Brief to the Special Joint Committee on Medical Assistance in Dying

Submitted by Dr. Sephora Tang (Psychiatrist)

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Thank you for allowing input on the study of expanding Medical Assistance in Dying (MAID) to include persons whose mental disorder is the sole underlying medical condition (MD-SUMC).

I work in Ottawa as an outpatient psychiatrist in an academic hospital. I am also the Program Director of the University of Ottawa Psychiatry Residency Training Program. My clinical and academic roles give me insights into the provision of care for individuals with severe psychiatric illness and co-morbid medical conditions. I partner with community agencies to care for patients. The provision of mental health care and social support services remains woefully inadequate, even in Ottawa. The limited ability to access mental health care in my community forces patients to seek care in emergency departments that are in a near-constant state of overcrowding. Patients referred to community services languish on wait lists of months to years to access proper mental health treatment that is often not covered by public health insurance, such as psychotherapy provided by psychologists and certain medications. My clients who have attempted suicide and at risk for homelessness due to mental illness, are waiting 2-3 years to be assigned a community case support worker. Wait times for Assertive Community Treatment teams, which provide community support for the sickest patients, range between 1-3 years to receive care. Yet, Canadian MAID legislation allows patients to decline treatment that is unacceptable to them, including reasons of financial inaccessibility or systemic resource limitations. Here, the law allows for the assessor's subjective ethical views to determine eligibility. Under such conditions, the application of the MAID law to individuals whose deaths are not reasonably foreseeable, and whose sole underlying medical condition is a mental disorder, risks endangering the lives of individuals who may be undertreated due to lack of access to care.

Despite the legal requirement for a finding of "irremediability" to be eligible for MAID, the 2022 Federal Expert Panel Report on MAID and Mental Illness, and the March 2023 Health Canada Model Practice Standards failed to provide meaningful guidance in determining irremediability in mental disorders. There is no consensus and no practical clinical guidelines that can guide clinicians in determining with certainty the irremediable nature of an individual's course with a mental disorder. While many mental disorders may not be "curable", the recovery-oriented approach aims to reduce suffering and improve quality of life. Many individuals with a chronic mental illness can live meaningful and fulfilling lives but must be given sufficient time and treatment to regain the will to live; the time period to achieve this is difficult to predict, and may take years, even decades. Offering an exit plan via MAID risks cutting short decades of potential life in individuals who could have gotten better if given the right amount of time, care, and support.

The suffering associated with mental disorders often distorts an individual's hope for a better future, which can lead their health professionals to give up hope for improvement in a counter-transference reaction. I have personally been surprised by some of my high-risk, chronically suicidal patients who one day, spontaneously experienced an internal shift that re-oriented their will from choosing a trajectory towards death to now choosing life, despite on-going mental health symptoms. Given their extensive history of past suicide attempts and apparent treatment failures over many years, MAID would

have been to them a tempting choice, and a less experienced and disheartened clinician may have approved MAID on the false determination of irremediability.

Dutch guidelines note that the distinction between *chronic suicidality* and *a request for assisted dying* can disappear in cases where a person is able to make a reasoned decision about their condition. If there is evidence of overlapping characteristics between people contemplating suicide and who seek physician-assisted death for MD-SUMC, this begs the question – how does a society prevent, yet also facilitate, suicide? The exercise we are currently undertaking is demonstrating that *this cannot be done without facilitating some suicides that ought not to have been.*

As a program director responsible for training 60+ psychiatry residents, I can attest that current residency training does not prepare psychiatry residents to make determinations of whether to offer suicide prevention or facilitation based on non-existent guidelines for determining irremediability in mental disorders. The Federal Expert Panel Report on MAID and Mental Illness acknowledged that the terms "incurable" and "irreversible" are difficult to apply to mental disorders, and the difficulty, if not impossibility, of making accurate predictions about an individual's future evolution of their mental disorder. Tasked with reviewing protocols/guidelines for MAID for Mental Disorders, their panel reported on the impossibility of providing "fixed rules" for how many and what kinds of treatment/intervention attempts are required, and for the time period required to make the determinations of "incurability and irreversibility".

The average length of training to become a psychiatrist after medical school is on average 5 years which does not provide sufficient longitudinal exposure in accompanying many individuals suffering from chronic mental illness from a place of initial despair to eventual breakthrough. The brain is a complex organ with neuroplastic capabilities, and its healing process is slow, requiring sometimes years of treatment. It also takes time to train a generation of psychiatrists with the clinical expertise and experience that they will need to skillfully treat challenging cases across a breadth of presentations. Time and clinical experience help to reduce the number of mistakes a clinician will make in the provision of care. Let's not facilitate a hasty process where a mistake in diagnosis or a misperception of irremediability will needlessly cost a life.

Canada is not ready to expand MAID for mental illness. Please pause the scheduled expansion before irreparable harm is caused, not only to lives unjustifiably lost, but also to our collective sense of responsibility in caring for our most vulnerable citizens.

Sincerely,

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