**Psychiatrists raise red flag overtiming of MAiD expansion of eligibility – November 23, 2022**

Leading psychiatrists across Canada, including the department chairat the University of Manitoba’s Max Rady College of Medicine, recommend delaying legalized Medical Assistance in Dying (MAiD) to persons whose sole medical condition is a mental disorder.

Canada legalized access to MAiD for physical illness in 2016. Currently, people whose sole medical condition is a mental disorder are not eligible for MAiD in Canada.

However, in March 2023, that is set to change. People whose sole medical condition is a mental disorder may be eligible for MAiD if they meet all the legal requirements <https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html>

“We are incredibly concerned about the impact this will have on our patients and want to see further education, definitions and supports in place before implementing this drastic change to MAiD,” said Dr. Jitender Sareen, head of psychiatry at the University of Manitoba.

The Association of Chairs of Psychiatry in Canada (ACPC**)** comprises chairs (heads) of psychiatry departments in Canada’s 17 medical schools who perform a variety of roles including education, research and clinical services in academic departments of psychiatry across Canada.

“As a collective organization,we recognize that a lot work is being done in Canada on this issue, however, we do not believe we are ready to implement Medical Assistance in Dying-Sole Underlying Mental Disorder (MAiD-SUMD) across Canada by March 2023,” said Dr. Valerie Taylor, Chair of the (ACPC) and chair of psychiatry,University of Calgary. “Further time is required to increase awareness of this change and establish guidelines and standards to which clinicians, patients and the public can turn to for more education and information.”

ACPC recommends the following actions before MAiD-SUMD is implemented:

* Strengthen public education on suicide prevention, access to mental health and addiction care pathways, and MAiD-SUMD;
* Develop expert agreement on an operational definition of irremediability for different mental disorders because these definitions do not currently exist;
* Develop guidelines and procedures meeting the highest standards of care to assist clinicians in differentiating suicide vs. access to MAiD-SUMD;
* Develop standardized education tools for training psychiatrists and other health professionals to implement MAiD-SUMD; and,
* Ensure supports for robust processes to gather data, evaluate the new lawand its implementation.

Taylor notes that this the opinion of the chairs and may not represent the view of all department members in their universities.

**The following psychiatry department chairs are available for comment:**

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