

# Brief to Special Parliamentary Committee on Medical Assistance in Dying

Dr. K. Sonu Gaiind

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Dear Committee Co-Chairs,

Thank you for this opportunity to contribute to your deliberations. I am a psychiatrist and full professor at the University of Toronto, Chief of Psychiatry at Sunnybrook Health Sciences Centre and a past President of the Canadian Psychiatric Association and the Ontario Psychiatric Association. My clinical expertise is psycho-oncology, working with patients with cancer and their families, including through periods of illness and dying. I am not a conscientious objector, and was physician chair of the MAID team in my previous hospital (Humber River Hospital). While my various roles and experiences have informed my expertise and views, I am writing this brief as an individual, not representing any group I work with.

**Regarding your committee's mandate, I can assure you that Canada simply is not ready to implement MAID for mental illness in March 2024.**

While those driving policy have provided reassurances, in reality there remain no meaningful safeguards to prevent vulnerable and marginalized individuals, who could get better, from getting MAID during periods of despair and suicidality fueled by mental illness. The track two requirements for a 90 day assessment do not protect against this, nor do any other "safeguards" Canada has in place.

Issues related to MAID and mental illness are complex. I encourage you to view this lecture I was invited to give on Professionalism and Ethics at the University of Manitoba:

<https://umanitoba.yuja.com/V/Video?v=847548&node=4129787&a=22215896&autoplay=1>

Without repeating issues in the lecture, I offer some comments below:

1. Claims that "only a few people" will be impacted – this claim has been provided to reassure that MAID expansion for mental illness will only occur in very few cases. **This is a false reassurance.** Canada has fewer safeguards than the Benelux countries (in those countries, the person needs to be at a point of treatment futility; Canadian law allows people to get MAID even when other standard treatment options are available, or have not been tried). The 2020 Quebec AMPQ paper co-authored by Dr. Mona Gupta acknowledges that people who get MAID for mental illness "*could have regained the desire to live at some point in the future*". The claim that "only a few people" will be impacted is unfounded in any evidence, and minimizes the issue.
2. Claims that unbiased expert consultation has been provided, and that safeguards have been implemented – **any objective assessment shows that current government policy regarding MAID for mental illness has been increasingly driven by a small number of expansion advocates, and that safeguards have not been implemented.** The government frequently cites recommendations from Dr. Gupta (2022 Expert Panel chair and 2023 Model Standard co-author) as justification that its planned expansion is sound. Dr. Gupta's 2022 panel recommended that *\*no\** additional legislative safeguards

were required, and even failed to provide guidance or minimum thresholds for how to determine irremediability, saying *“it is not possible to provide fixed rules for how many treatment attempts, how many kinds of treatments, and over what period of time”* treatment should have been tried before providing MAID for mental illness. Two people resigned from Dr. Gupta’s initial 12 member panel, unable to sign off on the report, including the health care ethicist who publicly identified Dr. Gupta’s activism for MAID expansion as being a flaw of the panel process. In addition to Dr. Gupta’s 2020 AMPQ report acknowledging that those getting MAID for mental illness could have gotten better, Dr. Gupta’s 2022 Expert Panel claims that MAID for mental illness should be available even if that is the same as suicide, writing: *“society is making an ethical choice to enable certain people to receive MAiD on a case-by-case basis regardless of whether MAiD and suicide are considered to be distinct or not”*. **I don’t think society has made that ethical choice, but Dr. Gupta and her panel did; I hope that is not the ethical choice your committee makes.**

3. Claims that poverty will not fuel MAID requests for mental illness – it is well documented that some people are already getting expanded MAID driven by social suffering, poverty, housing insecurity etc. The fact that many others get MAID for different reasons does not erase the fact that some marginalized Canadians with disabilities are getting expanded MAID fueled predominantly by poverty. This number will only increase if MAID is expanding for sole mental illnesses, the symptoms of which fuel despair and suicidal thinking (and those with mental illness also have higher rates of psychosocial suffering). Some bioethicists favouring MAID expansion have even defended that it is “ok” to provide MAID for social suffering, incredibly arguing that is “harm reduction”. **We can each decide for ourselves how many lives it is “ok” to end for poverty through MAID – for my part, I do not think society should end the life of any non-dying Canadians as a “solution” to poverty.**

4. Claims that it would be “discrimination” not to allow MAID for sole mental illness – this claim has been made by key MAID expansion proponents. In fact, the opposite is true – **it would be discriminatory to provide MAID on the pretense of an irremediable medical condition, when in fact marginalized Canadians with mental illness, who could get better, will be provided MAID instead during periods fueled by despair and social suffering.**

5. This should not be a partisan issue – the cautions about providing MAID for mental illness are not about politics or ideology, but unfortunately in this polarized debate these cautions have been dismissed as “just being the other side”. Nothing could be further from the truth. Such claims wrongly dismiss legitimate concerns in this complex debate.

Thank you for taking the time to review this, and again I encourage you to take time to watch the University of Manitoba McKenzie Lecture at: <https://umanitoba.yuja.com/V/Video?v=847548&node=4129787&a=22215896&autoplay=1>

Respectfully submitted,

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