.

The lives of people in vulnerable situations will be more at risk with MAID for mental illness.

We are deeply concerned that Canadians who cannot afford or cannot access treatment in a timely manner will be more likely to request MAID.

"Today, too many Canadians do not get the care that they need when they need it. CAMH believes that governments at all levels must first and foremost improve access to quality mental health care as well as the social supports needed by the most vulnerable to recover their mental health." CAMH statement

Dr. Brian Mishara of the Université du Québec à Montréal told the special joint committee on MAID that "In the Netherlands no one is forced to try the treatments, but the doctors are not allowed to end people's lives if they believe their suffering may be alleviated by other means."

"She was like, 'I can call the oncall psychiatrist, but there are no beds; there's no availability,' " Ms. Mentler said. "She said to me: 'The system is broken.' "

But it was the clinician's next comments Ms. Mentler found particularly distressing. She said, 'Have you ever considered MAID?'

A Vancouver woman tells the story of a June hospital visit in the *Globe & Mail*, Aug. 9, 2023

"As psychiatrist John Maher put it to the parliamentary committee, "The rallying cry is autonomy at all costs. But the inescapable cost is people dying who would get better. What number of mistaken guesses is acceptable to you?" For a Quebec government committee studying the issue, the answer is zero. Last December it recommended that provincial law continue to prohibit MAID solely for psychiatric suffering. It's not too late for Ottawa to do the same."

Globe & Mail editorial, Sept. 1, 2022

"We know that about 1/3 to 1/2 of Canadians with mental illness were not getting their mental health needs met before the COVID-19 pandemic

exacerbated the mental health crisis and increased the burden on our mental health system. Therefore, we question the decision to expand MAiD to people whose sole medical condition is mental illness without first addressing equitable access to evidence-informed mental health treatment and supports."

Centre for Addiction and Mental Health (CAMH) submission to the special committee

"Regarding the capacity for a patient to consent to MAiD, the very nature of mental disorders may impair the decision-making capacity of the patient. **Those suffering from a mental disorder are routinely encouraged to avoid making major decisions while in the midst of their suffering.** The decision of ending one's life prematurely is enormous and grave and must not be made while in the throes of mental illness."

Canadian Association for Suicide Prevention statement about MAID for mental illness.



There are no additional, legislated safeguards for MAID requests when mental illness is the sole underlying medical condition. Meeting the current eligibility requirements is a subjective decision by doctor and patient. Decisions made on a case-by-case basis mean there isn't a universal standard.

It is also true that thoughts of suicide can be a symptom of many psychiatric conditions. Cognitive distortions, such as feelings of hopelessness, despair and an inability to believe things can get better,

are common symptoms of depression, for example.

It should not be easier to obtain MAID than it is to obtain mental health care or other needed medical or social supports. MAID must not serve as Canada's response to a lack of essential care and supports.

Dr. John Maher of the Ontario Association for ACT and FACT (teams providing interventions for individuals with serious and persistent mental illness) told the special joint committee, "My teams in Ontario treat the 7,000 sickest. We have 6,000 on our waitlist waiting up to five years."

Expert panel on MAID and mental illness, Final Report

"Because underlying pathology is unknown for the vast majority of mental disorders, incurable and irreversible are difficult terms to apply and are not commonly used in clinical practice when speaking about mental disorders. There is limited knowledge about the long-term prognosis for many conditions, and it is difficult, if not impossible, for clinicians to make accurate predictions about the future for an individual patient.

...In considering MAiD requests for persons who have mental disorders, it must be recognized that thoughts, plans and actions to bring about one's death may also be a symptom of the very condition which is the basis for a request for MAiD."



Expert witnesses speak out against bias in the MAID report

"The Committee's recommendations place Canadians who would recover from mental illness at risk of avoidable premature death, and if enacted will be responsible for facilitating state-provided deaths to marginalized and suicidal Canadians who would have recovered....

This ignores unresolved concerns of evidence showing that: (1) mental illnesses cannot be predicted to be irremediable in any individual, yet assessing irremediability is the fundamental underpinning of MAID; (2) suicidality cannot be distinguished from requests for MAID ..., and; (3) marginalized individuals, including women by a 2:1 margin, are particularly at risk of seeking premature death by MAID ... for social suffering."

Canada must **stop** the March 2024 expansion of MAID to people with mental illness as their sole underlying medical condition.