



**Opening Remarks to the Special Joint Committee
on Medical Assistance in Dying**

**By
Dr. Eleanor Gittens and Dr. Sam Mikail**

November 28, 2023

Thank you, Mr. Chair and members of the special committee for the invitation to the Canadian Psychological Association (CPA) to appear before you this evening. My name is Dr. Eleanor Gittens and I am the sitting President of the CPA. I am a professor and a program coordinator in the Addictions, Treatment and Prevention program at Georgian College. I am joined by Dr. Sam Mikail who is a CPA Past-President and Adjunct Clinical Faculty member at the University of Waterloo.

The CPA is the national association for the practice, science, and education of psychology. There are, approximately, 19,000 registered psychologists in Canada.

The CPA recognizes the significant work of the special joint committee on such a sensitive and delicate matter as Medical Assistance in Dying (MAiD). In considering the pending application of MAiD where a mental disorder is the sole underlying medical condition, the CPA made a series of recommendations in response to the report of the Expert Panel on MAiD and Mental disorders released in May 2022, and was in advance of the special joint committee's June 2022 interim report. These recommendations have been shared with the Ministers of Mental Health and Addictions, Health, and Justice as well as the committee.

The CPA also created a Task Force on End-of-Life and produced two reports: the first in 2018 that discussed various issues related to MAiD such as decisional capacity, advanced directives, and the role of psychologists, and the other in 2020 which outlined practice guidelines for psychologists involved in end-of-life decisions.

In the interest of time, we will not cover all of the recommendations in our reports but would highlight the following:

1. Currently, the Expert Panel's Report recommends that an independent assessor should be involved with MAiD where a mental disorder is the sole underlying medical condition and it names psychiatrists as the experts. We fully agree that these cases will require an assessment independent of the treating team or provider. However, we strongly recommend that psychologists be named as additional expert assessors in these cases. Psychologists are the country's largest group of regulated mental health care providers, able to assess, diagnose, and treat mental disorders.

We can offer expertise relevant to MAiD decisions, while expanding the qualified assessor pool. Psychologists' expertise in the administration and interpretation of objective assessment measures that have established validity, reliability, and embedded indices aimed at identifying inconsistent responding, feigned responding, symptom exaggeration, and suicidal ideation/intent is vital to the assessment of individuals requesting MAiD where the mental disorder is the sole underlying medical condition.

2. In developing the newly established curriculum for MAiD assessors, the CPA has not been given an opportunity to review and/or provide input. Given psychology's expertise in the development, administration and interpretation of psychometric measures for purposes of complex assessment we see this as a significant oversight.

When it comes to a decision regarding end-of-life, and when that decision may be impacted by even the slightest possibility of compromised decision-making due to impaired cognitive functioning, the highest standard of care must be taken in conducting objective assessments in order to guide the final determination of eligibility. Psychologists – as specialists in assessment and diagnosis of cognitive functioning – are uniquely positioned to ensure this standard of care. Given this training and because psychologists have extensive training in research methods, they should equally be involved in MAiD research questions for both end of life care issues and where a mental disorder is the sole underlying medical condition. Here we refer to Recommendation #19 which states that the federal government should fund both targeted and investigator-initiated periodic research on questions relating to the practice of MAiD.

3. We would also like to address the Expert Panel Recommendation #2 that MAiD assessors should establish incurability with reference to treatment attempts made up to that point, outcomes of those treatments, and severity and duration of illness, disease, or disability. This recommendation recognizes that there are no fixed rules for how *many* treatment attempts, how many *kinds* of treatments, and over what period of time treatment should have been delivered, and as such, incurability must be assessed on a case-by-case basis. However, we want to highlight that treatments should have been provided by a regulated mental health professional employing an evidence-based treatment or an elder employing an accepted traditional healing practice. It would not be sufficient if the individual saw 10 successive service providers that employed unknown forms of treatment or treatments that have not been subjected to research supporting their efficacy.

In closing, as we are looking at access for Canadians to the procedure of Mental Assistance in Dying for mental disorder as the sole underlying condition, we also need to be looking across the continuum of care to ensure Canadians can access publicly available and funded mental health care. Psychology has a key role to play here.

Thank you for the opportunity to speak today. We would be pleased to address any questions you may have.