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**Opening Statement**

Good morning honourable members of this Special Joint Committee. I am Sean Krausert, the Executive Director for the Canadian Association for Suicide Prevention. Thank-you for the opportunity to provide comments as you undertake the statutory review of provisions of the Criminal Code relating to medical assistance in dying and their application.

My organization acknowledges that Canadians, who are deemed capable to make such decisions, ought to be able to access MAiD to exert control over a death process that is already happening. At the same time, efforts to prevent suicide, including healthy messaging across society, mean that we must work towards a future where no Canadian uses death as a remedy for a difficult and painful life, especially when the challenges being face by the individual are remediable. I have several concerns with respect to MAiD for those not at the end of life and suffering solely from a mental disorder, three of them are policy considerations and one is very personal:

- A life worth living: It is imperative that as a society we invest in finding ways to alleviate suffering and support people in connecting to a life worth living. Expansion of MAiD to include those not at the end of life carries the inherent assumption that some lives are not worth living and cannot be made so.

- Mental healthcare: Finding hope and reasons to live are a quintessential aspect of clinical care in mental disorders. Having MAiD as a treatment option is in fundamental conflict with this approach and is likely to have a negative impact on the effectiveness of some therapeutic interventions, which may lead both patient and provider to prematurely abandon care.
- Psychiatric policy: Ending the life of someone with complex mental health problems is simpler and likely much less expensive than offering outstanding ongoing care. This creates a perverse incentive for the health system to encourage the use of MAiD at the expense of providing adequate resources to patients and that outcome is unacceptable.
- My personal story: I likely wouldn't be here today had the option of MAiD been available to me in my darkest days. I experienced multiple deep depressions and extreme anxiety throughout my twenties and thirties. During my worst depression in my late thirties the pain was often unbearable. While I experienced suicidal ideation, I later realized that I actually didn't want to die but rather end the pain. That ambivalence is common with those considering killing themselves. While I once saw myself as a burden to my family, I now see that I'm a benefit, and not only to them but to my community. I am now relatively depression and anxiety free thanks to medication and therapy that finally worked as well as finding out I had severe sleep apnea that had been undiagnosed for decades. Now, I have a rich life, recently elected as the mayor of my town, and my first grandchild will be born in a few weeks. To think that, if in my darkest most painful time I had been given the option of MAiD, I might have given up on a future that was better than I could have asked or even imagined.

CASP believes that we need to consider the broader context of suicide prevention and life promotion for all Canadians. To this end, we recommend:

1. MAiD should not be provided to patients suffering from a condition that does not have a reasonable foreseeability of death unless there is clear scientific evidence that the condition is irremediable. Irremediability must always be objective and never subjective. There is NO EVIDENCE that concludes mental illness is irremediable.
2. Increased funding should be available for healthcare to ensure that treatments are available to patients so that lack of access to treatment does not cause the condition to be deemed irremediable. A patient’s refusal to receive treatment should also not equate to irremediability.
3. Extreme caution needs to be taken with MAiD and a thought-out, failproof, measured system of safeguards needs to be in place so that those most vulnerable will be protected in order that MAiD does not become doctor-assisted suicide.
4. Tools should be made available to healthcare providers, especially MAiD decision makers, on how to move forward with providing support to the patient in order to avoid pre-mature death.

In short, CASP strongly encourages removal of mental disorder as a condition eligible for medical assistance in dying. To do so will safeguard against the premature death of persons who are suffering from mental illness alone, and thereby avoiding inadvertently legitimizing suicide as an acceptable option for ending a difficult and painful life.

Thank you for your time.