Vancouver hospital defends suggesting MAID to suicidal patient as risk assessment tool

ANDREA WOO >
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Kathrin Mentler, 37 at her Vancouver apartment building on July 27.
JENNIFER GAUTHIER/THE GLOBE AND MAIL

A Vancouver woman who went to hospital seeking help for suicidal thoughts says she was further distressed by a clinician who unexpectedly suggested medical assistance in dying.

Kathrin Mentler, 37, lives with chronic depression and suicidality, both of which she says were exacerbated by a traumatic event early this year. Feeling particularly vulnerable in June, she went to Vancouver General Hospital looking for psychiatric help in dealing with feelings of hopelessness she feared she couldn't shake.

Instead, Ms. Mentler says a clinician told her there would be long waits to see a psychiatrist and that the health care system is "broken." That was followed by a jarring question: "Have you considered MAID?"

"I very specifically went there that day because I didn't want to get into a situation where I would think about taking an overdose of medication," Ms. Mentler, a first-year counselling student, told The Globe and Mail in an interview.

"The more I think about it, I think it brings up more and more ethical and moral questions around it."

Vancouver Coastal Health, which operates the hospital, confirmed that the discussion took place but said the topic of MAID was brought up to gauge Ms. Mentler's risk of suicidality.

MAID is not currently legal for mental illness alone. Canada legalized assisted dying in 2016 for patients with "reasonably forseeable" deaths and expanded eligibility in 2021 to those with incurable conditions who were suffering intolerably. The legislation was set to expand again in March to allow MAID for those with mental illness as a sole condition, but the federal government sought a one-year pause to allow for further study.

The issue has divided doctors, researchers and mental health advocates who have taken sides in a contentious debate that is ultimately about patient autonomy versus patient protection.

Publicized cases have fuelled criticisms that the life-ending procedure is being offered in lieu of sufficient mental health and social supports. In April, 2022, CTV News reported that a 51-year-old Ontario woman with severe sensitivities to chemicals chose MAID after failing to find affordable housing free of cigarette smoke and chemical cleaners. And last August, Global News reported that a Canadian Forces veteran seeking treatment for post-traumatic stress disorder and a traumatic brain injury was unexpectedly offered MAID by a Veterans Affairs Canada employee.

Cases like Ms. Mentler's raise questions about just how clinicians, first responders and others should be responding to those in suicidal crisis.

In Canada, MAID has become a matter of ideology

When Ms. Mentler presented to Vancouver General Hospital's Access and Assessment Centre in June, she wanted psychiatric help and was prepared to stay overnight if needed. The centre offers mental health and substance use services, including crisis intervention, according to a web page about its services.

After filling out an intake form, she was taken to a smaller room where she shared her feelings and mental health history with a clinician. Day-to-day life was feeling overwhelming and she worried about her persistent feelings of depression, she recalled telling the clinician.

"She was like, 'I can call the on-call psychiatrist, but there are no beds; there's no availability,' " Ms. Mentler said. "She said to me: 'The system is broken.' "

But it was the clinician's next comments Ms. Mentler found particularly distressing.

"She said, 'Have you ever considered MAID?' " Ms. Mentler said, adding that she was so bewildered by the question that she didn't initially understand what the clinician meant. "I thought, like a maid that cleans a room?"

Ms. Mentler had not considered MAID before, but told the clinician of her past attempts to end her life by overdosing on medication. She said the clinician replied that such a method could result in brain damage and other harms, and that MAID would be a more "comfortable" process during which she would be given sedating benzodiazepines among other drugs.

The counselling student says she left the centre soon after, not wanting to think about the encounter. The next day, she says she awoke wanting to scream and cry, and posted about the exchange on a private social media account to a group of friends who echoed how troubling they found it to be.

Contacted by The Globe and Mail, Vancouver Coastal Health said MAID was brought up not as a suggestion, but as a tool to assess Ms. Mentler's risk of self-harm.

"During patient assessments of this nature, difficult questions are often asked by clinicians to determine the appropriate care and risk to the patient," said the health authority in a statement provided by public affairs leader Jeremy Deutsch.

“Staff are to explore all available care options for the patient and a clinical evaluation with a client who presents with suicidality may include questions about whether they have considered MAID as part of their contemplations. We understand this conversation could be upsetting for some, and share our deepest apologies for any distress caused by this incident.”

The statement said the health authority abides by current federal legislation that states MAID is only provided to legally eligible patients.

Ms. Mentler is unconvinced.

“Gauging suicide [risk] should not include offering options to die, which is what it felt like,” she said. “I also think it’s worth considering that, as of right now, MAID for mental health is not legal yet, so giving someone the specifics of the process seems wrong. How can this be standard procedure for suicide crisis intervention?”

She has since accessed supports from Vancouver Coastal Health’s Suicide Attempt Follow-up Education and Research (SAFER) program and is expected to see a psychiatrist when one is available in the fall.

Jonny Morris, chief executive of the Canadian Mental Health Association’s B.C. division (CMHA BC), said the province, like many other jurisdictions, lacks a “systematic, accepted response” for how people should approach those in suicidal crisis. This has resulted in a wide range of responses, from helpful to harmful.

“All too often, the quality of the interaction around suicide risk – the planning, the treatment – it’s often very reliant on the individual treating clinician,” he said.

“Police are often the default … If you enter into an ER, you may experience a very compassionate response, someone sitting with you to understand. You may also experience someone who doesn’t know what to do, even though you’re presenting as suicidal, and you may not even be asked about it.”

Under the Columbia-Suicide Severity Rating Scale, a widely recognized instrument for assessing suicide risk, health care providers are given a number of prompts to inquire about suicidal ideation and behaviour. They include questions about specific plans and intent, intensity of ideation, attempts and lethality.

Mr. Morris said raising MAID as a suicide risk assessment tool “doesn’t align with my understanding of what a comprehensive risk assessment would typically look like,” and said he is worried by the idea of MAID and mental illness being discussed in the same conversation.

B.C.’s Ministry of Health said it was not able to provide comment on Ms. Mentler’s specific case, but noted the Criminal Code requires that to receive MAID, a patient must make a voluntary request for the procedure that, “in particular, was not made as a result of external pressure.”

It added that all such deaths in the province “are reviewed by the Ministry of Health’s MAID Oversight Unit for compliance with the eligibility criteria and safeguards in the Criminal Code, as well as provincial safeguards and regulatory college practice standards for MAiD,” according to a statement provided by communications manager Amy Crofts.

CMHA BC is now leading an initiative to develop a provincial framework for suicide care based on international best practices, local clinical expertise and the perspectives of those with lived experience.

The guidelines, which will focus on care-provider training, standardized intake screening, management strategies and follow-up care, are expected in coming weeks. They will not be mandated, but will be delivered in partnership with health authorities.

The province has invested $2-million to support the creation of the guidelines, as well as training.

Mr. Morris said suicide deaths among people in the care of the health system are preventable, and so the health system must do what it can to meet that need.

“The health system needs to have the imagination, and the creativity, and the care and the compassion, to do what it can to help people experience conditions that are worth living in,” he said.

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