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Thank you for the chance to speak, my name is Sonu Gaind. I’m a professor at the University of Toronto and Chief of Psychiatry at Humber River Hospital, serving a diverse population including marginalized communities. I’m former president of both the Canadian and Ontario Psychiatric Associations and sat on the Council of Canadian Academies panel on mental illness. I’ve worked in psycho-oncology with dying patients and their families throughout my career. I’m speaking as an individual, not representing any group I work with.

I’m also physician chair of my hospital’s MAiD team and not a conscientious objector. I don’t bring any particular ideology to the issue, other than advocating for evidence. I believe sensitive public policies like this demand a non-ideological evidence-based approach. I’ve seen the benefits of MAiD in appropriate situations, like Mr. Bayliss’s, and I’ve also been sensitized to the dangers of MAiD in inappropriate ones.

I’ve come to realize our MAiD expansion to non-dying disabled and those suffering from sole mental illness is a tale of two cities. Two worlds, actually.

Evidence shows that when death is foreseeable, people seek MAiD to preserve dignity and autonomy, to avoid a painful death. Those seeking MAiD in these situations tend to be, in the researchers’ words, white, more educated, and more privileged. That’s been used to suggest MAiD is safe to expand to other situations.

However, when expanded to the non-dying disabled for mental illness, that association completely flips. Then a different group gets MAiD, the group of non-dying marginalized who

have never had autonomy to live a life with dignity. Rather than death with dignity, they’re seeking an escape from life suffering, and they do overlap with those who are suicidal in the traditional sense. Evidence shows this group is more marginalized, has unresolved psychosocial suffering like loneliness and isolation, and a terrifying gender gap emerges, of twice as many women as men receiving death to avoid life suffering.

Introduced to help avoid painful deaths, MAiD expansion provides these marginalized, non-dying people, death to escape painful lives. Worse, many of these people could have gotten better. CAMH, the Canadian Association for Suicide Prevention, and others have concluded evidence shows we cannot predict irremediability of mental illness in any individual.

I can’t comment on the federal mental illness panel’s specific recommendations since their report is delayed. Still, the panel cannot manufacture non-existent evidence. That panel was charged with “recommending protocols, guidance and safeguards” on how to implement MAiD for mental illness, not with reviewing whether that can safely be done. That, and the sunset clause, is not how science works. No drug company is told their sleeping pill will be approved in two years, without evidence of effectiveness or safety, while being asked to develop instructions on how to use the pill in the meantime. The sunset clause and the federal panel’s mandate is based on less evidence than required for introducing any sleeping pill.

In bypassing the primary safeguard against premature death, of getting MAiD only when we can predict irremediability, any other so-called safeguards can be no more than false reassurances and lip service. Marginalized people in despair, who could get better, will get MAiD. I think it bodes ill that a member of the twelve-person panel resigned months ago, though her name remains on the public website.

While over 85% of Ontario psychiatrists who responded in a recent survey supported MAiD in general, less than 30% agreed with MAiD for sole mental illness, and by a three to one margin they opposed the sunset clause (Tang et al.). The Quebec commission has now recommended against providing MAiD for sole mental illness.

Last March in the house, Monsieur Thériault you said: “If the expert panel and special committee arrive at the conclusion that mental health should be excluded, it will be excluded”. The panel’s narrow charge would have prevented them even considering excluding mental health. I call on you now to listen to the evidence and honour that commitment through this special committee.

You know, I grew up hearing the story of the Komagata Maru, about those who were refused entry to Canada and sent back to India, some to their deaths. As a child it showed me that the same policy, the Continuous Passage Act, could ostensibly “be the same” for everyone, yet in actuality be racist towards some. I view our current MAiD expansion the same way.

That’s the tale of two worlds. Same law, different impacts on different groups.

It’s a myth that expanded MAiD is just about autonomy. The planned expansion and sunset clause may increase privileged autonomy for some to die with dignity, but it will do so by sacrificing other marginalized Canadians to premature deaths for escaping painful lives that society failed to allow them to live with dignity. That’s not my Canada, and it should not be yours.

References

Tang, Sephora, K. Sonu Gaiind, and Timothy Lau. “MAID for Persons with Mental Illness as a Sole Eligibility Criterion.” *Medical Assistance in Dying (MAID) in Canada: Key Multidisciplinary Perspectives*. Cham: Springer International Publishing, 2023. 265-283.