

March 7th, 2022

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OBJECT : Quebec's Commission on MAID misses the mark on mental disorders
(March 2nd, 2022, by Mona Gupta and Jocelyn Downie)

To the editor,

I would like to submit my comments after reading the above-mentioned article.

First, Dr Gupta is responsible for a federal committee that should give its recommendations about MAID and mental disorders in the next few weeks. It does not seem appropriate that Dr Gupta gives her opinion on a report written by a provincial commission, at least before the federal commission that she is heading presents its recommendations to the federal government.

More importantly, I never met anyone against the principle of autonomy and nondiscrimination.

There are major differences between Bill C-7 which was voted March 17th, 2021 and the laws in Belgium and Netherlands about MAID and mental disorders. In these two countries, the doctor, the evaluator, must agree with the patient about their suffering and the lack of basic available therapeutic options.

Bill C-7 says that the person requesting MAID should be informed of all available means to alleviate her suffering (3.1.g) and says that the medical practitioner agree with the person that the person has given serious consideration to those means (3.1.h). Nowhere in Bill C-7 does it say that the practitioner can say to the patient "there are options that you did not try and should try before having access to MAID". That is the main difference between Bill C-7 and the laws and procedures in Belgium and Netherlands.

Dr Derrick Smith, and outspoken psychiatrist for access to MAID has mentioned many times in discussions with me that only the patient decides what is good for him and only the patient decides which treatment he is willing to accept. Even if the usual, average, basic treatments have not been tried. The lawyers who argued *Truchon v. Canada* (2019) in Quebec think the same way.

The way C-7 is worded, only the person decides "when and what", what is "suffering", "decline",

March 7th, 2022

acceptable treatment options, including none.

In no other field of medicine is that possible. For example, you cannot go see the orthopedic surgeon and request as a right a hip replacement. The doctor will discuss with you, will probably suggest x-rays, discuss physiotherapy, weight loss, medication, maybe infiltration. The person may not agree to what the doctor suggests, but if the doctor does not think that hip replacement is the first and only option, he may decide not to put the person on the waiting list for surgery without the person having tried some other options.

After having read the Quebec's Commission's Report, I am relieved that the Commission do not recommend MAID for a person whose sole medical problem is a mental disorder. They are cautious and that should be the way. Until the wording of Bill C-7 is changed safeguards, procedures, will not be enough to prevent MAID used as a first line "treatment".



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