

## **CAMH Considerations on Operationalizing MAiD for Mental Illness** **March 14, 2023**

CAMH has made several public statements outlining our concerns with the federal government's intention to extend eligibility for MAiD to people whose sole medical condition is mental illness. While there is now a temporary delay to this expanded eligibility, the new legislation calls for MAiD for mental illness to become legal in Canada in March 2024. CAMH has established a working group to make recommendations on the operationalization of MAiD for mental illness. The structure of this working group, the questions it is grappling with, and early thoughts to clarify key clinical issues may provide perspective and insight for other hospitals and organizations undertaking similar decision-making processes.

As this work continues across the country, CAMH is committed to contributing to the discussions and decision-making processes that will help the health system, as well as patients and families, prepare as best as possible for the legalization of MAiD for people whose sole medical condition is mental illness.

### **CAMH Process to Operationalize MAiD**

To determine CAMH's approach to operationalize MAiD for mental illness once it becomes legal, CAMH's Physician-in-Chief established an internal working group chaired by a psychiatrist, professional practice representative and legal counsel. Other members of the working group have expertise in ethics, clinical care, patient relations, spiritual care, public policy, and lived experience.

The working group's role is to consider how the changes to MAiD eligibility will impact CAMH and its patients and clinicians, and to provide advice to CAMH's Executive Leadership Team and other internal committees on how to respond to those changes. Specific deliverables include: making recommendations for establishing CAMH's role, practices, services and clinical processes related to requests for MAiD for mental illness; developing a framework and decision-making supports for clinicians and teams; and proposing an approach for sustainability.

As others across the country undertake similar work, the working group is offering its considerations on the key issues related to defining a 'grievous and irremediable' mental illness and distinguishing a request for MAiD from suicidality.

### **Defining 'grievous and irremediable'**

CAMH believes that the determination of whether or not an individual patient is experiencing a grievous and irremediable mental illness that could qualify them for MAiD must be based on best clinical judgment and a shared decision-making process with the person making the request and anyone else the person identifies (for example, a family member or friend). This determination should be guided by nationally developed practice standards and CAMH welcomes the opportunity to participate in developing these standards.

CAMH takes the position that grievousness of an illness is an individual experience, and some people may experience mental illness as grievous. In contrast, CAMH believes that irremediableness is a dimension of the illness that should be a determination based on consistent criteria. While the scientific evidence to date does not provide clear guidance on when mental illness can be considered irremediable, it does not eliminate this possibility.

There are several key considerations that must be weighed prior to determining whether an individual patient has a grievous and irremediable mental illness. These areas include, but are not limited to:

- The values, beliefs, and interests of the person requesting a MAiD assessment as they relate to suffering, life and death;
- The person's decision-making capacity to consent to MAiD;
- The nature of the person's mental illness (for example diagnosis, severity, duration, prognosis, trajectory);
- The person's experience with prior treatments, including their prior response to treatments;
- The person's awareness of other available evidence-based treatments, including supportive and palliative care rather than curative options, and the acceptability of these treatments to the person; and,
- The social determinants that may underlie or contribute to the grievousness of the illness, and what reasonable attempts have been made to address them.

### **Distinguishing MAiD from suicide**

CAMH acknowledges the challenges in conceptually and clinically distinguishing a request for MAiD from a suicidal intent or plan. Evidence-based consensus remains unresolved on how to differentiate between the two for people with mental illness or other non-terminal conditions. Nevertheless, we feel that every effort should be made to distinguish a request for MAiD, based on an individual's reasoned determination that life with a grievous and irremediable mental illness is not one they desire, from suicidality as a symptom of a remediable mental illness. Further, we believe that the same considerations listed above should be discussed with the person undergoing a MAiD assessment as well as in developing practice standards to determine MAiD eligibility.