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Good Morning/Bonjour,

My name is Christie Duncan, and I am here with my sister Alicia to share our family’s experience regarding Medical Assistance in Dying. While we are not philosophically opposed to MAiD, our concern is the current legislation is written in a way that many Canadians are accessing MAiD out of desperation and not dignity, as it was originally intended.

Our mother Donna Duncan chose to end her life through MAiD on October 29, 2021. This was hours after being released from a psychiatric unit for a suicide attempt 72 hours earlier. Today we will focus on the facts that we have uncovered through her medical records and the police investigation we initiated into whether the safeguards for MAiD were followed before she was given a lethal injection.

In February of 2020, because of a minor car accident, our mother was diagnosed with post-concussion syndrome by her general practitioner of more than 20 years. However, due in part to the global pandemic she was not able to access immediate counselling and physical rehabilitation. As her symptoms worsened, she was referred to a complex chronic disease clinic with over a year long wait list. During this time her sensitivity to touch, sight, and smell worsened. She claimed that she felt pain when eating which led to her refusal to eat most foods and she lost a significant amount of weight. On October 14, 2021, she asked her GP to assess her for MAiD but he refused as he did not feel she had followed his medical recommendations and he did not believe she was on a trajectory for death.

After his refusal, she was assessed for MAiD by Dr. Grace Park and 2 days later by Sean Young, a nurse practitioner, who approved her to die 48 hours later after meeting her only once. How did the opinion of someone who had been caring for my mother for over 20 years carry less weight than the opinion of two people who had just met her and in essence simply ticked off boxes in a MAiD assessment form?

Upon her approval, my sister and I were able to delay her death through the courts as her mental health was in question. Following this, she was further assessed by several psychiatrists who all documented that they believed the decision for MAiD was being made in haste but there was nothing they could legally do to prevent her from accessing it as she was found to be of sound mind. Our mother had been a psychiatric nurse her entire career and our family believes that she manipulated the psychiatrists because she knew what answers to provide to be considered sound of mind.

As of today, we have also been denied access to any of our mother’s documents related to her MAiD death despite the fact that my sister is the executor of my mother’s estate. As such we have been unable to confirm which track our mother applied for MAiD under and therefore which safeguards were followed.

Today in Canada, to qualify for MAiD you must have an incurable medical condition and experience suffering that is intolerable to you. By that definition the majority of Canadians qualify for MAiD. The core legislation itself is problematic.

Based on our experience, we have outlined the following recommendations for your final report:

1. **Mandatory access to healthcare.** If not giving Canadians access to MAiD infringes on their human rights, then not giving them access to much needed healthcare in a timely manner also infringes on those rights.
 - a. *Clear definitions.* Imminent is defined as “about to happen”. This needs to be clearly defined in our legislation in the context of Maid and where “imminent death is foreseeable”.
 - b. *Clearly defined safeguards.* The current safeguards are too ambiguous.
2. **Increased number of independent witnesses.** There should be a requirement for at least three independent witnesses to be formally interviewed as part of the assessment.
3. **Pre-death assessment review.** Doctors should be required to submit all assessments to an independent review board prior to a patient’s death.
4. **Continuity of care.** Multiple assessments should be completed by the same medical professional. The primary doctor’s opinion should hold the most amount of weight in a MAiD assessment.
5. **Mandatory wait periods.** No exemptions for patients with mental health or nonterminal disabilities.
6. **Mandatory release of records.** Hospitals and health authorities should be required to release unredacted copies of their Maid assessment records to those who are entitled to them.

Donna Duncan was our mother’s name. Please don’t forget her. Help us ensure her death was not in vain. Thank you.