First, Do No Harm

Continued from Cover

Unfortunately, this is not a new phenomenon. Several countries allow psychiatric patients who are suicidal to voluntarily receive death by lethal injection (euthanasia) or a self-administered prescription for lethal medication (assisted suicide) from physicians. In Belgium, the Netherlands, and Luxembourg (collectively known as the Benelux nations) these practices first emerged in 2002, after laws were passed permitting medically assisted death for patients whose physical or psychological suffering was unbearable and could not be effectively treated by acceptable means.[1] A terminal condition was not a necessary criterion. This opened the door for some psychiatric patients in those countries to have suicide provided for them rather than prevented. It is documented that between 100 and 200 psychiatric patients are euthanized upon request annually between Belgium and the Netherlands (**Table 1** and **Table 2**).[2,3]

In concerned response to these developments, the American Psychiatric Association issued a position statement in 2016: "A psychiatrist should not prescribe or administer any intervention to a non–terminally ill person for the purpose of causing death."[4]

The Evolution of Canada's Bill

In 2016, Canada passed Bill C-14, a law permitting medical euthanasia and physician-assisted suicide, together known as Medical Aid In Dying (MAID).[5] By November 2020, more than 13,000 individuals nearing the end of life had been voluntarily euthanized as a result of this bill.[6,7]

To be eligible, a patient's natural death must be predicted to be *reasonably foreseeable.* This uniquely Canadian term was not statutorily defined, but it was understood to be associated with the end of life—how close was undetermined. Because death from mental disorders was not considered to be strongly predictable, mental illnesses were not eligible conditions. This feature of the law essentially prevented the kind of psychiatric euthanasia practiced in the Benelux countries.[8]

Then, in 2019, a Quebec Superior Court ruling challenged the constitutionality of the reasonably foreseeable restriction.[9] As a result, a new federal bill was introduced to extend euthanasia eligibility, without the previous restriction. This new initiative, Bill C-7, followed the Benelux model; it removed the prior exclusion of those who have with nonterminal chronic illnesses and permitted euthanasia for those whose psychological or physical suffering is deemed intolerable and untreatable.[10]

Initially, Bill C-7 clearly excluded psychiatric disorders, which was at least implicit in the original C-14 law. However, there was ambiguity in this proscription, because psychological suffering (which is not defined in either legislation) continued to be a criterion for eligibility. In addition, many protested that C-14's scope discriminated against those with mental illnesses. Ironically, in its efforts to promote parity, the Canadian Psychiatric Association was such a voice. As an organization, it declared: "Patients with a psychiatric illness should not be discriminated against solely on the basis of their disability, and should have available the same options regarding MAID as available to all patients."[11]

This led to a dramatic turn of events in the (unelected) Canadian Senate, which considered Bill C-7 this February. In an unprecedented move, Senator Stan Kutcher, MD, who is also a psychiatrist, declared that the exclusion of individuals with psychiatric disabilities would be discriminatory. He introduced an amendment allowing MAID for mental illness available within 18 months of the bill passing.[12] When the modified legislation was returned to the House of Commons, the discussion was quickly shut down by a liberal coalition and the bloc party from Quebec (a province that promotes euthanasia and aims to restrict conscientious objection to euthanasia by health care professionals). A vote was forced, and on March 17, 2021, the C-7 expansion of euthanasia in Canada became law, complete with the last-minute amendment to sunset the mental illness exclusion after 2 years.[13]

This 2-year interval is to be used to create an expert panel to establish standards for evaluating patients and procedures to distinguish between patients with psychiatric disorders whose suicide should be prevented from those whose for whom it could be provided. However, as Alex Schadenberg, the executive director of the Euthanasia Prevention Coalition, noted in response to a query, "There isn't a prosecutor in the land who would prosecute someone for doing euthanasia for mental illness before the 24-month time frame has passed because it is technically legal."

Objections to Psychiatrist-Assisted Suicide

This is a profound change in the trajectory of the euthanasia law, and the practice of psychiatry for Canada, which is now the largest nation that will soon allow MAID for psychiatric conditions. It has rocked the professional mental health community in Canada, which fought to forestall the inclusion of psychiatric disorders for euthanasia.

The latest law is disappointing but unsurprising considering the huge pushes for parity and nondiscrimination at all costs. Unlike the in United States, health care in Canada is considered a charter (constitutional) right. Thus, once MAID became a medical procedure, excluding patients with psychiatric illness from this right was nearly impossible.

