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OPINION

MAID for mental illness is grave discrimination

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Canada is often praised for its publicly funded health care system. With an expansion to medical assistance in dying (MAID) pending, we will soon have the most dangerous publicly funded death care system in the world.

With removal of the “reasonably foreseeable natural death” safeguard and government’s acceptance of a “sunset clause” excluding psychiatric MAID, in 24 months nondying individuals will be able to receive MAID for mental illness.

Expansion proponents claim preventing MAID for mental illness is discriminatory, falsely assuming treating things differently is always wrong. Given profound differences between mental illnesses and other conditions, *failing* to treat them differently for MAID would be discrimination.

Canadians have been assured MAID is for “irremediable” conditions, when things will not improve. After 15 months reviewing worldwide evidence, the Council of Canadian Academies found no standards exist for identifying irremediability in mental illnesses, nor evidence this can even be predicted. The Centre for Addiction and Mental Health similarly found the mental health field lacked evidence required “to ascertain whether a particular individual has an irremediable mental illness.”

This unpredictability differs from natural uncertainties in life or rare “miracle cures.” Illnesses like advanced cancer, ALS, Alzheimer’s and others have far more predictable courses and understood biologies than mental illnesses. Predicting irremediability is also not about autonomy, which refers to making choices. A patient can no more “choose” their mental illness will be irremediable than they can “choose” to roll a six on a random die.

If MAID is meant for conditions that won't improve, bypassing the irremediability safeguard makes any other "safeguards" meaningless. Overly zealous doctors would still unscientifically assess "irremediability" based on value judgments, and sometimes they will be wrong. With 100 per cent certainty, some nondying people *will* be provided death even if they would have gotten better.

More troubling is what death would be provided for.

Proponents reassure MAID expansion is "safe" for vulnerable populations, claiming those seeking MAID tend to be privileged, better educated and Caucasian. But that is for MAID in terminal situations.

Data from European countries allowing it reveal a *different population* receives psychiatric MAID, one with unresolved life suffering including poverty and loneliness. Twice as many women are euthanized for mental illness, reflecting the same 2:1 female to male ratio of suicide attempts. Unlike any physical illness, suicidality can be a core diagnostic symptom of mental illness, and evidence shows those seeking psychiatric euthanasia share characteristics with those who attempt suicide.

Canada will soon provide nondying, marginalized and potentially suicidal people premature (and cost-effective) deaths, based on unscientific medical assessments, when they may have gotten better.

Disability groups, the [Expert Advisory Group](#) and the Office of the United Nations High Commissioner for Human Rights have warned Canada not to recklessly change MAID from a framework providing relief from a painful death, to one providing death to escape a painful life. The American Psychiatric Association and the Royal Australian and New Zealand College of Psychiatrists oppose psychiatric MAID for these reasons.

Unfortunately, Canada's psychiatric associations have been conspicuously silent in expressing evidence-based cautions, allowing legislators to wrongly believe a "sunset clause" can address these issues. A sunset clause cannot command non-existent evidence to appear any more than coronavirus can be arbitrarily told to disappear.

At the core, Canadians must decide which mistakes we want to make, and whose interests will be sacrificed to provide rights sought by others.

Reckless MAID expansion represents the worst form of colonial culture (fill in the blank)-ism. To provide privileged populations increased autonomy in dying well after a life well lived, we will provide marginalized populations suffering from racism, sexism, ableism or ageism premature deaths, even when they could get better. Worse, where fewer than one in three with mental illness receive the health care they need, Canada uniquely does not even require *any* treatments be tried prior to facilitating suicide by MAID. Even expansive European MAID laws require demonstrating best efforts at treatment before providing MAID.

As COVID-19 highlights the social fractures in our society, Canada is poised to become the most dangerous place in the world providing state-sanctioned suicide for life distress while suffering from mental illness.

Is this who we want to be? MAID promised us a health care system granting compassionate relief from a painful death, not a death care system providing enticed suicide to escape a painful life.

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