

Submission to the Special Joint Committee on Medical Assistance in Dying

April 28, 2026

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 is fully affiliated with the University of Toronto and is a Pan American Health Organization / World Health Organization Collaborating Centre. Our organization provides outstanding clinical care to more than 38,000 patients each year, as well as conducting groundbreaking research, providing expert training to healthcare professionals and scientists, and developing innovative health promotion and prevention strategies.

Over the past number of years, CAMH has made several submissions to government committees related to Medical Assistance in Dying (MAiD) 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.

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. The grievousness of an illness is subjective and there is no doubt that, for some people, mental illness can be grievous and cause physical and psychological suffering.

The irremediability of an illness, however, is an objective determination that must be based on the best medical evidence available. And right now, there are currently no established criteria, or consensus amongst psychiatrists, for if or when a mental illness should be considered irremediable. That is because there is no 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. Therefore, any determination that a person has an irremediable mental illness for the purposes of MAiD would be inherently subjective and arbitrary.

In an attempt to address this problem, the Canadian Psychiatric Association (CPA) recently published initial guidance¹ designed to help MAiD assessors identify if a person has an irremediable mental illness. We appreciate the CPA's efforts to create clarity around the process of assessment, however it does not address our call for the creation of guidelines summarizing the evidentiary gap. Specifically, the guidance document does not offer MAiD assessors with evidence-based criteria that could be used to determine the trajectory of a person's mental illness. The CPA guidance only provides recommendations on a process to follow for assessing a person's mental illness. This leaves the guidance open to individual interpretation and could put people with mental illness at risk of accessing MAiD when they do not actually meet the eligibility criteria.

The lack of evidence for how to objectively determine the irremediability of an individual's mental illness is the primary reason we remain concerned about the potential for MAiD to be extended to people whose only medical condition is mental illness.

This concern is compounded by disagreement amongst physicians on if or how a request for MAiD can be differentiated from suicide intent. Being able to distinguish between a patient with suicidal

thoughts and one who is rationally requesting MAiD due to their mental illness is an extremely difficult task for psychiatrists. In fact, a new review of the research literature found no evidence to suggest it is possible to reliably distinguish between the factors underlying a request for MAiD and those underlying suicide intent.² Again, we appreciate that the CPA's first edition of MAiD clinical guidance includes a section on managing suicide risk across all phases of the MAiD pathway. But no concrete methods are actually provided for helping clinicians determine if the request for MAiD is due to acute distress, a symptom of a mental disorder, or a considered, enduring desire to die.

Finally, but of utmost importance to any conversation about extending MAiD to people whose only medical condition is mental illness, is the state mental health care in Canada. Mental health care has been, and continues to be, significantly underfunded compared to physical health care in our country, making it difficult for people to get the right care, when and where they need it.

Mental health wait times are long and one in three Canadians report that their needs for mental health care are unmet or only partially met.³ Demand for care continues to grow while service capacity does not. In Ontario alone over the last four years, mental health service volumes have increased by 66%, while staffing levels have grown by only 2.8%.⁴ Access to mental health treatment also remains inequitable. Provincial healthcare plans differ in which treatments they cover, meaning that many people across Canada do not have ready access to the full range of evidence-informed treatments that can assist in their recovery.

Long wait times and inequitable access to mental health care will only get worse if the 10-year dedicated funding for mental health and addictions care that the government made in 2017 is allowed to expire next year. That is why investing in mental health care and supports should be the priority before any consideration is given to moving ahead with implementing a track to choose MAiD.

In sum, only when we have evidence-informed, consensus-based criteria for determining the irremediability of person's mental illness, and for distinguishing between a request for MAiD and suicide intent – and only when such criteria can be introduced into a well-resourced mental health system - will it be possible to offer safe, adequate and equitable MAiD services to people whose only medical condition is mental illness.

That is why CAMH recommends that the federal government indefinitely delay the extension of MAiD eligibility to people whose sole underlying medical condition is mental illness.

In the meantime, CAMH is happy to offer our expertise to government, including sharing our recent research on irremediability, suicide and MAiD when it becomes available.

References

¹ Medical Assistance in Dying Guidance Development Committee. Canadian Guidance on Medical Assistance in Dying (MAID): Evaluating the “Grievous and Irremediable” Eligibility Criterion in Persons with Mental Disorders who Request MAID and Managing Suicide Risk during the Process for All MAID Eligibility Requests [pre-print]. Canadian Psychiatric Association. March 2026. Available from: [MAID Guidance - Canadian Psychiatric Association - Association des psychiatres du Canada](#)

² Kristie Serota, Gil Angela Dela Cruz, Lauren Gnat, Allison Crawford. Suicidality in people seeking MAID for non-terminal illnesses: Literature Scan Protocol. PROSPERO 2025 CRD420251121140. Available from <https://www.crd.york.ac.uk/PROSPERO/view/CRD420251121140>.

³ Mental disorders and access to mental health care [Internet]. Statistics Canada; 2023 Sep [cited 2025 Nov 10]. Available from: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00011-eng.htm>

Wait Times for Community Mental Health Counselling [Internet]. Canadian Institute for Health Information; 2025 Oct [cited 2026 Apr 20]. Available from: <https://www.cihi.ca/en/indicators/wait-times-for-community-mental-health-counselling>

⁴ Addictions and Mental Health Ontario 2026 Pre-Budget Submission: Building a System of Profound Support. AMHO; 2026. Available from: <https://amho.ca/budget2026/>