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To be Direct with Death

“I’m just disappointed by it,” president and CEO of Bridge C-14, Lauren Clark, explains.

“You know people have already been waiting the two years. I think many of us gave our feedback on what we were expecting.”

Clark smiles sadly when she speaks. Her ochre eyes dart skywards in thought then leftwards to her office window.

She punctuates every other sentence with a nod. Seemingly running through a few possible thoughts, she gives a resolute look before deciding on her next remark.

“I would just say it’s very disappointing,” she reiterates.

In 2017, Bridge C-14 started out as a few people supporting those who were grieving a lost loved one to MAID (Medical Assistance in Dying). This sparked the beginning of the MAID support group’s active role in aiding those affected by the service.

From there, more individuals came forward to seek information and guidance, so Clark and those at Bridge C-14 listened and adapted. Soon, groups were created specifically for those grieving a MAID loss as well as those considering or those supporting another in their MAID choice.

But in light of the recent delay, those afflicted with mental illnesses will have to wait another year to be considered for MAID.

Clark’s eyes shift around the room, unsure of where to land. She squints and purses her lips for only a second before she speaks.

“I wish it could’ve been passed and these individuals had the opportunity [to choose MAID],” she says, her voice now taking a more somber tone. Her arms, usually prone to gestures, are now carefully placed on her desk.

“I think there is going to be a lot of undue distress that will be created from this, which probably could have been mediated by just pushing this forward.”

As the debate continues into the medical assistance in dying (MAID) amendment, the pushback and controversy over what qualifies as a mental illness is still up in the air.

At a recent news conference, Justice Minister [David Lametti](#) said, “The safety of Canadians just comes first. That’s why we’re taking the additional time necessary to get this right.”

The new legislation is expected to be in effect in one year’s time.

On March 17, 2023, mentally ill individuals would have been given equal access to MAID however the government and its territorial partners insisted that they will not rush this legislation.

This new development came as a shock to Lauren Clark, president & CEO of [Bridge C-14](#), a prominent MAID support group.

The option to choose how one dies is what she considers to be a basic human right. With that option delayed to a third year, she must now inform these afflicted individuals that medical aid is no longer foreseeable.

Recent moves by the Liberal government have now delayed the enactment of Bill C-7 of the MAID law by one year. This move, the government claims, is to ensure that there are enough checks and balances in place for mentally ill patients to safely request MAID. The decision has been met with mixed reactions from the medical, political, and social strata.

MAID has been in effect for over six years in Canada as a legal and voluntary form of euthanasia. The law was first enacted in 2016 as an alternative to suffering for terminally ill adults.

Since its inception, the law has undergone changes to include eligibility in additional situations.

These amendments allowed for MAID requests when natural death was not reasonably foreseeable as well as physician assisted suicide and physician assisted euthanasia.

Cases like [Alan Nichols](#), a man who was granted MAID for a non-imminent death, raised the question of where exactly the line is drawn when determining debilitating conditions. Nichols suffered from a brain injury he received as a child.

Although depressed, his condition was not life threatening, yet he was approved to receive MAID services.

Many Canadians have been left concerned for a future in which anyone might request assistance in dying. [Dr. Madeline Li](#), a doctor who has overseen hundreds of MAID cases, believes that the law itself, “is not specific enough to protect people,” a statement she gave to the BBC News.

In cases of mental illness, how easy is it to diagnose such unique conditions? What is mental illness, exactly?

According to the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders), “a mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior.”

This does well to surmise the essence of mental illnesses, yet even with this clear-cut definition, the MAID amendment suffers a delay.

One of the main problems in allowing MAID for mental illness patients is the vagueness of their symptoms. Clinical depression begets symptoms that range from sadness and hopelessness to inexplicable bouts of physical pain and include, most prominently, frequent suicidal thoughts.

Dr. Kathleen Fortune, a professor at York University who teaches the course “psychology of death and dying,” questions, “How do you differentiate between suicidal thoughts, driven by depression, from a reasoned and well-thought-out request for MAID?”

These difficult-to-diagnose conditions act as the wall which impedes the allowance of MAID for mental illness patients.

Schizophrenia, ADHD, and autism complicate matters, for what safeguards are in place to prevent these patients from incorrect approval. These conditions, at their core, affect one’s mental state and decision-making abilities.

The amendment to the MAID law has run into issues such as defining mental illness and accurately diagnosing these conditions. However, none as much as the debate over misdiagnosis, which stems from the competency of doctors and physicians in charge of assessing one’s mental state.

Although, even medical professionals seem to be divided on this issue.

Donna Julien, a school nurse at the Bishop Strachan School, believes that MAID is a step forward in human rights, even more so as they expand the eligibility list to patients of mental illness.

“For mental illness, the issue comes down to capacity,” Julien says, “If capacity is determined and informed consent is given, MAID is valid.”

The welfare of Canadian citizens is at the heart of this amendment. However, some doctors believe that the amendment can be detrimental. Dr. George Teelucksingh, a family doctor operating out of the Agincourt Professional Centre, is steadfastly against MAID in general.

“You can’t let everybody who is in a bad depression make a decision about taking their own life,” says Dr. Teelucksingh, “You have to be of sound mind to make such a big decision.”

