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The Canadian Psychiatric Association Approves Euthanasia for Mental Illness

The Canadian Psychiatric Association (CPA) has moved from a position that was negative to euthanasia and assisted suicide to one that is supportive. The new position statement of the CPA's Professional Standards and Practice Committee, approved by the Board of Directors on February 10, 2020 states:

[…] Canadian psychiatrists will ensure that:

1. They have a working knowledge of legislation that will potentially impact their patients with respect to MAiD, and shall take it into consideration during clinical encounters where this issue may arise.
2. Patients with a psychiatric illness should not be discriminated against solely on the basis of their disability, and should have available the same options regarding MAiD as available to all patients.
3. Psychiatrists will be mindful of the medical ethical principles as they relate to MAiD. They should not allow personal opinion or bias to sway patients who wish to consider MAiD as an option for addressing irremediable conditions.
4. While psychiatrists may choose not to be involved with the provision of MAiD, patients requesting MAiD must be provided with information regarding available MAiD resources and the referral process.
5. Psychiatrists who assess eligibility for MAiD are expected to be rigorous in conducting capacity assessments and identifying symptoms of mental disorder that are likely to affect decision-making. The CPA will continue to protect the rights and interests of patients with psychiatric conditions at all times, and with particular attention to the issues of decisional capacity, informed consent and irremediable conditions in the legislation and evolving landscape of MAiD. The CPA will advocate for the inclusion of appropriate safeguards in processes, protocols, procedures and legislation pertaining to provision of MAiD.

Psychiatrists should not ever be involved with killing their patients. If you consider the nature and condition of many of the patients psychiatrists help, killing should be viewed as antithetical to their care.

I am concerned about the good psychiatrists I have come to know who believe that killing is not psychiatric treatment. Where are we going?

Notice:

All events have been postponed including the rally in support of the Delta Hospice Society on April 4 and the Euthanasia Symposium originally scheduled for June 6.

The Euthanasia Prevention Coalition exists to protect people by building a well-informed, broadly-based network of groups and individuals for an effective social resistance to euthanasia and assisted suicide.

The Canadian Psychiatric Association's Position on Euthanasia for Psychiatric Reasons is Embarrassing

Dr. Sonu Gaind, an associate professor of psychiatry at the University of Toronto, a past president of the Canadian Psychiatric Association (CPA) and a member of the Council of Canadian Academies expert advisory group on MAiD, responded recently to the new position of the CPA in support of euthanasia.

Dr. Gaind was the president of the (CPA) at the time of the Carter Supreme Court of Canada euthanasia decision. In response to this decision, the CPA held a task force, developed guidelines and provided evidence-based guidance to policy makers and government committee's on euthanasia for psychiatric conditions.

In his article, "I wish I didn't have to write this" for *CanadianHealthcareNetwork.ca* on March 22, Dr. Gaind comments on his personal position on MAiD:

[...] When I started all this, as CPA president in late 2015, I entered with an open mind and as neutrally as I could, both to respect my role as representing not just myself but all CPA members, and also on a personal level I did not want any pre-judgements to form my opinion without understanding the various issues and evidence. I am not a conscientious objector to MAiD in general, and in fact am physician chair of our hospital MAiD group, overseeing all the MAiD cases we undertake. However, after this extensive period of review, it is clear to me now that expanding MAiD for sole criterion mental illness would not be safe in the current context.

He comments on how the euthanasia expansion advocates ignore a basic point of the law.

Expansion advocates often focus overly narrowly on issues they label as "patient autonomy" (even there the focus is on a narrow concept of what autonomy is, rarely acknowledging relational autonomy or other concepts beyond autonomy being what one individual is asking for at one point in time). However, they gloss over the simplest yet most crucial fallacy regarding potentially providing MAiD for mental illnesses. Our current MAiD framework is supposed to be for irremediable conditions. As I've written previously in Medical Post *and elsewhere, and as CAMH has concluded, irremediability cannot be predicted for mental illnesses at this time...*

...So, if patients with sole criterion mental illness receive MAiD, they are not getting it for a predictably irremediable condition, as they would be if they had ALS, cancer, or other medical conditions with known pathophysiology. They would be getting MAiD because society has agreed they had suffered enough, but they could get better. To me, it is discriminatory to expose those with mental illness to death based on assessors' personal views and arbitrary opinions of irremediability, when the evidence tells us we cannot predict irremediability in mental illness.

Dr. Gaind then suggests that the new CPA euthanasia policy was developed in secrecy.

