# BRIEF— Recommendations on Expanded Access to Medical Assistance in Dying

Special Joint Committee on Medical Assistance in Dying

MAY 9, 2022

COLLÈGE
DES MÉDECINS
DU QUÉBEC

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# Introduction

Since 2008, the Collège des médecins du Québec (the Collège) has expressed its opinion on various medical and ethical challenges surrounding medical assistance in dying (MAID). In December 2021, the Collège's board of directors received recommendations from a working group on medical assistance in dying and end-of-life care, which it had created in April 2021.

A number of initiatives were undertaken as part of this work: a call for briefs from members, invitation-based consultations, a survey of the general public and of members, and a day for reflection.

Further to these deliberations, the College's board adopted the following recommendations regarding expanded access to medical assistance in dying.

# Recommendations

## Neurocognitive disorders

**The Collège believes that MAID by advance request can be contemplated** for anyone suffering from a neurocognitive disorder who can provide consent and is aware of the inevitable risk of losing capacity. In the College's view, an advance directive made after the diagnosis is confirmed would become binding and irreversible by a third party.

For individuals who become incapacitated after providing valid consent, the College recognizes the dilemma experienced by caregivers when it is time to end the life of someone who no longer remembers giving prior consent, who no longer appears to be suffering and who is refusing care. In these situations, outright refusal by the patient should be respected.

## Mental health

**The Collège is in favour of expanded access** in cases where a mental health condition is the primary reason for requesting such care. The Collège maintains that high levels of suffering caused by certain mental health issues can be as intolerable as suffering caused by any other health problem and that this must be recognized.

However, in the case of requests for MAID prompted by a mental health condition alone or as a comorbidity, certain limits should be set in order to avoid sliding down a slippery slope that would go against the spirit of the law and lead to the provision of inappropriate care.

The College therefore proposes a number of guidelines for clinicians:

- The decision must be made following a comprehensive and accurate assessment of the situation by the requester and should not simply be triggered by an episode of care;
- Suicidal ideation that is part of the described history of a mental disorder should be excluded (e.g., suicidal ideation characteristic of depression);
- The severity of symptoms and the impact on overall functioning over a long period of time must prevent the individual from living life and take away all meaning from their existence;
- Care needs to have been delivered long enough to confirm the chronic nature of the symptoms and suffering, with appropriate follow-up, multiple trials of available therapies known to be effective, and ongoing and appropriate psychosocial support; and
- A multidisciplinary assessment of requests, which must include the physician or nurse practitioner specialized in mental health who followed up on the psychiatric pathology and a psychiatrist consulted for the MAID request, must be required.

## Minors

### Aged 0–1

The Collège believes that **MAID could be deemed appropriate care in cases involving babies under the age of one**, when they are experiencing extreme suffering that cannot be alleviated and facing bleak prognoses, and have severe malformations or serious multi-symptom syndromes that destroy any prospect of survival. This care must be regulated by a strict protocol. The Collège believes that the experience of the Netherlands (the Groningen protocol) is an avenue worth exploring.

### Aged 14–17

The Collège believes that **MAID can be requested by minors aged 14 to 17,** if jointly requested by the person with parental authority or guardian. The Collège bases its position on the fact that **suffering is independent of age** and that suffering experienced by minors can be as intolerable as it is for adults.

## Areas requiring further consideration

**Tired of living and polypathology:**

- In the first case, the absence of a major health problem means that the issue is more philosophical than medical.

- In the second, we are uncomfortable with the fact that this sub-category of the population (in which seniors are overrepresented) experiencing psychological suffering **has no option other than to wait passively for death or to hasten it** by refusing food or committing suicide, either here or with assistance in another country.

Although these issues are troubling, they are much more existential, sociological and philosophical than medical in nature.

The Collège is therefore of the opinion that these two sensitive topics warrant further consideration. Discussions should therefore be expanded to include society as a whole in order to seek a social consensus. For the time being, the Collège will therefore not take a position, but would like to continue participating in the discussions.

## Conclusion

The number of requests for medical assistance in dying show that there is a social consensus in the country for such care. However, Canadians continue to suffer or are forced to make extreme choices such as deliberately stopping eating or committing suicide because they do not have access to MAID. Out of respect for these women and men, we must allow them to end their lives in a dignified and honourable manner. The Collège would therefore encourage the Senate of Canada to expand the criteria for MAID and to continue to the debate on certain situations that require further consideration.