

February 14, 2023

We need to act now

People with mental illness alone will become eligible for assisted dying. This change has already been passed in legislation. Many Canadians are seriously concerned about this change, including people with mental health concerns and those who love them.

Luna Aixin says housing, social isolation and the government's lack of response affect mental health. "Every day there's thoughts that go through my head about how to end my life. I don't need a government to tell me, hey, let us help you," Aixin said in a [Disability Filibuster](#) webinar on May 6, 2022.

On their previous week's webinar, panelist Serena Bains talked about her deep concerns over the changes in the law to allow MAID for mental illness and for disability. She talked about long wait lists to see psychiatrists, and the prevalence and impact of ableism.

Bains shared her fears that medical professionals won't seek healing, but will seek death because they believe the lives of people with disabilities are not as valuable. "How are we going to survive the experience of being in healthcare institutions now? ... I don't know if I have confidence that healing will ever be available for me."

How we got here

Assisted dying for mental illness alone was passed as part of Bill C-7 in 2021, with a two-year delay before the change would take effect. The delay was to allow for study of *how* to make this expansion – for example, whether there should be additional safeguards. This change was scheduled to take effect in March 2023, but MPs and Senators are considering a delay until 2024.

To answer this question of process and safeguards, Bill C-7 required that the government initiate an independent review. In response, the health minister and justice minister set up the Expert Panel on MAID and Mental Illness to study the issue.

[In its report](#), released in May 2022, the panel said it believes the existing criteria and safeguards can provide an adequate structure for MAID when mental illness is the sole underlying medical condition. The panel did not believe it was necessary to pass a law with additional safeguards.

Its reasoning was that not every person with mental illness experienced depression and despair, and that people who do not have mental illness may also be suicidal. Therefore, the panel suggested that it was not necessary to legislate new safeguards specifically for people with mental illness alone. Instead, it made recommendations on how the existing criteria and safeguards should be carried out and suggested areas for additional action, such as data collection, research and oversight.

In June 2022, a special committee of MPs and Senators studying MAID issued an [interim report](#) on assisted dying for mental illness alone. The committee pointed out that this is a very complex issue and that they have additional work to do on this theme. The interim report summarized the testimony presented to the committee, noted the conclusions of the Expert Panel and urged the government to ensure the recommendations of the panel are implemented in a timely manner.

Given that the Expert Panel and the special committee of MPs and Senators did not recommend additional legislated safeguards, it seems unlikely that the government will introduce more safeguards in law or halt the expansion, unless they are called on to do so by their constituents.

In early February 2023, the Justice Minister introduced [Bill C-39](#) which would delay MAID for mental illness for one year, until March 2024. The delay is to allow medical professionals to prepare for the change in the law. The Minister has not proposed any additional safeguards for MAID for mental illness.

Why are people concerned about this expansion?

One of the key reasons for concern is that despair and suicidality can be a symptom of some mental illnesses.

[According to the Canadian Mental Health Association](#), one in five Canadians will personally experience a mental health problem or mental illness in any given year. It estimates that by age 40, half of Canadians will have had a mental illness or still have one.

Canadians' need for mental health support and treatment is significant and has been amplified by the Covid pandemic. But the supports and treatment available are limited. [Margaret Eaton](#), the association's CEO, told the Health Committee this spring, "Our research shows that almost one in five Canadians felt they needed help with their mental health during the pandemic, but they didn't receive it because they didn't know how or where to get it, there was no help available or they couldn't afford to pay for it."

With the change in law that takes effect next March, the responsibility to determine whether a person with sole mental illness should be eligible for MAID will be placed on a [health care system that is already under extreme stress](#). The risk of wrongful death is even higher when the health care system and health care providers are under immense strain.

The current legislation, which is what will apply if no additional safeguards are passed, requires people who are not dying to wait 90 days between requesting MAID and to hear about treatment options before having their lives ended via MAID.

Luna Aixin, co-host of the May 6 [Disability Filibuster](#) webinar, thinks the 90-day waiting period for MAID is not an effective safeguard. “One of my questions continues to be how is 90 days going to help me overcome, even if I’m set on overcoming, when there are no structures or supports around to help me do that?”

[Dr. Sonu Gaiind](#) told the committee that MAID for sole mental illness will have a disproportionate effect on people who are most vulnerable:

It’s a myth that expanded MAiD is just about autonomy. The planned expansion and sunset clause may increase privileged autonomy for some to die with dignity, but it will do so by sacrificing other marginalized Canadians to premature deaths for escaping painful lives that society failed to allow them to live with dignity. That’s not my Canada, and it should not be yours.

Waiting lists, financial barriers and defining “irremediable”

The waiting lists for treatment are already very long. Mental health treatment and services are not accessible in timely way. [Dr. John Maher](#) is president of the Ontario Association for ACT and FACT, which are teams providing community-based interventions for individuals with serious and persistent mental illness. He told the committee, “My teams in Ontario treat the 7,000 sickest. We have 6,000 on our waitlist waiting up to 5 years.”

The financial cost to obtain mental health treatment and support is high, which particularly affects lower-income Canadians and youth. [Ahona Mehdi](#) of the Disability Justice Network of Ontario pointed out to the special committee studying MAID that the current situation is slanted toward assisted dying, as “disabled youth pay up to \$200 an hour for therapy, but you are looking to expand access to MAID for these youth and to make it cost-free.”

As well, there is no consensus mental health alone fits within the criteria of an “irremediable” medical condition. Experts say it is impossible to determine if an individual’s mental illness is “irremediable” or that it will not improve. Even the [Expert Panel on MAID and Mental Illness](#) acknowledged in its report, “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.”

