



LIVING WITH DIGNITY

**Brief by the Living with Dignity  
citizen network**

Presented to the Special Joint Committee on Medical Assistance in  
Dying

November 16, 2023

Living with Dignity is a non-profit citizen network based in Quebec, with no religious or political affiliations, incorporated in Montreal in 2010.

Nearly 20,000 people (primarily from Quebec) have signed our manifesto:

<https://vivredignite.org/en/about-us/declaration/>

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With four months remaining before people whose sole underlying medical condition is a mental disorder (MD-SUMC) become eligible for medical assistance in dying, your committee is meeting “in order to verify the degree of preparedness attained for a safe and adequate application of MAID” for people in MD-SUMC situations.

People from across Quebec and Canada are raising the alarm, leading us to answer your question with a resounding “no.”

We have any number of reasons, but with the 1,000-word limit, we will explain our conviction based on two points:

- the relevance of the reasons that led Quebec’s Select Committee on the Evolution of the Act respecting end-of-life care to recommend “that access to medical aid in dying not be extended to persons whose only medical condition is a mental disorder”; and
- the thoughts of Quebec psychiatrist Dr. Geneviève Bouthillier.

## **Are the reasons Quebec gave in 2021 for rejecting this extension still relevant?**

In its final report, Quebec’s Select Committee outlined four main reasons why it was recommending not to extend access to MAID for mental disorders ([see pp. 57–59 of the document](#)).

Two years after they were published, are these arguments still valid?

1) The lack of consensus among psychiatrists and other specialists on the incurability of mental disorders and the irreversibility of the decline in capabilities associated with them;

✓ Answer: yes.

2) Lack of social acceptability;

✓ Answer: yes.

3) The difficulty of making the right diagnosis; and

✓ Answer: yes.

4) Negative impact on the therapeutic relationship.

✓ Answer: yes.

If Canada still plans to implement this extension in March 2024, Quebec will have to show discernment and wisdom and reject this proposal.

## Thoughts of a Quebec psychiatrist

Like many of her colleagues, Dr. Geneviève Bouthillier is not on the same page as the Association des médecins psychiatres du Québec (AMPQ) regarding the extension of MAID to people in MD-SUMC situations.

Her personal reflection is based on numerous discussions with colleagues who are psychiatrists and and psychologists, who encouraged her to share her thoughts. As is the case for many experts, the turnaround time of only a few days did not allow her to write a full brief, but she has agreed to allow us to relay some of her most important caveats:

[TRANSLATION] The topic of MAID is vast and complex, requiring serious reflection from an ethical standpoint [...]. Patients with mental disorders are part of a group that is stigmatized and then isolated by shame. Impaired judgment, influenced by various psychosocial stress factors and the unique characteristics of their specific condition, is inherent to mental illness and suicidality (manifesting not only as episodes of acute suicidal ideation, but also as a chronic underlying feeling of unworthiness that is often underestimated, which isolates patients and detracts from their hope of a positive outcome even between episodes). Access to psychiatric and psychotherapeutic care and

specialized treatment programs is inadequate, and the availability of care, already under strain in recent years, may become even more limited. Multiple diagnoses, and changing diagnoses, are extremely common in psychiatry: it is difficult to conduct research, and research is still in its early stages in our field. These patients have specific needs, including the need to be represented, but their greatest need is to find a sense of meaning in life, within their mental health limits, and to find a sense of dignity. The nature of our profession is first, do no harm, and only then provide treatment, but we are also called to represent and protect the most vulnerable and, particularly in psychiatry, to inspire hope. By integrating MAID into the “treatment plan,” as it were, and making it more easily and rapidly accessible, even if it used only in exceptional circumstances, we run the risk of failing to fulfill our role in inspiring hope—it is likely that the message our patients would hear would be that death is now a legitimate and feasible outcome.

When patients experience moments of great despair and isolation associated with mental illness, in a context where resources are lacking, where resources are less accessible, where everyone knows what is happening in the news, having MAID recognized as a treatment for mental disorders both by the profession and by society will represent an additional form of pressure on these vulnerable individuals and possibly on their care providers, since MAID is less expensive, quicker and even “effective.” This goes against the very essence and nature of the profession. We would be failing in our duty as doctors, as psychiatrists, if we do not sufficiently protect this vulnerable population from suicidal ideation and feelings of shame and unworthiness.

Dr. Geneviève Bouthillier has also documented a number of clinical situations that she believes highlight the risk of potential abuses following the planned extension on March 17, 2024. We cannot include them in this brief due to the word limit, but she is available to describe them at the request of AMAD committee members.

Note: In her testimony before your committee on November 7, 2023, AMPQ President Dr. Claire Gamache associated Quebec’s refusal to harmonize its legislation on the matter of mental disorders with perpetuating the stigma that mental health patients experience. On the contrary, Quebec’s refusal is a reasonable precaution. These patients do indeed experience stigma, which should prompt concerted efforts to give them access to quality care, and the means to overcome isolation, escape shame and regain a sense of dignity within their limitations—not to call for them to have the right to access MAID.