Limoges, 13 November 2023

Special Joint Committee on Medical Assistance in Dying
Senate, Government of Canada

Dear Committee members

I am a general adult psychiatrist who has been practicing in different communities in Northeastern Ontario for the last 38 years.

I am presenting a case study of one of my patients who had requested MAID and did not qualify for it. She sadly killed herself months later. I am preserving her confidentiality. Through that case presentation, I will make a point about how MAID for persons suffering from severe mental health disorders is potentially ill-advised and presents significant ethical issues. I fear it might be used as a substitute for comprehensive and integrated treatments adapted to the person's needs.

Mrs. M was a French-Canadian mother of two grown-up children with two grandchildren. She lived in a small northeastern town, and her grandchildren lived within 50 km. She was on ODSP for mental health disorders. She had experienced numerous abuses as a child growing up with her mother. Her relationship with her mother had been strained up to the end of Mrs. M's life.

Mrs. M had been sexually molested by a maternal uncle when she was in her teens. She did not feel supported by her mother when she had the courage to disclose that abuse. Mrs. M felt her mother was more interested in protecting her brother and the family's honour than in protecting her.

Mrs. M was suffering from Bipolar II Disorder with anxious distress. She was depressed most of the time in the last few years of her life despite intensive psychotherapy and aggressive pharmacotherapy. Her depression did not respond to treatment. Mrs. M was hospitalized in a regional department of psychiatry, and she received at least two series of ECTs, which helped to alleviate her immediate suicidal ideations.

Mrs. M felt better when she was in the hospital for more extended stays. Milieu therapy and structured daily routines were very beneficial to her. While there was a medical indication for more prolonged hospitalizations, this was unavailable in her community, and neither were any group homes. Mrs. M spoke only French, and there are fewer services for people in Northern Ontario, even less for French people. So, reluctantly, we applied to a group home in Ottawa for her. There were long waiting lists and even longer outside this catchment area.

Meanwhile, Mrs. M made several suicidal attempts, and she sadly died from overdosing and cutting her wrists.

She was very attached to her grandchildren, and I had worked a lot on that attachment as an anchor to keep some hope that she would get better. To move away from them and live in Ottawa was not a viable option for her.

We have made choices as a society on healthcare resources and treatment modalities that have had dire consequences on our patients (and their families) suffering from severe mental health disorders. Potential treatment modalities exist that could have allowed Mrs. M's depression to respond better to

treatment so that she could have lived a meaningful life. I feel that, as a society, we have failed Mrs. M and many other patients like her by restricting treatment modalities such as longer-term hospitalizations and integrated group home facilities, which are somewhat more available in larger cities. The lack of French services also failed her. For Mrs. M to move away from her home, away from her grandchildren and her social support, was not an option.

We have made significant progress in our knowledge of mental illness and its treatment, and our governments have to make tough choices on what treatments to fund or not. I feel that choosing MAID is a way to avoid our responsibilities when we could offer treatment modalities that we know could make a significant difference in many people's lives when they suffer from severe mental disorders.

It is unacceptable to grant MAID to a person who has cancer when there are known treatment modalities that can brighten the prognosis and quality of life. Why would it be any different for persons suffering from a severe and persistent mental health disorder? Some treatments can alleviate mental pain and anguish so that people can function better and enjoy their lives. However, again, we must decide to fund these treatments adequately. It is only then, once these treatments are put in place and genuinely experienced by people, that we will be able to consider MAID an option.

I will never forget Mrs. M's plight and predicament. MAID, for her and many others, might have looked as a solution, as opposed to her suicide. I do not accept that as a physician and a psychiatrist. I will always regret that I could not prescribe a treatment plan which I know would have potentially helped her to heal from her mood disorder and her traumas.

I object strongly against MAID without significant restrictions for persons suffering from severe and persistent mental disorders.

Sincerely,

Hugues Richard MD FRCPc,
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