Letters

Responding to Bill C-7

The recent article by van Veen and colleagues[1] provides a window into a possible future for Canadian practice regarding medical assistance in dying (MAiD) among people for whom a mental disorder is the sole underlying medical condition. We would draw attention to an urgent need to create a robust federal reporting framework to inform ongoing research, education, policy, law, service planning and clinical practice in this area, to avoid preventable negative outcomes for Canadian patients and their families, after Mar. 17, 2023. That date marks the expiry of Bill C-7's exception for MAiD in circumstances where a mental disorder is the sole underlying medical condition. At the very least, a multidisciplinary network of academics, clinicians and core stakeholders must be funded to carry out and integrate research into a provisional framework to inform regulation and clinical practice. Failure to do so risks the emergence of an ad hoc system of training (for which we lack a clear consensus with which to organize or train the required specialists), regulation (relevant provincial and territorial laws have not been updated) and oversight (substantial federal–territorial/provincial–college coordination will be necessary). Crucially, "To date, engagement with Indigenous peoples in Canada concerning MAiD has yet to occur."

(https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-panel-maid-mental-illness/final-report-expert-panel-maid-mental-illness.html#a3). Despite models of community and culture-sensitive approaches that could have been adapted (e.g., the United Kingdom's *Lancet* Commission on the Value of Death [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02314-X/fulltext]), we lack the research and consultation with which to respectfully and responsibly address Canadian diversity and geography.

van Veen and colleagues' paper underscores the complexities and ambiguities inherent in that context of MAiD, while also identifying substantial differences in individual expert opinion among psychiatrists with experience in MAiD. Another recent paper by the same group complements this work by leveraging the European experience in another way — the iterative development of an expert consensus–based set of criteria for MAiD in circumstances where a mental disorder is the sole underlying medical condition.[2]

The current MAiD reporting requirements[3] are insufficient to address the crucial upcoming questions regarding MAiD in the context described above. Although direct medical services are provided by each province and territory, the formation of an integrated federal network of multidisciplinary researchers would enable the development of a balanced, pragmatic approach to mandatory reporting and quality review and management.

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References

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2. van Veen SMP, Ruissen AM, Widdershoven GAM. Irremediable psychiatric suffering in the context of physician-assisted death: a scoping review of arguments. *Can J Psychiatry* 2020;65:593-603.
3. Guidance for reporting on medical assistance in dying. Ottawa: Health Canada; modified 2022 June 9. Available: https://www.canada.ca/en/health-canada/services/medical-assistance-dying/guidance-reporting-summary/document.html#7.0 (accessed 2022 May 27).