...Many colleagues with senior positions in CPA leadership roles were unaware of any work CPA was continuing to do on this file (myself included, having completed my term and rotating off the board in September 2019). Despite having been chair of the sunset time-limited CPA task force on MAiD, and an expert on the CCA panel, CPA had not engaged me or any colleagues I know of with expertise in the area to assist with the file. Of more concern, since the 2016 CPA member survey done by the previous time-limited task force on MAiD, which showed only approximately 30% of Canadian psychiatrists supported MAiD for mental illness, there had been no subsequent engagement of general membership regarding their views as issues evolved.

Knowing that the six-month period after the Truchon ruling was coming up in March, and that federal government reviews were intended to start in summer 2020, I contacted the CPA CEO in mid-February to provide CPA with relevant informational updates, and to ask what the CPA was doing on this file given imminent policy changes. Other than a polite response from the CEO over a week later acknowledging receipt of my message, no information was forthcoming (other than confirmation that no-one representing CPA even phoned in on the national, open teleconference lines providing technical briefings on Bill C-7 on February 24).

He continues on the new CPA position statement:

Imagine my surprise when, this past Friday, March 13, the CPA released a so-called Position Statement on Medical Assistance in Dying developed by the CPA Professional Standards and Practice (PSP) Committee. From a process point of view, this raised significant concerns, given the complete lack of member engagement on this issue preceding this statement. The

PSP is a generic (i.e., not MAiD-specific) committee of several members (seven). It is unclear whether any additional expertise in the area of MAiD and mental illness was even sought through this process. If it was, it was certainly a well-kept secret from many of us who are CPA members.

Process aside, if such a Position Statement actually provided evidence-based guidance, it could still be of value. Unfortunately, not only does the PSP Position Statement fail to provide any evidence-based guidance regarding MAiD and mental illness, at this critical time when policies are being set, the Statement is actually, in my opinion, damaging and dangerous.

Dr. Gaind explains his criticism of the CPA position statement:

The bulk of the one page (if you remove author affiliations) PSP Statement, consisting of five points, makes 'apple pie' comments referring to "having working knowledge of legislation," being "mindful of the medical ethical principles as they relate to MAiD," being "rigorous in conducting capacity assessments," and providing information even if choosing to not be involved with provision of MAiD. It also makes a statement that "patients with a psychiatric illness should not be discriminated against solely on the basis of their disability, and should have available the same options regarding MAiD as available to all patients." That's it. No actual guidance on what any of that means. And quite remarkably for a Position Statement issued by a national expert professional medical association, after there have been years of focused review and study on the issue (for example, the CCA Panel Reports, and numerous and ongoing other national and international literature references), there is not a single reference to any *citation regarding mental illness and MAiD, capacity or decision making, suffering, or above all, irremediability. Again remarkably for a psychiatric association, the three only citations are to Bill C-14 and the Carter and Truchon rulings.*

He continues on why the new position is dangerous:

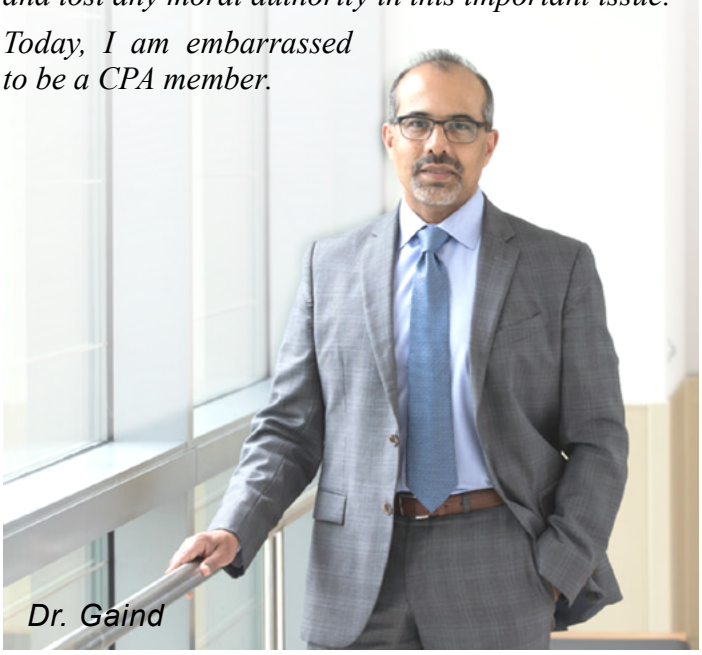
...Had the PSP Position Statement simply been unhelpful, I would not have written this piece. Unfortunately, beyond being unhelpful, the Statement is dangerous. While the comment that patients with mental illness should not be discriminated against is self-evident, it is far from evident what CPA is actually saying with that comment. Does this mean that it would be discriminatory to not provide MAiD to patients with sole criterion mental illness? Or does this mean that it would be discriminatory to provide MAiD in such situations, since it would expose patients to arbitrary and unscientific determinations of irremediability that cannot be predicted? Again, remarkably for a psychiatric association, the PSP Position Statement never even once addresses or comments on the issue of predicting irremediability in mental illnesses.

