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November 14, 2023

Special Joint Committee on MAiD

Attention: Angus Wilson

Jean Francois Lafleur

Joint Clerks of the Committee

I am writing to the committee on behalf of Living with Dignity Association Canada to express our concerns with the readiness of our medical, legal, and political systems to safeguard patients and their families when Medical Assistance in Dying where a Mental Disorder is the Sole Underlying Medical Condition (MAiD MDSUMC) comes into effect on March 17, 2024.

You have heard from the Chair of the Canadian Psychiatric Association that her organization is ready, despite not having polled her members. We know that there is no consensus among psychiatrists. We know that the mental health system is already under tremendous strain. At least one health care worker told a suicidal patient that the system is "broken", and that she should consider MAiD. Relatively few psychiatrists across the country have received specialized training in this area. How will this broken system cope with the additional burden of conducting rigorous MAiD MDSUC assessments?

You have been assured by the chair of the Canadian Association of MAiD Assessors and Providers (CAMAP) that the preparatory work to develop a comprehensive training program and implementation standards has been completed. And yet we know the training has barely begun. Even by CAMAP standards, most doctors and nurse practitioners cannot be prepared for a March 2024 launch. What steps have been taken already, and what steps are being considered to address the professional and emotional impacts of MAiD MDSUMC provision on the medical and legal professionals involved in the process?

You have heard several witnesses assure you that the number of eligible MAiD MDSUMC recipients will be "tiny". This is the same assurance we heard about MAiD in general, and yet the most recent annual report shows MAiD growing at a 30% annual rate. People who need mental health care do not currently have adequate access to services, and in fact there are long waiting lists. MAiD "care" must never be more readily accessible than medical treatment. Canadians who struggle with mental disorders are justifiably worried that their suicidal impulses will be encouraged rather than fought against by an overburdened system. Those who love and care for them are frantic that their loved ones will not get the real help to live that they so desperately need.

Bloc Quebecois MP Luc Theriault suggested that patients requesting MAiD might be fast-tracked for psychiatric treatment that was not forthcoming prior to the request. Why was this medical assistance not available prior to the request for MAiD? Likely because the system is not prepared. It may be prepared to euthanize patients, but is it prepared to help them live with dignity? We know that psychiatric and psychological help is very difficult for Canadians, particularly lower-income Canadians, to access. This is complicated by the reality that many with mental disorders have been in the system long enough to feel hopeless about its ability to help them.

Those of us who argue for greater caution are frequently accused of simply opposing the concept of MAiD in general. This criticism has been expressed to you in these sessions, but it is not true. Our organization is specifically opposed to Track 2 MAiD. We were encouraged by the recent proposal of Bill C-314 even though it was narrowly defeated in the House by a vote of 167-150. This is hardly overwhelming evidence of parliament's support for the enactments contained in Bill C-7. Furthermore, a recent Angus-Reid poll indicated that most Canadians share our concerns.

Accordingly, we have identified a few additional issues:

- Will MAiD MDSUMC applicants be asked if homelessness or poverty is underlying their request? If
  the answer is yes, what steps will be taken to address these underlying issues, if any? Will the
  requestor simply be told that is not an acceptable reason for MAiD and be turned back to the
  desperate situation that drove them to make the request in the first place? Canada should delay
  implementation of this dangerous law until not only the medical, legal and political systems are
  ready, but until the social support systems are ready, and the social determinants of health are
  adequately addressed.
- We are puzzled by the assurance with which the witnesses appearing before you have expressed
  their competence in distinguishing between a request for MAiD and a suicidal intention. In an
  overburdened health-care system characterized by high levels of stress and burnout, we believe
  their confidence is a symptom of wishful thinking.
- We know that people, including doctors and nurse practitioners, are part of a culture rife with ableism, racism, sexism, and other unconscious biases. No safeguard can protect patients from the operation of underlying assumptions and attitudes. Can the Canadian public be assured that professional judgements are being made considering patients' lived reality?
- Have the special circumstances and life conditions of people with disabilities been considered in the development of the CAMAP curriculum? What guidance is being given to psychiatrists and other medical professionals specifically related to disability in the context of MAiD MDSUMC?
- Have Canadians with mental disorders been polled to determine whether they think it is ethical that MAiD MDSUMC be available to them?

We sincerely hope that the committee is seeking to carry out its responsibilities diligently and with the intention that the interests of all Canadians are recognized and honoured. We strongly recommend that you do not allow MAiD MDSUMC to proceed until you are satisfied that all members of parliament can credibly assure their constituents that all requests will be met with a stringent, responsible process, undertaken by caring, concerned professionals who will prioritize the life of the applicant, and that death remains the very last resort for that "tiny" number of people.

Thank you for your attention,

Vernon Jones Secretary-Treasurer

Living with Dignity Association Canada