

OPINION

It's time to take a step back on assisted death

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Dr. Stefanie Green administers medications to Dr. Ronald Bayne as his medically assisted death takes place in Victoria on Feb. 26, 2021.

CHAD HIPOLITO/THE GLOBE AND MAIL

The ability to die with dignity is not just a constitutional right, but for many Canadians, a simple matter of fairness.

Why should anyone be forced to endure months or years of agony, rather than choose the time of their death? The answer, of course, is that no one able to give informed consent should have to suffer in such a way. But there is an important principle that acts as a necessary counterweight: there must be rigorous safeguards, including that only those with grievous and irreversible medical conditions are eligible.

With that in mind, consider the latest data in Health Canada's [annual report](#) on medical assistance in dying, and the important questions they raise – particularly as the federal government moves to expand [MAID](#) to those suffering from mental illness. In 2022, 13,241 Canadians were approved for a medically assisted death, a 31-per-cent increase. In Quebec, such deaths

jumped by a startling 46 per cent in a single year, a big enough increase to lead the province's watchdog to say [he's worried](#) that doctors no longer see assisted death as a last resort. (Quebec's rate of medically assisted death was the highest in the world in 2022.)

Even more worrisome is the surge in the number of deaths in which the main condition – the core justification – for an assisted death is “other condition or multiple co-morbidities,” rising to nearly 15 per cent of the total. The conditions listed in this category are typically age-related: frailty, loss of vision and hearing and frequent falls. It is possible, given less than transparent reporting, that those listed under this category also suffered from ailments such as cancer. As the report makes clear, the use of this catch-all category becomes more frequent as the age of the applicant increases. And that raises a critical question: are Canadians being approved for a medically assisted death simply because they are old?

That question is not addressed in Health Canada's annual report; nor is the steep national increase in medically assisted deaths or the even more rapid rise in Quebec. Instead, Health Canada blithely asserts that the rates of increase are “steady.” The department needs a remedial course in mathematics: if that “steady” rate were sustained, the number of Canadians approved for a medically assisted death would triple in four years.

None of this has been cause for pause on Ottawa's part. Instead, the federal government is still moving ahead with its law that expands medically assisted death to those suffering from mental illness, although it has delayed the start of the changes until March, 2024. But the government's framework ignores basic research into the nature of mental illness and fails to include safeguards used in other countries.

A fundamental principle, both legal and ethical, of medically assisted death is that an applicant suffers from a grievous and irremediable medical condition. Indeed, that phrase appears 16 times in the 2015 [Supreme Court decision](#) that compelled the federal government to authorize medically assisted death for physical ailments. (Despite Ottawa's intimations, no legal decision [has yet compelled](#) it to do so for mental illnesses.)

Some patients defy the odds for cancer, but the progression of that disease and the other physical ailments cited for medically assisted death are relatively predictable. But that is not true of mental illnesses, where there is no

agreement among psychiatrists on what constitutes an irremediable condition. “There’s absolutely no consensus,” says Dr. K. Sonu Gaind, chief of psychiatry at Sunnybrook Health Sciences Centre in Toronto.

One [prominent study](#) found that trained and experienced clinicians correctly predicted a patient’s chance of long-term recovery in just 47 per cent of cases, fewer than if they had simply flipped a coin.

However, Ottawa’s framework for approving a medically assisted death for someone suffering from mental illness does not require that a trained psychiatrist make an evaluation. Instead, doctors (with some expertise) are expected to make a case-by-case determination, when even those with decades of experience are flummoxed.

A delay until March is not enough; Ottawa needs to withdraw its amendments that include mental illness in the law for MAID. There are too many uncertainties, most crucially the inability to determine who is suffering from a truly irremediable mental disease and who will recover given enough time, treatment – and hope.

Now *The Globe & Mail*—sometimes “The Mop and Pail”?—weighs in. This matter has been kicking around for months: Why publish this finally today? Has some “especially exercised” editorial writer with a hobby horse, or axe to grind, been given leave-leash to splash this across “Canada’s National Newspaper”?

In MAiD we come across all our failures and limitations to properly come to terms with our “right” (what, where, when, how, why) to control other people’s lives (and deaths), and run aground on them. We typically tend to show more about our lesser selves than about any great “truths.”

We all know how pathetically neglected and negligent mental health services are in this country, and psychiatrists are the weakest link. We know we cannot leave assisted dying matters in their hands, but if we have failed to correct this grievous deficiency, are we to then deny the long-suffering mentally ill any rights because of our continued societal abdication of responsibility to them?

We don’t need simplistic pronouncements and fallacious phrasing (... “are Canadians being approved for a medically assisted death simply because they are old?”). We need to rein in and censure the small caste of “professional” (?) fools who have degraded MAiD, and we need to get more in line with what countries with more experience (e.g. The Netherlands) have learned about assisted dying with the mentally ill and other not-so-straightforward cases. TJB