

A Canadian Press article on November 30 (attached) mentioned a strategy proposed by Senator Pierre-Hugues Boisvenu: amend Bill C-7 to remove the exclusion of people whose suffering stems solely from a mental illness, but give the government a year or two to develop extensive and detailed guidelines/regulations to help with applying the MAID law to applicants in that category.

I think this could be a humane and practical approach to providing both comfort and safety for the people who are likely to apply.

Comfort, because they would know that the door was not completely and forever closed.

Safety, because efforts would be made to assess their capacity for life-or-death decision-making -- bearing in mind several important points:

1)

"Premature death" is not always the most important danger to avoid. People do not have a duty to live, as Justice Christine Baudouin noted in her Truchon judgment (para. 583).

2)

Decisional capacity can fluctuate over time, probably more with some diseases than others, mood disorders being the most frequently-cited example. But standardized sampling and recording procedures, carried out over a long but not infinite period, can go quite far towards managing this problem. And some mental illnesses may leave decisional capacity fairly intact – two examples I can think of are obsessive-compulsive disorder and borderline personality disorder.

3)

"Mental illness" is not a unitary or homogeneous domain. It does have standing as a part of neurology, but honest professionals will admit that it also serves as the "odd socks box" of medicine. "We really don't understand this person's condition, and we haven't been able to treat it effectively, so we'll call it 'mental' for the time being."

4)

The sufferer is the best-qualified person in the world to say "This has gone on long enough".

In a recent Journal of Ethics in Mental Health article –

[http://jemh.ca/issues/v9/documents/JEMH final Reflection-iii.pdf](http://jemh.ca/issues/v9/documents/JEMH%20final%20Reflection-iii.pdf) –

I suggested that ceilings on futile treatment might be one of the ways in which guidelines could be made usefully quantitative and clear.

There are quite a few mental-health professionals who could work with the people who were drafting the regulations – I can give you some names to start with, if you wish.

With appreciation of your concern and creativity,

Ruth von Fuchs

President, Right to Die Society of Canada

Attachment - [Joan Bryden - The Canadian Press](#) Posted: Nov 30, 2020