BRIEF SUBMITTED TO THE

SPECIAL JOINT COMMITTE ON MEDICAL ASSISTANCE IN DYING

WE ARE NOT READY TO EXPAND MAID FOR SOLE MENTAL ILLNESS

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I am a psychiatrist and geriatric psychiatrist with 40-years experience (counting psychiatric residency). I am deeply troubled by the prospect of MAIOD expansion for sole purpose of mental illness. I currently work in a family medicine clinic where I assess and follow patients 18-year-old and over.

I would like to share with you the real story of Kelly-Ann (fictitious name), a 21-year-old woman I saw some months ago in consultation. Kelly-Ann came to me after a 2 month wait to be assessed for suicidal ideas and depression, after she had been seen by her family doctor. She explained that when she was 19, over 2 years ago, she made a suicidal attempt and was hospitalized in Psychiatry for 3 days, then released with referral to first line community services (CLSC) to see a social worker; she was assured upon discharge, that the call would come within 2 days. Well, THE CALL CAME 2 YEARS LATER!! The CLSC had not even lost her file! That call came the week before she saw me, after referral from her family doctor, because she had been waiting for 2 years to see a mental health professional she should have seen right away after discharge, because she was still suicidal and in distress. After my assessment, as she was not acutely suicidal, but in distress over situational issues, I referred her to a psychologist at the family medicine clinic, and she began therapy the same month. It should be noted as well that in the university affiliated hospital she was admitted to, there are 15 patients every morning waiting for assessment from the psychiatrist on call at the emergency department, with only 1 bed available for admission.

<u>This story illustrates that we have difficulty to provide basic mental health care. WE CERTAINLY ARE NOT READY TO EXPAND MAID FOR SOLE MENTAL ILLNESS</u>. In the context of stretched mental health resources, we barely manage to assist patients who want to live; I cannot imagine diverting mental health resources from those patients to assist other patients to help them to die.

I worry as well about the assessment of the irremediability character of mental illness compared to far more predictable medical disorders. The evidence I know shows our professional lack of ability to predict such irremediability as psychiatrists.

I am preoccupied with the existing co-morbid psychosocial distress in marginalized, vulnerable patients with psychiatric issues requesting end of life care when faced with access issues to care, access to psychosocial services, access to decent lodging, help with substance use.

I am deeply troubled, as a psychiatrist with 40-year experience, with the assessment of suicidality: I am not reassured at all with the expert testimony I heard from various psychiatrists before the Committee. I cannot distinguish between suicidal plan or ideas that can benefit from mental health care, and request for MAID for sole purpose of mental illness from patients who want to die.

I am concerned with the rapid increase of MAID cases in Canada and particularly in Quebec; between April 2022 and March 2023, 5221 Quebecers had MAIS, a 42% increase. It comes to 6,8% of all deaths in Quebec. Quebec becomes the world leader in assisted death through MAID. In this context, further expansion of MAID for sole mental illness purpose seems reckless.

I am not convinced by Dr Mona Gupta's reassurances about safeguards re: mental illness and MAID in her testimony: there cannot be safeguards, since:

1. Suffering is a personal subjective assessment for MAID.
2. No requirement exists for trial of treatment in Canada before MAID.
3. No requirement exists for access to care in Canada before MAID.

4. The validity of such reassurances is then baseless and in the domain of wishful thinking.

I am not at ease with Dr Gupta's characterization of those «unfortunate souls, who do not have access to care»: those «souls» comprise most patients who have an extremely arduous pathway to access care in mental health in our country. They are poor indeed! My 40-year career has seen a rapidly deteriorating access to mental health care and an increasingly haphazard care with poor continuity in mental health delivery of care.

For all those reasons, I implore respectfully the Committee members to carefully review the evidence and think about the Kelly-Anns of this world and conclude that THIS IS NOT THE TIME TO EXPAND MAID FOR SOLE MENTAL ILLNESS.

WE ARE NOT READY FOR THIS EXPANSION.