

**Society of Canadian Psychiatry
Call to Action**

November 10, 2022

Given that:

1. After first introducing MAiD for end-of-life conditions in 2016, Canada expanded MAiD to non-terminal disabilities in March 2021, and plans to further expand MAiD to sole mental illness conditions by March 2023.^{1,2}
2. A fundamental premise of assisted dying and Canada's MAiD laws is the presence of a medical condition that can be determined to be irremediable (i.e. will not improve).³
3. Independent scientific groups which have reviewed ability to determine irremediability of mental illness in the context of MAiD assessments have concluded that it is not possible to determine irremediability of mental illness in individual cases.
 - a. The Centre for Addiction and Mental Health (CAMH) 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".⁴
 - b. 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".⁵
 - c. 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".⁶
 - d. The Expert Advisory Group on Medical Assistance in Dying 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".⁷
4. Even the few psychiatric groups supporting MAiD for mental illness likewise acknowledge accurate determinations of irremediability cannot be made. 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".*⁸

5. Evidence demonstrates that marginalized populations are at risk of receiving MAiD for psychosocial and life suffering, including:
 - a. Overlapping characteristics of those seeking MAiD for mental illness with traditionally suicidal individuals who benefit from suicide prevention interventions.⁹
 - b. Unresolved psychosocial suffering of those receiving MAiD for mental illness in the few jurisdictions allowing it (compared to higher socioeconomic status, 'white' identification [as identified by the researchers], and higher education of those receiving medical assistance in dying for terminal conditions).¹⁰
 - c. A 2:1 gender imbalance of women to men receiving MAiD for mental illness in the few jurisdictions allowing it (compared to the 50:50 gender balance of those receiving medical assistance in dying for terminal conditions).¹¹
6. The American Psychiatric Association (APA) has taken the position that:
"The American Psychiatric Association, in concert with the American Medical Association's position on Medical Euthanasia, holds that a psychiatrist should not prescribe or administer any intervention to a non-terminally ill person for the purpose of causing death".¹²
7. The Ontario District Branch of the APA has taken the position that:
"As physicians working with a typically marginalized, disenfranchised, and exquisitely vulnerable population of patients, and as psychiatrists consistently treating suicidality, we oppose any process for our patients with primarily mental illness, that actively causes their death".¹³
8. The Office of the High Commissioner for Human Rights (United Nations) has recognized the risks of providing assisted suicide to marginalized non-dying individuals, recommending that:
"Disability should never be a ground or justification to end someone's life directly or indirectly" and concluding that ***"These assumptions, which are grounded in ableism and associated stereotypes, have been decisively rejected by the Convention on the Rights of Persons with Disabilities...Under no circumstance should the law provide that it could be a well-reasoned decision for a person with a disabling condition who is not dying to terminate their life with the support of the State"***.¹⁴
9. The selected Canadian federal panel tasked with providing guidelines, protocols and safeguards to allow for implementation of MAiD for mental illness by March 2023 was to provide its recommendations by March 2022, to allow for subsequent parliamentary consultations, final recommendations and implementation. The panel's report was delayed till May 2022, and the parliamentary consultation process timelines have also been repeatedly pushed back and its report delayed. To date the parliamentary committee still has not issued its final report or recommendations.
10. Despite being tasked with providing guidelines, protocols and safeguards, the federal panel failed to provide any specific guidance on thresholds for establishing "incurability" or "irreversibility" of mental illness prior to providing MAiD, instead suggested 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"* should be tried prior to providing MAiD for mental illness. Instead of additional safeguards, the panel recommended *"no further legislative safeguards are required"* prior to providing MAiD for mental illness. The same panel acknowledged that MAiD

for mental illness and suicide could be the same thing and claimed that Canadian society had already made a choice that psychiatric euthanasia should be provided regardless, claiming that *“society is making an ethical choice to enable certain people to receive MAiD...regardless of whether MAiD and suicide are considered to be distinct or not”*.¹⁵

11. Two members of the initial twelve member panel resigned citing serious flaws in the process and recommendations of the panel. This included the panel’s health care ethicist, who wrote that *“in good conscience”* he could not sign off on the report, and raised concerns about *“lack of reporting transparency regarding dissenting opinions or views”*.¹⁶ The consumer advocate with lived experience who resigned also described the panel process as flawed and rushed, and stated that *“panel members simply did not want to put forward any serious safeguards that would require the law to change”*.¹⁷
12. The Expert Advisory Group on MAiD concluded in 2022 that:
*“Evidence continues to show it would be irresponsible to provide MAiD for mental illness when predictions of irremediability can neither scientifically nor accurately be made, and it is impossible to differentiate MAiD requests from death wishes by suicidal individuals in these situations. Such expansion would reflect a push for increased privileged autonomy falsely under the guise of a medical procedure, and ignore the risks of unnecessary deaths to the most marginalized and vulnerable.”*¹⁸

Given the above, based on existing evidence and current lack of standards and protocols, the Society of Canadian Psychiatry (SoCΨ) believes that responsible determinations of irremediability of mental illness for the purpose of MAiD assessments will not be able to occur in March 2023, and SoCΨ believes it would be premature and irresponsible to implement MAiD for sole mental illness conditions in March 2023, four months from now.

SoCΨ calls on mental health and policy leaders across Canada to join its Call to Action that:

- 1. Any potential implementation or expansion of MAiD for sole mental illness be delayed until 2024.**
- 2. The purpose of delaying such potential implementation be to allow for proper consultation and review of the safety and risks of MAiD for sole mental illness, and development of evidence-based recommendations regarding MAiD for sole mental illness. Such consultation should be mindful of addressing process flaws identified in consultations to date.**

Sincerely,

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Dr. John Maher, President, Ontario Association of ACT and FACT teams

Add your name supporting the Call to Action at: <https://www.socpsych.org/calltoaction>

For further information email: info@socpsych.org or <https://www.socpsych.org>

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