

Submission to the Special Joint Committee on Medical Assistance in Dying

November 28, 2023

Thank you and introduction

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital and one of the world's leading research centres in its field. CAMH conducts ground-breaking research, provides expert training to healthcare professionals and scientists, develops innovative health promotion and prevention strategies and advocates on public policy issues. Most importantly, we provide evidence-informed and recovery-focused treatment and care to hundreds of patients every day with acute and chronic mental illnesses and substance use disorders.

Over the past several years, CAMH has made [several submissions](#) to government committees related to Medical Assistance in Dying and mental illness. Our position has been, and remains, that ***we are concerned about the expansion of MAiD to people whose sole underlying medical condition is mental illness, at this time.***

We want to be clear that this position is NOT based on the belief that suffering caused by mental illness is not comparable to suffering caused by physical illness. There is no doubt that mental illness can be grievous and cause people physical and psychological suffering. We are not here to debate that.

CAMH's concern is that the health care system is not ready for March 2024. The clinical guidelines, resources and processes are not in place to assess, determine eligibility, support or deliver MAiD when eligibility is confirmed to people whose sole underlying medical condition is mental illness. This includes differentiating between suicidal plans and a request for MAiD. More time is needed.

The Federal Model Practice Standards are a good first step in highlighting the benchmarks that health professional regulators can expect from their members who choose to offer MAiD. But it is not enough. Health professional regulators also rely on their members having access to the best available evidence through clinical practice guidelines. Guidelines for MAiD cases where mental illness is the sole underlying condition do not currently exist.

That is why CAMH is hearing loud and clear from physicians, nurse practitioners and other clinicians that they need more clarity and direction on how to determine if a person has an irremediable mental illness and is eligible for MAiD, including how to separate a request for MAiD from a suicidal intent/plan.

To address this gap, CAMH experts have been working hard with partners for the past year to develop practice guidelines – based on the limited evidence available at this time- that will allow for

standardized assessment and more reliable decisions regarding the determination of MAiD cases where mental illness is the sole underlying condition. Importantly, given the lack of evidence in the field at this time, CAMH and others have been clear that these guidelines must be consensus-based.

This has not been an easy task. We have been working towards, but have not been able to reach consensus on what information needs to be collected and how a determination of irremediableness should be made. We are making progress, but more time, as well as funding for inter-professional and inter-organizational collaboration, is needed. Getting to consensus within health care and community organizations, and nationally will take longer. Given the life or death consequences of these decisions, we want to get it right. And we know the government does too.

It is also important for the government to understand that the health care system is not equipped to handle the increase in MAiD requests that are expected to come in March 2024.

In Ontario, there is already a lack of resources to handle MAiD Track 2 cases and the existing infrastructure will not be able to support additional demand. CAMH and our partner hospitals through the Toronto Academic Health Sciences Network have submitted a proposal to the provincial government to enhance the existing MAiD coordination service and create a Track 2 Consultation Table to address the increase in inquiries and applications for MAiD where mental illness is the only underlying medical condition. We are awaiting a response.

Central to our proposal is the recognition that there are already a limited number of MAiD assessors and providers who take on Track 2 cases. Those who have expertise in mental illness and conducting mental health assessments are even more limited. It is crucial that we have more time to build this community of practice.

Without time to ensure that guidelines, resources and experts are in place, access to MAiD for people whose sole underlying medical condition is mental illness will be limited and inconsistent, and may exacerbate existing inequities within the health care system. It may also lead to confusion, distress and frustration for patients, their families, and health care providers.

Therefore, CAMH is urging further delay in extending MAiD eligibility to people whose sole underlying medical condition is mental illness at this time, and until the health care system is ready and health care providers have the resources they need to provide high quality, standardized and equitable MAiD services.

Finally, it is important to re-emphasize what was mentioned at the beginning – mental illness can be severe and cause suffering that can be comparable to physical illness. But the health care available for mental illness is not comparable to the health care available for physical illnesses.

Mental health care has been significantly underfunded compared to physical health care. There are also inconsistencies in treatments covered by different provincial health plans. This means that many



people across Canada do not have ready access to the full range of evidence-informed treatments that can assist in their recovery.

For that reason, a delay in MAiD expansion would also allow governments and health care experts to work together to determine the best way to integrate MAiD into the broader mental health care system.

Thank you again for your consideration.