

MEMORANDUM

TO: Special Joint Committee on Medical Assistance in Dying

FROM: Rebecca Vachon, PhD., Health Program Director
Andreae Sennyah, Director of Policy
Daniel Liegmann, Junior Policy Analyst

DATE: March 17, 2026

SUBJECT: Submission to AMAD Committee on Permanently Pausing the Expansion of MAiD for Mental Disorders¹

ISSUE AND BACKGROUND

On February 13th, 2026, Parliament reconvened the Special Joint Committee on Medical Assistance in Dying (AMAD) to “undertake a comprehensive review relating to the eligibility of persons whose sole underlying medical condition is a mental illness to receive medical assistance in dying”.²

In 2021, when the Government of Canada expanded the eligibility for MAiD to include those whose deaths were not reasonably foreseeable (Track 2 MAiD), Bill C-7 as originally drafted by the Government and initially passed by the House of Commons contained a safeguard that explicitly *excluded* eligibility for those with mental disorders as a sole underlying condition (MD-SUMC).³ The Senate subsequently added a provision for that safeguard to expire in 2023, thus expanding MAiD to persons with mental disorders as a sole underlying condition.⁴

The federal government has delayed the implementation of MAiD for MD-SUMC twice, first by an additional year to 2024, and then again for 3 years to March 2027.⁵

RECOMMENDATION

Expanding MAiD for MD-SUMC in March 2027 would be irresponsible as Canadians, particularly young people, women, and Indigenous communities, face persistent barriers to accessing mental health care. The expansion would also undermine suicide prevention efforts, and would exacerbate the vulnerability of people with disabilities. Heads of psychiatry from Canadian medical schools have also warned about the extreme difficulty in determining the irremediability of mental disorders. Further, under the existing criteria, MAiD deaths have been increasing at an alarming pace with minimal oversight. **With this context, we recommend that the Special Joint Committee conclude that the expansion of MAiD to patients with mental illnesses as their sole underlying condition be permanently paused. We assert that Canada will not and cannot be ready for such an expansion.**

¹ Note: Substantially similar content in this memo was published by the same authors in November 2025 about Bill C-218 which addresses the same issues as this AMAD Committee’s study.

² Canada, *House of Commons Journals No. 86 Friday, February 13th, 2026*, 45th Parl, 1st Sess, under Motions.

³ Bill C-7, *An Act to Amend the Criminal Code (medical assistance in dying)*, 2nd Sess, 43rd Parl, 2021, <https://www.parl.ca/LegisInfo/en/bill/43-2/c-7>. For the original text of the bill, see First Reading, October 5 2025, Summary (b), <https://www.parl.ca/documentviewer/en/43-2/bill/C-7/first-reading>.

⁴ Bill C-7, at Section 1 (2.1) and Section 6.

⁵ Bill C-39, *An Act to amend An Act to amend the Criminal Code (medical assistance in dying)*, 1st Sess, 44th Parl, 2023, <https://www.parl.ca/LegisInfo/en/bill/44-1/c-39>; Bill C-62, *An Act to amend An Act to amend the Criminal Code (medical assistance in dying)*, No. 2, 1st Sess, 44th Parl, 2024, <https://www.parl.ca/LegisInfo/en/bill/44-1/c-62>.

RATIONALE AND SUPPORTING EVIDENCE

(1) MAID MD-SUMC WOULD COMPOUND EXISTING BARRIERS TO MENTAL HEALTH CARE AND UNDERMINE SUICIDE PREVENTION.

Lack of Access to Mental Health Care

Legislators must consider the consequences of expanding MAID for mental disorders, given known gaps and barriers that many Canadians experience in accessing mental health care. Expanding MAID to MD-SUMC is irresponsible when patients cannot reliably access means to alleviate their suffering.

For instance:

- Statistics Canada reported that in 2022, 1 in 3 Canadians who had a mood, anxiety or substance use disorder said their mental health care needs were *unmet* or only *partially met*.⁶
- This disparity is higher for First Nations living off reserve, Métis, and Inuit people. Statistics Canada reported in 2024 that for Indigenous people who required or were seeking mental health care, the vast majority (approximately three-quarters) reported that their needs were unmet or partially met.⁷
- Angus Reid Institute polling from 2023 found that 41% of Canadians who sought mental health care encountered barriers to access. Higher barriers to accessing mental health care were experienced by women and by young adults aged 18–34.⁸

The Angus Reid Institute poll also found that 52% of Canadians agreed with the concern that “treating mental health won’t be a priority if MAID eligibility is expanded” and 82% of Canadians believe access to mental health care should be improved *before* MAID is expanded to mental illness.⁹

Undermining Suicide Prevention

Experts have also raised serious concerns about how this MAID expansion could undermine suicide prevention. This would include, in part, the practical challenge of identifying which requests for deaths merit suicide prevention and which would be eligible for MAID, under the expanded criteria. The Society of Canadian Psychiatry, for instance, has stated that “evidence does **not** support the conclusion that suicidal ideation related to and due to mental illness can be differentiated from motivations for psychiatric MAID requests.”¹⁰

There is also the risk that MAID may already be acting as a suicide contagion and expanding MAID to mental disorders as a sole underlying condition may worsen this phenomenon.