Even worse than taking a position, the CPA has chosen to attempt to say nothing on this issue—and in doing so, in this politicized debate CPA has opened the door to dangerous and arbitrary interpretations of what this position statement actually means (perhaps fittingly, if they have also opened the door to expose patients to dangerous and arbitrary determinations of irremediability of mental illness that cannot be scientifically made).

Dr. Gaind states that the CPA position on euthanasia for psychiatric reasons is embarrassing:

As a past president and current Distinguished Fellow of the CPA, it pains me to write this piece. I know how thoughtful, considered and hardworking all elected CPA Board members are. Many are my friends. However, my obligation to all our patients, and to what our members should expect of a member association, must outweigh these feelings. Through the process and content of this PSP Position Statement, by failing to engage or be respectful of its own members, by failing to even try to address any evidence-based recommendations and being silent on key issues needing guidance regarding mental illness and MAiD at this crucial time, the CPA has failed its members and our patients in its role as a national professional member association, and has in fact abrogated its role and lost any moral authority in this important issue.

Today, I am embarrassed to be a CPA member.



Dr. Gaind

Assisted Suicide and the Covid-19 Crisis

The US death lobby is promoting the approval of assisted suicide via telehealth. This means that a person could be approved for death by lethal drugs without being examined or meeting the death-prescribing doctor.

Kim Callinan, President of an assisted suicide lobby group, sent a fundraising email on March 20 stating that the current Covid-19 crisis provides new opportunities for assisted suicide:

> As always, we are responding quickly to the needs and opportunities of the times. As the workforce grapples with the pandemic, telehealth is gaining prominence as a critical mode of delivering medical care. This provides a unique opportunity to make sure health systems and doctors are using telehealth, where appropriate, for patients trying to access end-of-life care options. These efforts should improve access to medical aid in dying in the short and long-term.

The newly formed American Clinicians Academy on Medical Aid in Dying (death doctors) chaired by Lonny Shavelson, stated that the coronavirus crisis requires allowing approvals by telehealth. The death doctors stated:

> In light of the coronavirus crisis, a committee has been convened to establish recommendations pertaining to the use of telemedicine to evaluate patients' requests to consider medical aid in dying.

This is not a new plan. The 2019 New Mexico assisted suicide bill included a telehealth provision and the recent bills to expand assisted suicide in Hawaii include a telehealth provision.

Let's think this through. A person with difficult health concerns, who feels like a burden on others or is experiencing depression or existential distress, could be assessed via telehealth and prescribed lethal drugs for suicide.

Kelly Grant, the health reporter for *The Globe and Mail*, reported on March 27 that at least two regions in Ontario (Canada) have stopped doing euthanasia during the Covid-19 crisis since it is not an essential service and to conserve healthcare services.

According to Grant, the Ottawa and Hamilton regions have temporarily stopped providing euthanasia ("MAiD services") during the coronavirus pandemic. Grant wrote:

> The Champlain Regional MAID Network, which serves Ottawa and the surrounding area, issued a notice on Wednesday that it was shutting down the service in hospitals and homes to prevent the transmission of COVID-19 and to conserve health-care resources.
>
> Hamilton Health Sciences, a hospital network with ten sites, has also stopped providing assisted dying within its walls.

Grant reported that in the Hamilton region:

> Several of the hospital network's MAID providers have already been redeployed and elective procedures of all kinds are being delayed to make room for an expected surge of coronavirus patients.

In Ottawa, Grant reported that the following bulletin was sent out:

> "After careful consideration of the principles to prevent COVID-19 transmission and conserve health-care resources, and in alignment with the provincial ramp-down of elective services, effective immediately, we will not be providing community MAiD procedures or in-patient procedures at The Ottawa Hospital,"
>
> "Additionally, our partners at Home and Community Care will not be in a position to provide nursing support for independent practitioners who wish to provide MAiD in the community."

The euthanasia clinic in the Netherlands also announced that it has temporarily shut down due to healthcare priorities during the Covid-19 crisis.

But in Victoria BC and the Toronto ON region, Grant reported that MAiD has been deemed an essential service.

Killing people by lethal injection is not healthcare. Canada's MAiD (euthanasia and assisted suicide) law created an exception in the Criminal Code to homicide. Since it is a Criminal Code statute it is technically not healthcare, therefore it cannot be an essential healthcare service.