EDITORIAL

Why Legalizing Physician Assisted Suicide for People with Mental Illness is Misguided

John Maher MD FRCPC
Editor-in-Chief, JEMH

I am a psychiatrist. For the last couple of years I have had some suicidal patients ask me for MAID (Medical Aid in Dying). I have explained to them that they are not dying ("death is not reasonably forseeable") and that the Canadian law does not allow assisted suicide for people living with mental illness. In fact, helping someone complete suicide is punishable by up to 14 years in prison under current law. But now, with the Quebec court's Truchon decision, it looks like everything is about to change. And I am appalled and very angry over the unfairness.

The problem with speaking truth clearly, plainly, and strongly is that it gets dismissed as an emotional diatribe or polemic. But when a gross moral transgression is masquerading as a civil right, what is left but to shout out to my fellow citizens to please pause, pay attention, weigh what you are doing, and help relieve the suffering of people living with mental illness, not by killing them but by treating their illnesses.

Under the specious guise of legal equality of access to a so-called "medical act", Canadian legislators are planning to use doctors as surrogates to kill our fellow citizens who suffer from treatable mental illness.

Canada is a bizarre outlier in the world. The World Medical Association condemns the killing of patients. The American Psychiatric Association condemns the killing of patients. Closer to home, the Canadian Mental Health Association condemns the killing of patients.

A week ago a 30 year old patient with very treatable mental illness asked me to kill her. Her distraught parents came to the appointment with her because they were afraid that I might support her request and that they would be helpless to do anything about it. On top of all their other worry, how horrific that they have to worry that by going to a psychiatrist their daughter might be killed by that very psychiatrist.

That same patient said to me that, "a doctor killing me is not suicide, it is totally different". The perverse veneer of moral acceptability that follows from medicalizing what is patently not a medical act is infuriating in its obfuscatory power. This facile and simplistic reasoning from, "this person's suffering persists", to the claim that, "death is the best relief of suffering", betrays profound ignorance about all of the pathways and varied means possible for the relief of suffering.

I have been specializing in the treatment of severe "treatment resistant mental illness" for 17 years. I want to scream from the political and juridical mountaintop that "treatment resistant" does not mean

untreatable. It means clinical experience and sophistication are needed; it means that specialized tertiary care programs are needed; it means patience and persistence are needed. And in reality, it means that every single person with severe mental illness can experience dramatic improvement in their symptoms and concomitant reductions in their suffering. I have seen much "grievous" suffering that I acknowledge took a long time (months to several years) to ameliorate but I have yet to see a patient with "irremediable suffering" (unless left untreated by inadequate service availability).

If you have done this work for a long time it becomes very clear that the main reason for wanting to die is the desperate loneliness and existential hopelessness. Shared suffering is reduced suffering. But why live if no one will help me? Why live if I am judged daily to be different to the point of having no meaningful role or purpose? Why live if no one will touch or hold me? Why live if my country says my doctor will kill me if I ask?

When I hear patients (as I often do in my specialized field of work) say nothing works and then discover they have not been referred to, or had access to, the right specialized care, I cringe. If you have a hard to treat cancer you go to the oncology subspecialist. If you have a brain tumor you get a fast referral to a neurosurgeon. If you have a brain disease like schizophrenia, however, you can wait years to get the right care.

In Ontario we have 2-5 year waits for some subspecialist/tertiary level care; this translates into tens of thousands of people (your mom, your partner, your child) left to wallow in their suffering. They are voiceless. And those who are not voiceless (lawyers, politicians, suicide advocacy groups) are good at shouting and oversimplifying the real issue, and all under the guise of protecting rights: "You deserve to have the right to get your doctor to kill you."

Unfortunately, you do not seem to deserve the right to have the treatment or support that decades of evidence shows can help. Whither TMS, ACT, community mental health teams, enough mental health beds, youth mental health services, widely available psychotherapy, affordable housing, enough money to actually eat, and on and on… And against the naysayers who protest that none of this is affordable I point to the decades of economic research that shows again and again that prevention and implementation of the right services doesn't cost more…it saves billions.

This is about political blindness. We would never underfund heart disease, cancer, and myriad other diseases the way we do mental health care. This is widespread and systematic stigmatization bolstered by prejudice and ignorance. Politicians won't fund the mental health services we know work, but they want to pay doctors to kill their patients… patients who don't even know that they have been systematically denied access to treatment that would help. It is certainly much cheaper to kill people.

If society won't pay for the timely access to effective treatments, then society must not make me its surrogate killer. My vocation, training and oath all aim at helping relieve your suffering and helping you find meaning and purpose. Perhaps the politicians out there who support facilitated suicide over treatment can hand people their suicide pills. Please don't foist this perversion onto the medical profession. Because I won't do it. I have conscience rights and regardless of what any regulatory college might demand in the name of liberal pluralistic values, the right moral path here is as old as Hippocratic ethics, and rises above any law of any land.

Holding a gun to your head, sticking a needle in your arm, or holding a poison pill and a glass of water in my hands for you to take, are all morally equivalent actions. I intend to have you die. I am helping you complete suicide. And don't tell me your desire to die changes the moral nature of my complicity. Your desire to die should call forth in me all possible action and means to keep you alive. Such has been our moral posture for thousands of years. Such have been the laws that require me to admit you into a hospital for your own safety. We can't have it both ways: suicide prevention and suicide facilitation are fundamentally incompatible moral and pragmatic positions.

I further decry the claim that psychiatrists and mental health clinicians should respect and support my "right to an assisted death" because of my subjective belief that further treatment is futile. How do you know it is futile until you have tried? In response you say, "I have tried enough, my suffering is unbearable, and I want you to stop trying to help, and just kill me". But if we as mental health clinicians don't keep trying to help, who will? And if we don't keep trying then many, many people will die who would have gotten better. It is oft said that suicide is the permanent solution to a temporary problem.

Ominously, psychiatrists have historically been at the forefront of some horrifically unethical medical practices (eugenics, forced sterilization, the Holocaust, barbaric research, the interrogation of prisoners). There will always be a minority of psychiatrists willing to kill their patients. They get burned out, from their clinical vantage point they believe nothing more can be done, or they are resigned to the lack of funding for adequate treatment. Of greatest concern is the expressed belief in the compassionate nature of their stance, over and against their own profession's medical ethics.

We have the experience of the last 15 years in Belgium and the Netherlands to show us that a small number of psychiatrists will do an inordinate proportion of the direct killing of mentally ill patients. Word will quickly get out about which psychiatrists you should go to in order to get the job done. This is just one of the reasons any proposed "safeguards" will fail in Canada. What else has the Benelux experience shown us? Safeguards won't work because some psychiatrists will ignore them and some prosecutors and judges won't enforce them.

The legal language used in Canada in this context undermines any likelihood of effective safeguards. The standard of "grievous and irremediable" suffering is subjective and cannot be made objective, and every patient in Canada is free to refuse any treatment, no matter how much it might help. In short, I can make myself meet the criteria and I will find a psychiatrist (or two, or three) who will confirm my capacity to choose death and go along with my claim on them to kill me. The only possible way to stop these inevitable abuses is to ban the practice of assisted suicide for all persons living with mental illness.

Fellow psychiatrists, please hold fast against being pressured to do what we swore we wouldn't.

And please… Step up parliamentarians! Step up Ministers of Health! Step up Premiers! Step up Prime Minister! And should it ever come to it, please know that I will never support you in your belief that your life is not worth living.

These opinions are entirely my own and do not represent the views of the Editorial Committee or Board of the JEMH.

e-mail: jmaher@cmhastarttalking.ca

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