



Canadian Psychiatric Association
Association des psychiatres du Canada

Canadian Psychiatric Association Brief

SPECIAL JOINT COMMITTEE ON MEDICAL ASSISTANCE IN DYING
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The Canadian Psychiatric Association (CPA) does not take a position on the legality or morality of MAID, nor does it take a position on whether MAID should be available for MD-SUMC. However, the CPA believes that treating patients with a mental illness differently than other citizens and automatically excluding them as a group based solely on their diagnosis is stigmatizing and discriminatory.

CPA and Preparedness

Through its MAID working group, the CPA provided feedback on the [MAID practice standard](#) prior to its release. The CPA was part of the [Canadian MAID Curriculum](#) (CMC) steering committee, which supported the development of a training curriculum for assessors and providers which is now available. CPA members were also part of the working groups that developed individual curriculum modules.

CPA regularly informed members about the development of the practice standards and their contents, as well as the curriculum. We continue to keep members abreast of and facilitate MAID training opportunities.

At its 2022 annual conference, CPA held a panel discussion where 140 delegates explored ethical considerations to guide MAID decisions, assessment of capacity and voluntariness, as well as suicide versus MAID. Last month, 350 annual conference delegates attended a plenary that discussed the need for a national MAID curriculum and outlined its development. In conjunction with the conference, we hosted a facilitated session of the MAID and mental disorders curriculum module for CPA members.

The CPA's peer-reviewed journal, *The Canadian Journal of Psychiatry*, has published several articles that seek to clarify aspects of MAID, including [original research by van Veen and colleagues](#) that establishes 13 consensus criteria for determining irremediability in the context of MAID in the Netherlands.

While psychiatrists diagnose, treat and assess capacity in people with mental disorders daily, an in-press CPA paper on capacity to consent to MAID to be published in our journal will offer further guidance to all psychiatrists. Further topics where members would benefit from additional guidance are under active consideration.

Psychiatrists' Readiness for MAID

Skills and Training

Diagnosis, treatment plan review, capacity assessments and comorbidities are core psychiatric skills. Psychiatrists routinely provide expert consultations in their practice and identify symptoms of mental disorder that are likely to affect decision-making, as well as assess decisional capacity and the durability, stability and coherence of a person's expressed will and preferences.

Psychiatrists already provide expert consults for MAID requests where the underlying diagnosis is physical but there is co-occurring mental illness. The complexities so often attributed to mental disorders are not unique to mental disorders and are already being handled in today's MAID system.

While some psychiatrists are already active MAID assessors, the CPA expects that psychiatrists will be involved moreso as expert consultants than as MAID assessors or providers.

From informal discussions with system partners, CPA understands that approximately 100 psychiatrists (i.e., about 2% of all psychiatrists) have registered for the CMC since it became available in mid-September. This is in keeping with the fact that in current MAID practice, 2% of physicians are MAID providers (Gupta testimony, Nov. 7, 2023).

Attitudes

CPA surveys, conducted in 2016 and 2020, appear to indicate a shift in CPA member's perspectives on access to MAID for MD-SUMC. Note that the questions in each survey were not identical.

The 2020 survey found 41% of members (35% of non-members) either agreed or strongly agreed that "persons whose sole underlying mental condition is a mental disorder should be considered for eligibility for MAID" (23% response rate).

In comparison, the 2016 survey found 27% of respondents were against the *exclusion* of mental illness as a sole indication for MAID (13% response rate).

Knowing Likert scale surveys are imperfect, CPA also held member town halls and requested written feedback from members and other stakeholders.

Irremediability and Access to Care

Irremediability

The Criminal Code defines irremediability in the context of MAID and the MAID practice standard's companion document, [Advice to the Profession](#), further expands what this entails from a *clinical* perspective. There is no accepted clinical definition of irremediable for any disorder, physical or mental.

Neither is medical certainty, absolute certainty. Physicians use their expertise, clinical skills, evidence-based practice as well as the patient's experience and perspective of their illness.

As any illness—physical or mental—approaches treatment resistance, available treatments become more experimental, with less evidence of efficacy, fewer benefits and/or a higher risk of side-effects. At some point, a capable person has the right to decide how their care should unfold.

Access to Care

The CPA has consistently advocated for improved mental health services, which are chronically under-resourced nationwide.

However, lack of access to care cannot render a person eligible for MAID. An assessor or provider cannot form an opinion about MAID eligibility in the absence of evidence required to form that opinion.

With respect to whether there are enough psychiatrists to handle MAID MD-SUMC requests, international data suggest a very small number of people will qualify. Further, waits for expert opinion occur throughout medicine. Where natural death is not reasonably foreseeable, having all the necessary information is paramount, even if it means waiting to see a specialist(s).

Summary

As a national member organization, we listen to and dialogue with members. While some psychiatrists do not support MAID, others are interested and will choose to be MAID consultants, assessors and/or providers. Psychiatrists' expertise is important when it comes to MAID, but we work in interprofessional teams that centre patient and family voices and lived experience to balance treatment, care and hope for recovery with a capable person's right to make health-care decisions.

About the CPA

Founded in 1951, the CPA is the national voice of Canada's psychiatrists and psychiatrists-in-training and the leading authority on psychiatric matters in Canada.

www.cpa-apc.org