

November 20, 2021

Canadian Psychiatric Association (“CPA”)
141 Laurier Avenue West, Suite 701
Ottawa, ON K1P 5J3

Attention: Dr. Manon Charbonneau & Dr. Alison Freeland
Co-Chairs, MAiD Working Group

RE: CPA’s Discussion Paper on Medical Assistance in Dying (“MAiD”)

Thank-you for the opportunity for the Canadian Association for Suicide Prevention (“CASP”) to provide comment on CPA’s Discussion Paper on MAiD.

As an initial general comment, 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. By the very definition of suicide, i.e. the act of killing oneself, if the condition from which they are suffering is not killing them then the act of providing MAiD is doctor assisted suicide.

Looking at the Discussion Paper specifically, CASP provides the following comments:

- Regarding irremediability in mental disorders, there is insufficient research into this. As such, at this time a mental disorder alone could never satisfy this aspect of the legal test for MAiD. CAMH provides a useful statement:

“There is simply not enough evidence available in the mental health field ... to ascertain whether a particular individual has an irremediable mental illness.”

Centres for Addiction and Mental Health. Policy Advice on Medical Assistance in Dying and Mental Illness October 2017. <https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/camh-position-on-mi-maid-oct2017-pdf.pdf>.

- Regarding the capacity to consent, this is a moot issue in the absence of evidence that supports whether or not the patient is actually eligible for the treatment.
- Full disclosure to the patient suffering solely from a mental disorder must be required as part of the discussion around MAiD. Such disclosure should include:

- according to the best available science, the chance that the patient's suffering is actually "irremediable" lies between 0 and 100%;
- it may be that with more aggressive, intensive, and/or individualized care, the patient's suffering could be alleviated and, therefore, could live a life that meets or exceeds what the patient may consider to be a worthwhile existence for many years or decades to come; and
- based upon the above, it is impossible to grant MAiD to anyone suffering solely from mental disorder as the legal test set out in the legislation cannot be satisfied.

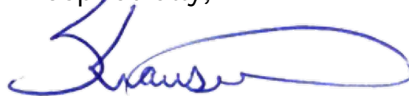
CASP would be remiss in carrying out its mandate if we did not take this opportunity to also provide comments with respect to CPA's updated Position Paper on MAiD. These comments include:

- The CPA is clearly taking a position on the morality of MAiD, despite stating otherwise, when it states that MAiD is a decision made reflecting current moral views. Of course, this begs the question as to whether medical decisions should be based on current cultural or moral norms rather than scientific evidence?
- Canadian psychiatrists are being called upon to understand the MAiD legislation, but nowhere does it state that your members must understand the scientific evidence, which understanding is required in order to determine whether a patient meets the eligibility requirements for MAiD.
- The comment about non-discrimination against patients with psychiatric illness was an argument used in seeking MAiD for underlying medical conditions that are solely a mental disorder. Now that the legislation has removed that barrier, this part of the Position Statement is not only moot but also quite apparently endorsing MAiD for patients suffering solely from a mental disorder, which then contradicts the statement that the CPA is not taking a position.
- With respect to psychiatrists not willing to provide MAiD being required to make a referral of a patient to a psychiatrist that will, does this not leave the referring psychiatrist open to committing professionally unethical behaviour? If the grounds for not providing MAiD is not based on morality but rather on the fact that there is insufficient evidence to support MAiD as a medical treatment, then the requirement to refer a patient forces them to commit professionally unethical behaviour.

- In assessing the patient's eligibility for MAiD, how can your members do so in absence of evidence with respect to the underlying mental disorder being irremediable? Without scientific evidence, the rigorous assessment will ultimately come down to subjective decision-making by the psychiatrist and the patient.

CASP hopes that these comments will be considered in evaluation of the CPA's Discussion Paper and Position Statement, and that such will provide the basis for further revisions. Please contact me should you wish to discuss any of these comments.

Respectfully,



Sean Krausert
Executive Director