Countries that have allowed MAID in a limited number of cases have quickly found themselves descending a slippery slope. Prominent critic Wesley J. Smith, JD, noted, "Once a society embraces doctor-prescribed death as an acceptable answer to human suffering or as some kind of fundamental liberty right, there are no brakes. We need only look at European countries that have gone down the Euthanasia Highway to see how society is impacted deleteriously by accepting killing as a suitable answer to the problem of human suffering."[14] Indeed, Belgium and the Netherlands are now debating the extension of euthanasia beyond medical conditions to include those who feel they have a completed life[15] or are tired of living.[16] There is even discussion of de-medicalizing euthanasia by providing lethal over-the-counter pills.[17] Pegasos, a self-proclaimed "voluntary assisted dying association" based in Basel, Switzerland, currently provides euthanasia for nonmedical "suicide tourists."[18]

Many psychiatrists in Canada are deeply concerned by the recent developments. In the face of C-7, the psychiatrist editor of the *Journal of Ethics in Mental Health* reported[19]:

> *A few days ago, a 30-year-old patient with very treatable mental illness asked me to end her life. 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. It's horrific they have to worry that by going to a psychiatrist, their*

TABLE 1.
Belgian Patients Euthanized for Primary Psychiatric Disorders[2]

Year	Number of cases
2004	5
2006	5
2008	10
2009	15
2010	18
2011	30
2012	40
2013	54
2014	61
2015	63
2016	77
2018	83
2019	57

Note: Table 1 is based on both reference number 2 and the author's analysis of previous reports from the European Institute of Bioethics.

TABLE 2.
Patients Euthanized in the Netherlands for Primary Psychiatric Disorders[3]

Year	Number of cases
2010	2
2011	13
2012	14
2013	42
2014	41
2015	56
2016	60
2017	83
2018	67
2019	90
2020	60

TABLE 3.
Euthanasia Numbers in Canada[7]

Year	Number
2016	1014
2017	2816
2018	4467
2019	5631

daughter might be killed by that very psychiatrist.

Similar significant objection comes from the disability advocacy community.[20] They are concerned that permitting euthanasia for nonterminal, disabled individuals implies that their lives may be not worth living. Furthermore, they recognize that individuals with disabilities may not have adequate access to state-of-the-art treatment, and that euthanasia could become a cost-saving alternative to suffering when adequate solutions are not available or affordable.

An evaluation by the United Nations also expressed strong worry about how Bill C-7 impacts individuals with chronic disabilities[21]:

We are deeply concerned that the eligibility criteria set out in Bill C-7 to access medical assistance in dying may be of a discriminatory nature, or have a discriminatory impact. By singling out the suffering associated with disabilities being of a different quality and kind than any other suffering, they potentially subject persons with disability to discrimination on account of such a disability.

There is also strong objection among Canada's First Peoples, due to conflicts with cultural values, their limited access to state-of-the-art treatments, and staggering suicide rates in that population.[22] Similarly, the Canadian Catholic Bishops, who are always opposed to euthanasia, have been left particularly aghast.[23]

Bill C-7 also sets up a 2-tier system, abolishing some of the original C-14 safeguards. For instance, patients who are terminally ill can be evaluated for euthanasia and possibly receive it on the same day, with no waiting period, unlike the 10-day waiting period in the previous C-14 law. However, patients who are not terminally ill must wait 90 days. Ironically, it is not unusual to have to wait much longer than that in Canada to get psychiatric consultation, treatment, and other resources.

Moreover, there is no requirement that additional, evidenced-based treatments be implemented, although patients are urged to give all treatments serious consideration. Even Belgium, which is known for its liberal approach, recently added guidelines that individuals applying for euthanasia for a mental disorder should not have refused any evidenced-based treatments.[24]

A group of experts in Canadian law and medicine wrote[25]:

C-7 will allow physicians to end the life of people with disabilities or chronic illnesses at their request and will require the system to ensure it happens even when physicians are convinced, based on their expert knowledge, that medicine offers options and even when the patient may have years or decades to live with a good quality of life if other options are explored and tried first.

The American Medical Association has concluded that MAID practices are "fundamentally incompatible with the physician's role as a healer,"[26] and the World Medical Association "is firmly opposed to euthanasia and assisted suicide."[27] Nevertheless, these types of laws have been adopted around the world, most recently in New Zealand, Spain, Portugal, and several states in Australia. In US states, as in Canada, attempts have been made to expand initially strict practices.[28] The justifications made in debate for euthanasia and assisted suicide (eg, autonomy, self-determination, and intolerable suffering) are now being applied to psychiatric disorders, despite lack of any agreement that treatment for psychiatric disorders are ever futile or that suffering is truly irremediable.[29]

Concluding Thoughts

Bill C-7 and similar laws would represent a remarkable shift in the deep ethos of psychiatry, in which psychiatrists would have to decide which suicides should be prevented and which should be abetted.

Karandeep Sonu Gaind, MD, past president of the Canadian Psychiatric Association and a fierce critic of the MAID expansion to psychiatric patients, noted that less privileged patients have a much harder time accessing medical care in general, especially psychiatric treatment. He lamented the passing of C-7 in a poetic cri de coeur[30]:

So thank you Canada, powers that be,
For ensuring that our smooth passings
Will reflect the privilege of our life trappings.
I will soon be free, without anxiety, knowing
That with ease I can choose the time of my going.
And any poor souls sacrificed on this altar
Of my choice, my voice,
There will be no way of knowing.

Dr Komrad *is a psychiatrist on the clinical and teaching staff of Sheppard Pratt Hospital and the Johns Hopkins Hospital in Baltimore, Maryland; a clinical assistant professor of psychiatry at the University of Maryland; and a member of the teaching faculty at Tulane University in New Orleans, Louisiana.*

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