Dear Colleagues,

Bill C-7, having received royal assent March 17, 2021, expands access to medical assistance in dying (MAiD) to those with chronic illness, disability and mental illness.

I represent the 80 Assertive Community Treatment (ACT) psychiatrists in Ontario who provide care to the 7000 patients in Ontario with the most severe and persistent mental illness. We care for the very patients most likely to be impacted by the new MAiD legislation. Our professional duty is to always support healing and recovery and not facilitate suicide.

Canada’s approach has always been to honour freedom of conscience. In fact, the legislative preamble of Bill C-14 had made clear that, in matters of conscience, the Canadian Charter of Rights and Freedoms should continue to set the precedent, and a clause inserted into the code stated that participation in MAiD should be voluntary.

In spite of this, the CPSO policy regarding conscience objection and MAiD requires practitioners to create a pathway for death via effective referral. Furthermore, there are concerns that the CPSO might set out a new positive obligation of raising MAiD as a treatment option, despite the risks this suggestion might pose to patients' lives as a suicide inducement. We know most patients who consider MAiD will recover their will to live with good psychiatric care. Of the people who attempt suicide only 23% try again and only 7% actually complete suicide. Offering MAiD will perversely lead to the premature deaths of people who would have recovered and lived decades longer.

We request your policies be reconciled to respect conscience and patient safety in all patient settings.

Other jurisdictions globally, and even other Canadian provinces, have systems that respect an individual’s conscience while maintaining patient access to controversial services. Ontario actually has systems to facilitate patient access and therefore these policies place an undue burden on individual practitioners without increasing patient access.

As the Council of Canadian Academies pointed out, if conscientious objectors are not protected, individuals who value moral integrity will not enter medicine.

MAiD for mental illness has been made legal despite thousands of psychiatrists decrying its immorality. Suicide prevention and suicide inducement are not practically, professionally or ethically reconcilable.
We expect and need our College to be an ethical guide and beacon and to not ever bow to unethical legislation that supports suicide facilitation and undermines the foundation of expert psychiatric care.

Thank you.