THERE'S A PRICE TO PAY FOR PROVIDING MAID TO THOSE WITH MENTAL ILLNESS

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A new study that found that those who use Canada's medical assistance in dying (MAID) program tend to be wealthier recently made national news. At the same time, there have been numerous op-eds in the national press arguing that mentally ill people should be eligible for assisted dying. The emerging message is that it would be discriminatory not to provide MAID to those with mental illnesses, as long as it came with reassurances that less vulnerable people would not be put at increased risk.

Yet providing MAID to those with mental illnesses is not safe and it would represent a radical departure from what the current system provides MAID for. It would be discriminatory not to recognize this.

The Canadian data showing that patients who currently seek MAID tend to be wealthier comes as no surprise. We've known for some time that it is the more privileged — those with wealth, education and Caucasian backgrounds — who tend seek MAID in jurisdictions that allow for assisted dying when death is foreseeable. We also know that once MAID is expanded to include non-terminal conditions, it is a different demographic that seeks it. Those suffering from mental health issues tend to come from lower socioeconomic backgrounds and have poorer access to mental health services. Likewise, those who receive MAID for mental illnesses tend to have unresolved psychosocial suffering, such as isolation or loneliness. They also share characteristics with suicidal people who traditionally benefit from suicide prevention strategies.

So we should take no solace in the fact that MAID is currently used more by wealthier patients here in Canada. This will certainly change if MAID is provided to those with mental illnesses.

An even bigger misconception is what MAID would be provided for in such situations. Our MAID framework requires the presence of an irremediable condition. In other words, the patient's illness and suffering cannot be remedied. This is not only necessary when it comes to applying for MAID, it also provides a moral justification for assisting death as a means of avoiding unrelievable and enduring suffering. This premise is false when it comes to mental illness.

An extensive review of the literature shows that we cannot predict irremediability when it comes to mental illness, as the Centre for Addiction and Mental Health has acknowledged. To dismiss this using the false equivalence that "nothing is 100 per cent certain in medicine, so there's nothing different for mental illness" would be wrong. There is a big difference between being able to predict the declining course of a well-known medical ailment with understood biology, even if not with 100 per cent certainty, versus making unpredictable assessments about the course of mental illnesses.

This inability to predict the irremediability of mental illnesses is fundamentally incompatible with a MAID framework that requires irremediability.

For any who are skeptical of this, I suggest reading the case study of “Patient 1” that's outlined in the Expert Advisory Group on Medical Assistance in Dying's “Canada at a Crossroads” report. This case study is ironically about a doctor who is a staunch advocate for expanding MAID, yet mistakenly predicted that a 38-year-old woman's mental illness was irremediable. Patient 1’s symptoms later “vanished,” she became “engaged in academic and advocacy work, as well as with friends and family,” and was then “grateful to be alive.” The physician concludes that they “could not possibly have known” that Patient 1 would get better. While this took place before MAID, so it was not a MAID assessment, it should be obvious to all that given the fact that Patient 1 wanted to die back then, she would likely be dead today if MAID was provided to those with mental illnesses at the time.

Hindsight is, of course, 20/20, but with MAID assessments, we need to make that prediction beforehand, and all evidence tells us that we cannot do that when it comes to mental illnesses.

So while respecting autonomy, competence and patients’ wishes should always be priorities, we should not fool ourselves about what MAID for mental illnesses would be provided for. It would not be provided for irremediability or inevitable suffering, since we cannot predict that with mental illnesses. It would be provided in situations where we think someone has suffered enough, even though that person could get better.

That’s a very different equation. If that’s what expansion advocates want, that should be debated openly rather than under the pretense of irremediability. That new equation means people like Patient 1 will get MAID instead of recovering, and we’ll pat ourselves on our collective backs, never knowing some would have gotten better.

Some may argue that that’s the price to pay to allow MAID for people with mental illness. I think that price is too high.

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