

Dear Members of the Special Joint Committee,

I am a neuropsychiatrist who works in the Neuropsychiatry Unit at the University of British Columbia. I have been a medical physician for 40 years and a psychiatrist for 30 of those years.

Like thousands of other fellow mental health professionals across Canada, I work daily with Canadian citizens who, for reasons of psychiatric disorder and/or psychological distress, are suicidal. To help them navigate a way back to a good life, **almost all of these citizens require tenacious, optimistic, longitudinal care**, using psychotherapy with or without pharmacotherapy.

I am aware of the discussion regarding the introduction of MAiD for individuals with mental disorders. I am myself against such changes for all but the very most extreme eventualities, and even there I would still have concerns about the rigour of the process. I am concerned that, with the proposed changes in law, many individuals with treatable dysphoria will now be eligible for, and will receive, MAiD. I see that as a horrific outcome for those individuals, and for our society.

I am aware that many of my colleague who are similarly minded have shared with you details of ways in which our health systems lack readiness for the proposed changes. Those are all important considerations, some of which are reason enough to halt or abandon the planned changes.

I would like to highlight just one large, overarching way in which I believe we lack readiness:

I would submit that we are not ready, as a health care system and as a society, for circumstances where all mental health encounters between caregivers and patients have hanging over them the treatment option “I can kill you”.

We have not fully studied, contemplated, nor accepted the changes that this will bring to the therapeutic milieu. It will have obvious effects, but there will also be subtle and unpredictable effects. It will almost definitely diminish the tenacity and optimism that is so often required in both mental health professionals and patients to overcome suicidal ideas. Thus treatment outcomes will deteriorate, and a greater number of citizens will suffer.

It will have profound effects on therapeutic alliances (the relationship between the caregiver and the patient)... the mental health caregiver becomes somebody with the capacity to endorse and bring about death. I don't think we've thought enough about, or studied adequately, the potential consequences of such a change.

And I do not think it is too much of a stretch to say that the proposed changes will have broader effects on morale in our society. Life in Canada is increasing challenging for a growing percentage of our population, who now more than ever have the need to face life with tenacious optimism. The knowledge that our health care system euthanizes citizens who find life overwhelmingly unbearable will arguably diminish the fortitude that we as citizens sorely require.

Life is a brief moment of waking in an eternity of sleep. In Canada we should strive ardently to help every citizen value their lives, even and especially in the face of adversity.

We are not ready for the profound and fundamental changes that will come about if we have a health care system that endorses MAiD for mental distress.

Submitted respectfully

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