

May 6, 2022

The Honourable Yonah Martin  
Joint Chair, Special Joint Committee on Medical Assistance in Dying  
The Senate  
Ottawa, Ontario  
K1A 0A4

The Honourable Marc Garneau, P.C., M.P.  
Joint Chair, Special Joint Committee on Medical Assistance in Dying  
House of Commons  
Ottawa, Ontario  
K1A 0A6

Dear Joint Chairs,

Thank you for the opportunity to submit this brief to the Special Joint Committee on Medical Assistance in Dying.

We are psychiatrists and physician leaders at the Centre for Addiction and Mental Health (CAMH) in Toronto. 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, including substance use disorders.\* Many of our patients have been living with severe and persistent mental illness for years.

We are extremely concerned with the federal government's intention to extend eligibility for MAiD to people whose sole medical condition is mental illness after March 17, 2023. There remains a significant lack of consensus on this issue and we strongly urge the Special Joint Committee to appeal to government to delay this extended eligibility, pending further discussion and consultation.

We recently conducted a survey with a sample of CAMH physicians and found a lack of agreement on whether or not mental illness could be considered 'grievous and irremediable' for the purposes of MAiD, and what criteria could be used to determine if a person is suffering from an irremediable mental illness. This is concerning. While the grievousness of an illness is

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\* At CAMH, and for the purposes of this submission, mental illness includes a range of illnesses, including substance use disorder.

subjective and there is no doubt that some people with mental illness experience intolerable psychological and sometimes physical suffering due to their symptoms, the irremediableness of an illness is an objective determination that must be based on the best medical evidence available. However, at this time there is simply not enough evidence in the mental health field to predict the trajectory of any one person's mental illness and to ascertain whether an individual has an irremediable mental illness. That means that any criteria or standards developed to determine the irremediableness of a person's mental illness will be inherently subjective. Therefore, before MAiD is extended to people whose sole medical condition is mental illness, it is imperative that such criteria or standards be developed in extensive consultation with a wide range of experts— including people with lived experience of mental illness and their families – to establish a consensus definition for when a mental illness should be considered irremediable for the purposes of MAiD. This will likely take significant time given the complexity of the task.

Of further concern, our survey found significant disagreement amongst physicians on whether or not a request for MAiD can be differentiated from suicidal intent. Contrary to the *Truchon* decision, distinguishing between a patient who is suicidal and one who is rationally requesting MAiD due to their mental illness is an extremely difficult task for psychiatrists. This is another extremely important issue that requires further discussion and consultation with experts.

CAMH physicians who completed our survey also highlighted the concerns they had about access to mental health care in the context of expanded eligibility for MAiD. Despite recent government investments in mental health care, Canada's mental health care system has experienced chronic underfunding leading to a significant shortage of community and hospital-based mental health care across the country. We know that about 1/3 to 1/2 of Canadians with mental illness were not getting their mental health needs met *before* the COVID-19 pandemic exacerbated the mental health crisis and increased the burden on our mental health system. Therefore, we question the decision to expand MAiD to people whose sole medical condition is mental illness without first addressing equitable access to evidence-informed mental health treatment and supports.

The results of our survey are not new or surprising, they replicate the findings from the Canadian Psychiatric Association member consultation in 2020 and the conclusion of the Council of Canadian Academies expert working group report in 2018. The continued lack of consensus on these fundamental issues should alert the Special Joint Committee and government that further deliberation amongst experts is needed.

Finally, we know that people with mental illness and their loved ones – those whose lives will be most intimately impacted by this major change in MAiD eligibility - have not been adequately engaged by decision makers. We recently had the opportunity to meet with CAMH's patient and family advisory councils to discuss the upcoming changes to MAiD legislation. There was a variety of conflicting opinions, but most troubling was a general lack of awareness that people with mental illness as their sole medical condition will soon be eligible for MAiD. Given that

participants in these groups are generally well-informed and engaged in mental health matters, this should be of concern to the Special Joint Committee and government. CAMH is now conducting research to better understand the perspectives of patients and families on MAiD, and we strongly encourage the government to similarly engage in more extensive consultation with a wide variety of people with mental illness and their families before eligibility is extended.

As we have made clear, we do not believe that eligibility for MAiD should be extended to people whose sole medical condition is mental illness at this time. Before eligibility is extended, there must be thoughtful and inclusive discussions to develop consensus definitions of irremediableness and suicidality. We would be happy to co-lead those discussions. Further, we believe that additional safeguards are required for MAiD requests when mental illness is the sole underlying medical condition. These safeguards should set out requirements and procedures for assessments, a minimum reflection period, and details for review processes.

With the rapidly approaching deadline to permit MAiD for people whose sole medical condition is mental illness, improving access to mental health care has become even more critical. Therefore, we urge the Special Joint Committee, and the federal and provincial/territorial governments to prioritize mental health care and immediately increase investments to create a comprehensive, evidence-supported and connected mental health system.

Sincerely,



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