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Good morning, I hope everyone is well. My name is Ellen Cohen, and I am here today as an independent witness, willing to share my expertise built on my professional and personal experiences. For over 30 years, I have worked in the mental health consumer sector. I am a person with mental health challenges, two chronic health conditions, and a family member. I need you to know that there is a lot on the line for me today, and I am nervous, this is so much larger than all of us. The recommendations you make to the government can make a big difference for the people I support, persons with disabilities and people with mental health conditions living in Canada.

Who is not touched by mental illness? Mental illness affects everyone. People with disabilities make up 22% of the population, that represents 6.2 million people living in Canada. Among youth aged 15 to 24 with disabilities, 60% claim to have a mental health-related disability (Stienstra). All too often some professional people do not understand that people with intellectual, physical, and sensory disabilities can also have mental health conditions that are not related to any disability they may have.

I know that some of the problems where MAiD is a major concern for our communities includes poverty, lack of food security, safe housing, access to health care, to mental health care and addiction services and systemic discrimination to mention a few. I was invited on to the panel representing mental health from the disability perspective which I did. The disability

community is diverse, and I know that mental health consumers/survivors are divided on the issues of MAiD.

Despite what was said by Doctor Gupta in her testimony to the members of this committee, I came on to this expert panel with an opened mind. As a member of the panel, I was responsible to voice my opinion, to recommend safeguards and standards where mental illness as the sole underlying medical condition when applying for MAiD.

Since the beginning of the process there were challenges included the composition of the Expert Panel that was made up of seven doctors five or six who provide assessments, one palliative care family doctor working with marginalized people, two doctors from the Indigenous community, a psychiatric ethicist, two lawyers, two community members from the mental health community and myself a member from the disability/mental health community.

From the beginning of the panel those who were assessors talked about the difficulties, they were experiencing with Track Two patients in general. They shared about the complications and difficulties of the assessments those difficulties are still not clear to me nor were they transparent. The assessors also shared about the amount of time needed for each assessment, and talked about fair compensation for the work that is expected of MAiD assessors.

There was no space made for meaningful discussion on the seriously complicated issues concerning decision making, consent and capacity accountability and monitoring, privilege and vulnerability that did not happen in the context of people suffering from mental disorders. When discussion of mental illness came up the discussion was shut down or we moved on. When suggestions were brought forward panel members were discouraged due to time constraints.

When I did suggest something, I was shamed by the only other peer on the panel, stating, that having specific safeguards for those suffering from a mental disorder was discrimination.

Under Bill C-7 I believe there is a big difference between people requesting MAiD for incurable and disabling conditions and those who are requesting MAiD for Mental Illness as the sole medical condition for the request.

I ask you is this a lack of resources or bureaucracy?

I believe that the outcome of the panel was a forgone conclusion becoming clear that some members of the expert panel had very little appetite to make any attempt to add recommendation regarding the addition of legislative safeguards for any amendments to Bill – C7 in regard to Mental Health Disabilities.

After reading the Quebec decision and giving it some thought, it became obvious to me that there were too many unanswered questions and issues in determining and assessing requests for Track Two patients without adding to it the requests from people with mental illness that will be available come March 2023. So, I left the panel.

Through this whole process there was limited discussion about mental illness as the sole medical condition for requesting MAiD. The process was rushed, seven months from our first meeting was not enough time to decide about life and death. It was not enough time to consult with the community that Bill C 7 is endangering. I would also like to point out that this Parliamentary process is also being rushed.

Thank you for allowing me this time to share my story.

References

Stienstra, Deborah. *About Canada: Disability Rights*. Vol. 15. Fernwood Publishing, 2020.