

Submission to the Special Joint Committee on
Medical Assistance in Dying
regarding Statutory Review: Medical Assistance in
Dying

Dr. Chantal Perrot, AB, MD, CCFP, FCFP, MDPAC(C)
MAiD Provider
Toronto, Ontario
May 30, 2022

I am a community-based MAiD assessor/provider, caring for people in their homes, often people with complex end-of-life situations.

I have cared for hundreds of patients and their families as they navigated the MAiD process. I lecture, and discuss MAiD with diverse populations. Two things I hear repeatedly: people want to request MAiD using an advance directive; people living with mental disorders want the same right to access MAiD on the basis of their suffering as those with now-eligible medical conditions.

Everyone should have access to excellent medical care, including palliative care; social and other supports that help one live a life with dignity; housing support; child care, etc. Society fails many by not providing access to these necessities of life. This particularly affects, but is not limited to, people living with disabilities and mental disorders. MAiD cannot be the only answer to society's ills, to all adverse situations a person faces. However, if MAiD is the choice which best serves one's needs, given the uniqueness and particularity of one's circumstances, that should be one's right. Forcing someone to stay alive and suffer because they should have access to non-existent or unavailable treatment is cruel and inhumane.

I will comment on a patient whose life and death received considerable media attention following her MAiD death. She asked me to advocate for others in her situation. She gave permission to share information about her publicly. This thoughtful, mature, intelligent woman has been mischaracterized as choosing MAiD simply because of lack of housing. Hers was a much more complex and considered decision than media reports suggest. She was aware the only effective treatment for her condition was protection from all triggers, all the time. Her written appeals focused on housing. She was hurt by the lack of response from government officials, but she knew better housing was not a cure. She might have enjoyed more time, but living in a more pleasant "dungeon" was not the life she wanted. She wrote a note I received after her death: "...THANK YOU for helping me to end my suffering... for believing that MCS is real, that my suffering is REAL... for continuing to be in my corner, and believe I deserved to have MAiD, rather than trying to persuade me to stay alive... Even if I were to find a medically-safe, affordable home, I would still be isolated from the rest of the community, unable to go into public buildings OR visit friends/family [due to the risk of exposure to triggers]... With my health deteriorating... I made the only decision that I felt was available: I chose MAiD now...".

She has also been mischaracterized as living in poverty. She would be appalled. Yes, she received social assistance, but, apart from not being able to build that safe bubble, she was clear that she had: adequate resources to live; no debt; savings; and financial concerns were not contributing to her choice to have MAiD. Unfortunately, those

opposed to MAiD and special interest groups wanting to misuse her life and history have created a false impression of who she was and how she chose to live and die.

The majority of Canadians are asking to be able to have MAiD by advance directive if they lose the capacity to request it at some point in the future. Life is full of uncertainties. One can be healthy and well one moment, felled by a sudden event the next. Canadians are thoughtful and wise; they know themselves and what, to them, is a dignified life. Many fear ending their lives in LTC, unable to attend to even their basic needs, existing, but not living. Education about writing effective ADs is needed. This will be difficult and challenging, but it is doable. We should not avoid or punt it down the road to others in the future.

This would be an ongoing, iterative process as we have seen with MAiD; we would learn and improve as we go. I discuss the importance of advance directives with all my patients, family and friends, not just those at end-of-life or facing life-threatening conditions. The content and format of these discussions have evolved over the decades of my medical practice, as have those of my own advance directive, will and POAs.

There should be a national database to store ADs. The onus would be on health care providers to inquire about the existence of an AD, and then to access it. This would allow patients, no matter where they fall ill in Canada, to have their wishes available to those who need to know in order to provide care.

I support the right of people whose sole underlying condition is a mental disorder to receive MAiD. Denying them is discriminatory, stigmatizing, and unjust. The Expert Panel on MAiD and Mental Illness just published their report. It is thoughtfully and compassionately written, but it is too far-reaching in its scope and recommendations. sacrificing individual autonomy and freedom of choice in order to prioritize protection of those they perceive to be vulnerable. They acknowledge, however, not all people with a mental illness (or a disability or from a racialized or otherwise stigmatized or disadvantaged group) are vulnerable or in need of these extra protections. I am concerned that the recommendations will be seen as prescriptive, and thus narrowly interpreted. A person who requests MAiD must be assessed in the context of their clinical circumstances, on a case-by-case basis rather than on the basis of group membership. MAiD is not and should not be easy to obtain. The process one goes through to receive MAiD is lengthy, detailed, rigorous. The current process and safeguards are adequate to protect those who are vulnerable from whatever cause. We are expected to assess, treat, appropriately refer. If we cannot, we seek help/input/guidance from clinicians with the expertise we do not have. We do not need to single out people living with mental disorders, disabilities, etc., and make them go through more difficulty to receive MAiD than any other Canadian.