



Canadian Psychiatric Association
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The Honourable Yonah Martin, Senator
The Honourable Marc Garneau, PC, MP
Special Joint Committee on Medical Assistance in Dying
131 Queen Street, 6th Floor
Ottawa ON K1A 0A6

Dear Senator Martin and Mr. Garneau:

I am writing on behalf of the Canadian Psychiatric Association (CPA) to provide further information to the committee regarding its study of the provisions of the Criminal Code relating to medical assistance in dying (MAiD) and their application.

During my appearance before the committee on May 26, 2022, Senator Dalphond had asked whether the CPA's MAiD working group had studied the final report of the Expert Panel on MAiD and Mental Illness (Expert Panel), and if so, whether the report is missing some issues or are there some issues needing further study.

At the time of my appearance, the CPA's working group had not yet met to discuss the Expert Panel's report, which had been published on May 13, 2022. CPA has since convened its working group, and now offers the following comments in response to Senator Dalphond's question for the committee to consider.

The CPA's working group members were largely supportive of the Expert Panel's recommendations, many of which addressed the CPA's previously documented concerns as outlined in [the CPA's discussion paper](#) and other submissions.

Regarding Recommendation 2 (establishing incurability), assessors can refuse a request if the patient and assessor(s) do not come to an agreement or shared understanding that the request is based on a serious and incurable mental disorder. The CPA working group supports the Expert Panel's emphasis on "shared decision-making" as it will help ensure that a minimum threshold of care is reached before a person could be found eligible for MAiD on the sole basis of a mental disorder (MD-SUMC). This may be particularly helpful in Québec where the threshold of "tired of living" without proving a medical condition has been proposed. Consulting the treating physician, as stated in Recommendation 12 (discussion with treating team and collateral information), will help to determine if available treatments have been attempted. If assessor(s) understand the benefits of available treatments that have not been attempted by the person to significantly outweigh the harms, the assessor(s) may find the person ineligible. Given the eligibility requirements, the substantive safeguards and the experience of other jurisdictions, the percentage of persons who request MAiD for MD-SUMC who will be found eligible is expected to be low.¹

¹ van Veen SMP, Widdershoven GAM, Beekman ATF, Evans N. Physician assisted death for psychiatric suffering: Experiences in the Netherlands. *Front Psychiatry*. 2022;13:895387. Available from: <https://www.frontiersin.org/articles/10.3389/fpsy.2022.895387/full>.

Recommendation 10 (independent assessor with expertise) should be amended to include family doctors and nurse practitioners who have demonstrated expertise in the condition. It will be important for assessors to have up-to-date knowledge of potential treatments for the disorder(s) in question.

The CPA's working group endorses Recommendation 16 (prospective oversight) in the Expert Panel's report, which stated that the federal government will take a lead in providing oversight on safeguards. A federal standardized oversight function would counter the potential for provincial differences that could lead to confusion about and/or unequal access to assessment and administration of MAiD for MD-SUMC. Alberta's centralized MAiD navigation service is an example of how "assessor shopping" with multiple requests for MAiD for MD-SUMC can be avoided.

The time required to complete an assessment, including chart reviews, consulting health-care providers with expertise, paperwork, and reporting requirements for MAiD, should be fairly remunerated. Not attending to this practicality may result in a reduced number of assessors and reduced access to MAiD.

With respect to Senator Dalphond's final question—does the CPA think it is possible to have these national standards in place before Mar. 23, 2023—it is difficult to know as this partly depends on how quickly the federal government is able to mobilize resources to implement the recommendations in the Expert Panel's report.

I trust that this supplementary information will be useful to you and to other members of the committee as you continue your study of the Criminal Code provisions relating to MAiD.

Yours sincerely,

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Co-Chair, Medical Assistance in Dying Working Group

Cc. Dr. MS Renuka Prasad, Interim Co-Chair, Medical Assistance in Dying Working Group