[Dr. Maher](#) told the special committee that psychiatrists don’t know and can’t know who will get better. He has had patients who improved after 5, 10 and 15 years. He described trying to decide which patients would not improve as guesswork. “If you’re okay with guesswork, if

you're okay with playing the odds, or if your position is *Let's respect autonomy at all costs* – if someone wants to die, they can die – but call it what it is. It's facilitated suicide."

Another witness, [Dr. Mark Sinyor](#) of Sunnybrook Health Sciences, told the committee there is no research on how reliable physician predictions are, in terms of irremediability or suffering in psychiatric conditions. In his words,

In short, we are essentially missing all of the necessary scientific evidence to evaluate the safety of physician-assisted death for mental illness.... As a result, if this goes forward, MAID assessors will have no idea how often they are wrong when they make a determination of eligibility in the context of physician-assisted death for sole mental illness. They could be making an error 2% of the time or 95% of the time. That information should be at the forefront of this discussion, yet it is absent altogether.

Without a specific, scientific way of knowing the future course of a person's mental illness, [Dr. Brian Mishara](#) of the Université du Québec à Montréal described these decisions as relying on a clinical hunch. He pointed out "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."

This raises the disturbing question of whether informing the patient of the treatment that is available to help, which is one of the MAID safeguards, could simply mean informing the patient of a service or treatment that has a long waitlist and will not be available to them for months or years.

One doctor who provides MAID, [Dr. Ellen Wiebe](#), told the committee, "For example, if ... I told my patient there was a five-year waiting list for the specialist in their area and asked them whether they were willing to continue suffering for the five years, and they said they weren't, then I would say that was irremediable."

Suicidality and mature minors

Where are the lines drawn between suicide and MAID? Dr. Ramona Coelho answered this way in an April 29 [Disability Filibuster](#) webinar: "As a doctor who takes care of patients with disabilities, I'm very distressed to say that suicidal ideations that before were being met by suicide prevention now seems to depend on the ideology of the doctor that they meet."

Dr. Coelho went on to share a story of a young patient with a health condition who became suicidal and was hospitalized. One of the psychiatrists treating her patient wrote in their notes that she has the right to end her life. "Many people had to rush and we had to come up with a home plan, a home safety plan, because none of us felt that the hospital was safe."

Still another concern related to MAID for mental illness is the possibility MAID may be extended to mature minors. Will teens struggling with mental illness become eligible for assisted death?

We need to stop the expansion

The Centre for Addiction and Mental Health asked the committee to stop the expansion, in its [brief](#):

As we have made clear, we do not believe that eligibility for MAiD should be extended to people whose sole medical condition is mental illness at this time. Before eligibility is extended, there must be thoughtful and inclusive discussions to develop consensus definitions of irremediableness and suicidality.... Further, we believe that additional safeguards are required for MAiD requests when mental illness is the sole underlying medical condition. These safeguards should set out requirements and procedures for assessments, a minimum reflection period, and details for review processes.”

The EFC remains firmly opposed to hastened death. When the government introduced and expanded MAID, we offered recommendations in order to minimize the harm and risk to vulnerable Canadians. In its [brief](#), the EFC strongly urged the committee to call for a pause in the expansion of MAID to Canadians with mental illness alone.

A moment to act

Parliament must stop assisted dying for mental illness alone from taking effect. A delay until March 2024 is positive but the expansion should be stopped altogether. The risks to vulnerable people are too grave and there is too much that is unknown, even among medical professionals who do not oppose assisted dying.

Since the bill that allows MAID for mental illness alone was passed in 2021, Parliament must pass a new law to stop that change from taking effect.

Contact your MP to ask them to pass a bill to stop MAID from being expanded to people with mental health as their only underlying medical condition.

Step 1: Find your MP’s contact info using your postal code, www.ourcommons.ca/members/en. This site has the MP’s email address, as well as the phone number for the MP’s constituency office and the office in Ottawa.

Step 2: Make contact with your local MP. For greater impact, contact your MP in more than one way. For example, send an email and then follow up with a phone call. Or send an email after a phone call. See www.TheEFC.ca/CivicEngagement for more tips on simple, effective action. To

be more effective, call *and* write. Consider asking for a meeting with your MP to share your concerns.

Sample email/letter to personalize

Dear [MP's name],

Thanks for your work for our community.

I am very concerned about people with mental illness alone becoming eligible for medical assistance in dying. A delay is not enough.

This change will put vulnerable people at risk. It comes at a time when Canadians are having to wait months and years for the supports and treatment to help them find healing.

I urge you to stop MAID for mental illness from taking effect. Please support a bill to halt assisted dying for mental illness alone.

Sincerely,

[your name and address]

You can ask for a time to speak to the MP or leave a message with MP's staff.

Sample phone conversation to personalize

- Hi, my name is _____. I live in the riding on _____ street, in _____ community. I appreciate the way your office serves our community.
- I'm calling today because I'm really concerned about people with mental illness alone becoming eligible for medical assistance in dying. This kind of change puts vulnerable people's lives at risk. And it comes at a time when people struggling with mental illness may have to wait months and years for treatment.
- I want to ask our MP to take steps to stop people with mental illness alone from becoming eligible for assisted death. This change will happen if we do nothing. I'd like our MP to support a bill to stop it from happening.
- Can you let our MP know that I called? And can someone get back to me to let me know what action our MP plans to take? Thanks for speaking with me.

Step 3: Share this information with a friend or family member. It will take many voices together to bring about change.

Please contact us if you have any questions and let us know if you've contacted your MP. We are most effective when we work together.

Above all, please pray. We worship the Lord of heaven and earth. Our country, our neighbours and our lives are in God's hands. He is able to bring about change.

For more information on assisted dying, see www.TheEFC.ca/MAIDreview.