- The Canadian Association for Suicide Prevention expresses concern with how the “expansion of MAID to include those not at the end of life carries the inherent assumption that some lives

⁶ Stephenson, E., “Mental disorders and access to mental health care,” *Insights on Canadian Society*, Statistics Canada Catalogue no. 75-006-X, (2023), 1, <https://www150.statcan.gc.ca/n1/en/pub/75-006-x/2023001/article/00011-eng.pdf?st=tzt81XXe>.

⁷ Statistics Canada, “Health care access and experiences among Indigenous people,” *The Daily*, Nov 4 2024, <https://www150.statcan.gc.ca/n1/daily-quotidien/241104/dq241104a-eng.pdf>.

⁸ Angus Reid Institute, “Mental Health and MAID: Canadians Who Struggle to Get Help More Likely to Support Expanding Eligibility,” Sept 28, 2023. <https://angusreid.org/mental-health-care-access-maid-mental-illness/>.

⁹ Angus Reid Institute, “Mental Health and MAID”.

¹⁰ Society of Canadian Psychiatry, “Brief on MAID and Mental Illness Expansion”, October 13, 2023, <https://suicideprevention.ca/wp-content/uploads/2023/10/Society-of-Canadian-Psychiatry-MAID-MI-Brief-2023-Oct-13.pdf>.

are not worth living and cannot be made so,” an idea that is “in inherent conflict with suicide prevention” and may also compromise suicide prevention messaging.¹¹

- Indigenous groups have also raised serious concerns about MAiD MD-SUMC given the high suicide rate among Indigenous populations and the barriers they face in healthcare. A Statistics Canada study, for instance, found that the rate of suicide among First Nations persons was three times higher than among non-Indigenous persons; among Métis it was about twice as high; and among Inuit, it was nine times higher than among non-Indigenous persons.¹²
 - Dr. Tyler White, CEO of Siksika Health Services, an organization that provides health care to Indigenous communities in Alberta, states “the expansion of MAiD sends a contradictory message to our peoples that some individuals should receive suicide prevention, while others suicide assistance”.¹³
- A systematic review of literature found that the introduction of assisted dying into a jurisdiction does not lower the instances of non-assisted suicide.¹⁴ Comparisons of European jurisdictions found, similarly, a lack in decline in non-assisted suicide rates and a significant overall *increase* of suicide (inclusive of assisted suicide) and self-initiated death (including non-assisted suicide and/or euthanasia and assisted suicide) in the jurisdictions which have euthanasia compared to those which do not.¹⁵

Persons with Disabilities

Experts and disability advocates have voiced concerns that Track 2 MAiD (for deaths that are not reasonable foreseeable) reflects an “ableist presumption that life with disability or chronic illness has less quality or is less worth living.”¹⁶ The expansion of MAiD to mental disorders has the potential to further endanger people with disabilities, many of whom also experience mental illness and who often lack access to the care and supports they need. Inclusion Canada, a national federation working on behalf of those with intellectual disabilities and their families, argues that there is a need to “chart a new course and support people with a mental illness to live well” rather than seek the expansion of MAiD MD-SUMC.¹⁷

¹¹ Canadian Association for Suicide Prevention, “Statement on the Expansion of Medical Assistance in Dying to those without a Reasonably Foreseeable Death”, Dec 7, 2020, <https://suicideprevention.ca/media/statement-on-the-expansion-of-medical-assistance-in-dying-to-those-without-a-reasonably-foreseeable-death/>.

¹² M. B. Kumar and M. Tjepkema, “Suicide among First Nations people, Métis and Inuit (2011-2016): Findings from the 2011 Canadian Census Health and Environment Cohort (CanCHEC),” *National Household Survey: Aboriginal Peoples*, Statistics Canada Catalogue no. 99-011-X2010991, June 28, 2019, <https://www150.statcan.gc.ca/n1/en/pub/99-011-x/99-011-x2019001-eng.pdf?st=H2QDjS7d>.

¹³ S. Levitz, “Assisted-death bill sends wrong message to Indigenous people, advocates say”, *Toronto Star*, November 24, 2020, https://www.thestar.com/news/canada/assisted-death-bill-sends-wrong-message-to-indigenous-people-advocates-say/article_42dfd4aa-5c6a-5106-9993-9d3de3f029e9.html#tncms-source=login.

¹⁴ A. M. Doherty, C. J. Axe, and D. A. Jones, “Investigating the Relationship between Euthanasia and/or Assisted Suicide and Rates of Non-Assisted Suicide: Systematic Review,” *BJPsych Open* 8, no. 4 (July 2022): 5.

¹⁵ D. A. Jones, “Euthanasia, Assisted Suicide, and Suicide Rates in Europe,” *Journal of Ethics in Mental Health*, 11 (2022): 27-28.

