



Submission to

The Senate Committee on Legal and Constitutional Affairs

Bill C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)

May 11, 2016

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addictions academic health sciences centre. We combine clinical care, research, and education to transform the lives of people affected by mental illness or addiction. We have over 500 inpatient beds, 3000 staff, over 300 physicians and over 100 scientists. We treat over 30,000 patients each year.

Medical Assistance in Dying (MAID) as it relates to mental illness is an extremely complex topic. CAMH appreciates that the Government has recognized this complexity in Bill C-14 and provided more time to carefully consider the issues related to MAID and mental illness where it is the sole medical condition. CAMH knows that mental illness can cause an individual to experience intolerable psychological suffering, but it is our belief that with recovery-based approaches to care the vast majority of people will recover. As Government moves ahead with further study on mental illness and MAID, much thoughtful analysis and consultation will be needed to determine if – and under what circumstances – mental illness should ever be considered irremediable. Thought must also be given on how to acknowledge and support health professionals who experience emotional stress due to addressing MAID in their practices. CAMH offers our expertise when the Government is ready to review this issue.

The question of capacity

Bill C-14 provides more time to study MAID and mental illness where it is the sole medical condition, however, individuals who meet Bill C-14's criteria for a grievous and irremediable medical condition and who also have a mental illness will potentially be able to access MAID. While such individuals may initially appear eligible for MAID, it will be imperative to determine whether it is the mental illness that is underlying their request and whether the individual truly has the capacity to consent to MAID.

Individuals with mental illness can experience distorted perceptions due to the illness and its consequences. When a person is experiencing an acute episode of their illness (such as a major depressive episode, acute psychotic episode, or a manic episode), it is not uncommon for them to have severely distorted beliefs about themselves, the world, and their future. Sometimes this sense of helplessness, worthlessness and hopelessness continues even when the symptoms of the mental illness

are better controlled. These distortions raise questions about the capacity to make a MAID request during both the acute and less acute phases of the illness. Recovery-based treatment can change an individual's distorted beliefs, potentially impacting their decision to request MAID.

A clinical example

A 65 year old woman with a long history of chronic schizophrenia (onset at 18 years old) has her illness relatively well controlled with appropriate medications and psychosocial treatments. However, she has maintained fixed beliefs that she has been visited by aliens from another planet and that they play a supervisory role over her life. Despite the persistence of these beliefs, she has been able to maintain a certain level of satisfying relationships with her family and co-residents. In the past, when her symptoms were not well controlled, she would hear voices from these aliens telling her that she is causing cancer to people around her. At the age of 65, she develops lung cancer herself. Although she is not currently experiencing the voices, she believes that she has become ill with cancer because of all the people she caused cancer to in the past. Thus, to repent, she is refusing any treatments for her cancer.

A clinical dilemma around capacity would arise if she asks to receive MAID to relieve herself from the pain of cancer. Is capacity to ask for MAID distinct from her capacity to refuse or accept treatment for cancer?

Recommendation

Determining whether a request for MAID is driven by an underlying mental illness or not will be difficult given that MAID is not simply another healthcare decision. Education for mental health professionals and other professionals will be required. **Therefore, CAMH recommends that Bill C-14 include in Section 241.3 enhanced safeguards for determining capacity in people who have a co-occurring mental illness.** These safeguards might include standardized procedures with a clear threshold; examination by at least one psychiatrist; and/or an expert panel(s) to review such requests. CAMH would be happy to work with the Government to develop these safeguards.

Thank you for the opportunity to provide feedback on Bill C-14. MAID and mental illness is a very complex topic and the Government's approach to date must be commended.