Unfortunately, this is precisely the problem when determining a reasonable cause for MAID. The law itself states that one must “have a grievous and irremediable medical condition” to be eligible for MAID. According to the [Government of Canada](#), such a condition meets the criteria if patients:

- have a serious illness, disease, or disability (excluding a mental illness until March 17, 2023).
- are in an advanced state of decline that cannot be reversed.
- experience unbearable physical or mental suffering from their illness, disease, disability, or state of decline that cannot be relieved under conditions that they consider acceptable.

This is a set standard to determine whether a patient is eligible for MAID. These are also prerequisites for those wishing to receive MAID with mental illness as their sole underlying condition.

This begs the question, what constitutes a mental illness as being irremediable if the afflicted patient's death is not foreseeable?

This question calls back to the dilemma that Dr. Fortune presented: how can we tell when a patient has made a rational decision or simply a decision coerced by mental illness?

"I don't think we have answer to that question yet," Dr. Fortune says.

Many citizens believe that the inclusion of patients with mental illness will extend to less serious cases that can be relieved through conventional means, such as mental health support or treatment.

Situations have arisen, wherein patients who are mentally ill, are afforded or request MAID due to neglect.

One such example is the case of an Ontario woman with the pseudonym [Sophia](#).

A woman with MCS (multiple chemical sensitivities) pleaded for healthy housing due to "cigarette smoke and chemical cleaners" present in her building.

After her requests went unaided for two years, she submitted a request for MAID, was approved and died on February 22, 2022.

Instances of these injustices are few and far between but not non-existent. More often are cases not of grievous conditions but painful situations. These involve occurrences in which citizens are forced to endure suffering due to governmental ignorance.

The case of Sophia is shockingly similar to the case of [Amir Farsoud](#), a 54-year-old man from St. Catharines who lives with chronic back pain.

He would receive around \$1200 per month from the ODSP (Ontario Disability Support Program), leaving \$7 per day for food expenses after paying rent. His fear of homelessness far outweighed his fear of dying.

Farsoud applied for MAID on account of his agonizing back pain but rescinded it after a month thanks to an outpouring of support.

In this case MAID, inadvertently, was able to resolve the issues without the use of its intended purpose.

The service exists as a way of relieving suffering rather than forcing prolonged misery. For cases where mental illness has caused pain beyond relief, is it not cruel to force one to live in this psychological pain?

This type of resolution is especially prevalent in Bridge C-14's philosophy.

Separate from the governmental situation on MAID exists a support group geared towards spreading information.

Lauren Clark describes her role as providing, “a listening ear and validation.”

When deciding whether or not to end a life, the most important asset for such a deeply personal decision is information. An unfortunate reality is the tragedy incurred from ignorance of one’s options.

“When they don’t feel that the system has the capacity to support them, it’s hard to bear with this,” Clark explains, referring to individuals’ respective conditions.

Discord over such issues stem from a lack of willingness to communicate, albeit the topic of death is an uncomfortable one to work into conversation.

Maggie Toplak, a professor of the course “The psychology of reasoning, judgment and decision-making,” at York University and clinical psychologist at [Toplak Labs](#) says that, “MAID is a very important decision that requires a lot of thought.”

However, the flow of information halted soon after.

When questioned on her professional view of MAID and the amendment, she voiced her refusal to contribute to the discussion. When asked about the state of one’s mind regarding death or before death, she also refused to answer.

“We are sort of a ‘death-denying’ society,” Clark says, “But I think that these are important conversations to have.”

In avoiding the topic of death, the prospect of progress to a satisfying amendment is pushed further out of reach. When death is considered by an individual whose natural death is not reasonably foreseeable, the resulting squirrely statements and shallow answers tend to avoid the matter entirely.

This is not to say that the fear of death due to misdiagnosis is invalid. The prospect of expanding MAID is one which will invariably affect Canadian citizens, however, so will prohibiting certain citizens from accessing it.

“The reality is, it doesn’t matter how it happens, it’s that it’s going to happen,” Clark says, when regarding death. She stresses that simply having the choice of choosing one’s death provides considerable peace of mind.

One important aspect to note is that individuals, with grievous conditions, who are considering MAID have a much clearer viewpoint on death as opposed to an outsider who is relatively healthy.

Individuals of such afflictions, according to Bridge C-14’s Lauren Clark, have given these decisions extensive thought and for some, the approval for MAID is all they need to regain a sense of control.

There are uncertainties to be solved in the quandary of the amendment. However, Bridge C-14's philosophy holds the potential for great strides in its progression.

"I think we need a much more realistic approach to mental health that doesn't involve a therapist where you pay them 150 to 250 dollars an hour," Dr. Fortune says.

The most reasonable solution presented is communication. Predominant in mental health cases is a deficiency of confidence in someone trustworthy. Bridge C-14 provides just that – a safe space to simply disclose one's concerns.

Although this discussion deals with the competency of individuals with mental illnesses, at the core of this conversation is death and one's reason for choosing it.

In allowing death to become commonplace, there can be only benefits – those who half-heartedly consider it will become wary and those who wish for it will become certain.

"The good thing that's come out of this is that people are thinking about death and dying more, whether it's negative or it's positive or it's neutral," Clark insists, "It's really that conversations are happening at dinner tables and that's where they should be happening."

Interviewees

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Research Information

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