

**Written Submission
to
the
Special Joint Committee
on
Medical Assistance in Dying**

By Bobbie Garnet Bees

Dear Joint Committee Members,

I am writing this letter to you with the hope that the committee will recommend that Medical Assistance in Dying be allowed for individuals suffering from mental illnesses such as but not limited to Major Depression and Severe Anxiety.

I am writing this letter from a unique position in the sense that I wish to undergo M.A.i.D. at sometime in the near future after the Criminal Code of Canada is amended to allow for M.A.i.D. due to Mental Illness.

I am not a medical doctor, nor am I a psychologist, nor am I a psychiatrist. I am going to address you as a lay person who has suffered for the most of their life with diagnosed but untreated mental illness.

I fully understand the needs and requirements for stringent safeguards to be established. However, I urge the Committee to not make these safeguards so insurmountable that persons such as myself are denied the ability to obtain M.A.i.D.

Outliers such as persons like myself must be taken into account when designing these safeguards and we must be given the care and compassion that we deserve.

I'm not going to get too involved with my childhood. My father was a member of the Canadian Armed Forces.

I endured 1-1/2 years of child sexual abuse on Canadian Forces Base Namao. I was blamed by my father for not only allowing the abuse to occur, but for allowing my younger brother to be abused.

In 2011 I obtained my social service paperwork from the Alberta government. I discovered that I had been diagnosed at age nine as suffering from Major Depression and Severe Anxiety. For reasons that I still can't comprehend my father and the military social worker that I was under the care of at the time seemed to not to want to follow through with medications or other treatments that were being recommended to my father by my civilian psychologists.

There are those who would seek to deny me access to M.A.i.D. based upon the belief that they can fix me, or that I haven't tried hard enough, or that if I am allowed to die, others who endured childhood sexual abuse, childhood neglect, and psychological malpractice in their youth will seek the "easy way out".

Realize that not everyone with mental illnesses will seek treatment. Realize that everyone has their own valid reasons for not seeking mental health treatment. Realize that for persons such as myself who grew up on Canadian Armed Forces bases during

the period of time from the 1950's until the early 2000's, mental illness was a very verboten subject, and that if you admitted that you were having mental health issues you were admitting that you were weak and defective.

I know that there will be psychiatrists, psychologists, and mental health advocates that will object to a person such as myself wishing to obtain M.A.i.D.. They will claim that if a person such as myself is allowed to obtain M.A.i.D. without having been previously institutionalized, or without having completed a 12 step "cure yourself" program, or without having tried a cornucopia of Dr. Feelgood's magic elixirs, that I will be throwing the entire field of psychiatry, psychology, and psychopharmacology into disrepute. That is not my goal nor is it my intention. My brain and my life do not belong to them. I am not their hobby. I am not their fix-it project.

To that end I propose the following requirements:

1. The person must have at sometime been diagnosed with a mental illness.
2. The person should be required to undergo an evaluation that will prove they are competent to request their own death.
3. The person must be very clear and concise that they wish to seek their own death as a manner of seeking relief from their mental illness.
4. The person must fully comprehend what death means and that their death will be final and irreversible.
5. The person must be suffering from a mental illness that interferes with their daily life. Not necessarily to the point of rendering them unable to participate in society. More to the point of the person not being able to obtain pleasure or enjoyment from daily life.
6. The person must not be required to seek treatments to prove they have exhausted all potential avenues. As I mentioned above, treatment may have not been available, or may treatments have been withheld for reasons beyond the persons responsibility.
7. There should be an evaluation completed to ensure that the person is requesting their own death by their own free will and that they are not being goaded or pressured into seeking their death and that they are not seeking their own death in order to obtain financial payments, insurance or otherwise, for another person.
8. If the person is permitted to request their own death, they should be required to have all preparations for the disposal of their body in place before the procedure is to take place. Assistance should be offered with this stage.

Monday, May 23, 2022

In closing I would ask the committee to understand that this life of mine belongs to no one but myself. I had absolutely no say in the matter of my conception or birth. I had no say in the matter of my sexual abuse or how my sexual abuse was dealt with. I had no say towards how my mental health as a child was neglected.

Allow me the dignity to determine how and when my life will end.

Allow me the dignity to die in a peaceful and painless manner.

Allow me the dignity to not have to die alone.

Yours truly,

A handwritten signature in black ink that reads "Bobbie Bees". The signature is written in a cursive style with a large, stylized 'B' and a long, sweeping underline.

Bobbie Garnet Bees
Vancouver, BC