¹⁶ T. Lemmens, M. J. Shariff, and L. Herx, “How Bill C-7 will sacrifice the medical profession’s Standard of Care”, *Policy Options*, Feb 11, 2021, <https://policyoptions.irpp.org/2021/02/how-bill-c7-will-sacrifice-the-medical-professions-standard-of-care/> See also the work of Heidi Janz, Catherine Frazee, Isabel Grant, Jonas-Sébastien Beaudry.

¹⁷ Inclusion Canada, “Parliamentary Committee Recommends an Indefinite Delay to MAiD for Mental Illness; Inclusion Canada Wants the Sunset Clause Repealed Altogether”, January 30, 2024, <https://www.inclusioncanada.ca/post/parliament-recommends-maid-delay>.

International observers have also expressed concerns regarding the permissiveness of Canada's approach:

- The UN Committee on the Rights of Persons with Disabilities, in an April 2025 report, expressed their extreme concern with Track 2 MAiD, calling on the Canadian government to repeal it entirely, including the 2027 expansion for mental disorders as a sole underlying condition. They described how removing the requirement for a “reasonably foreseeable death” creates the impression that “if persons with disabilities are suffering, it is valid for the State Party to enable their death without providing safeguards that guarantee the provision of support”.¹⁸

(2) MAID FOR MD-SUMC WOULD HAVE SIGNIFICANT IMPLEMENTATION ISSUES AND COMPOUNDS EXISTING PROBLEMS WITH MAID

The federal government twice delayed MAiD MD-SUMC, citing the concerns raised by the provinces and territories, as well as medical professionals.¹⁹ Such concerns will not be addressed by March 17, 2027– or cannot be remedied at all.

- In January 2024, the health ministers for 10 of Canada's provinces and territories wrote the federal government asking for an indefinite pause on the expansion of MAiD MD-SUMC.²⁰
- Leaders in the field of psychiatry have also called for pauses, including the Association of Chairs of Psychiatry in Canada in 2022, which includes the psychiatry department heads for all Canadian medical schools,²¹ as well as a 2023 open letter and brief from eight chairs of psychiatry.
 - The chairs of psychiatry advocated for an “extended pause” to MD-SUMC, citing “inadequate safeguards to protect vulnerable groups” and the risk of “patients in underserved areas obtaining MAiD instead of evidence-based care.”²² They also refer to a general opposition, demonstrated through surveys, to MAiD MD-SUMC among psychiatrists.

A Lack of Consensus on Irremediability for Mental Disorders

MAiD, under current legislation, requires assessors to find that the medical condition in question is “grievous and irremediable.”²³ This creates a significant obstacle for assessing MAiD for MD-SUMC because “irremediability in the context of mental disorders is particularly challenging to

¹⁸ United Nations, Committee on the Rights of Persons with Disabilities. *Concluding observations on the combined second and third periodic reports of Canada*, 2025: 7.

¹⁹ Health Canada, “The Government of Canada introduces legislation to delay Medical Assistance in Dying expansion by 3 years,” (News release), Feb. 1, 2024, <https://www.canada.ca/en/health-canada/news/2024/02/the-government-of-canada-introduces-legislation-to-delay-medical-assistance-in-dying-expansion-by-3-years.html>.

²⁰ S. Taylor and L. Osman, “Provinces ask Ottawa for indefinite pause on expansion of assisted dying eligibility,” *CBC News*, Jan. 30, 2024, <https://www.cbc.ca/news/politics/provinces-maid-ottawa-delay-1.7099237>.

²¹ C. Bains, “Delay assisted dying for people with mental disorders: psychiatrist association,” *National Post*, Dec 1, 2022, <https://nationalpost.com/news/canada/canada-should-pause-maid-for-people-with-mental-disorders-psychiatrists>.

²² “Written Brief Submitted to the Special Joint Committee on Medical Assistance in Dying (MAiD)”, Nov. 16, 2023, <https://www.ourcommons.ca/Content/Committee/441/AMAD/Brief/BR12830857/br-external/Jointly5-e.pdf>.

²³ Canada, *Criminal Code of Canada*, Section 241.2 (1) (c), <https://laws-lois.justice.gc.ca/eng/acts/C-46/section-241.2.html>.

determine,” according to the Canadian Psychiatric Association discussion paper on this topic,²⁴ and “there is no international or accepted definition of irremediability in mental disorders,” as noted in the chairs of psychiatry’s open letter.²⁵

The lack of criteria or definitions for irremediability of mental disorders is likewise confirmed by:

- The Canadian Association for Suicide Prevention (CASP), who stated that there is “insufficient data to conclude irremediability of any mental disorders,” as well as noting that the existing scientific literature focuses on the efficacy of particular treatments rather than the treatability of the disorder using the full range of possible treatments.²⁶
- The Council of Canadian Academies Expert Working Group, who highlighted that “there is usually less stability in diagnosis, and poorer predictability in prognosis and treatment effectiveness, for mental disorders compared to the physical conditions that typically motivate MAiD requests.”²⁷
- The Association des médecins psychiatres du Québec (AMPQ), who noted in their discussion of the subject that “the underlying pathophysiological processes involved in most mental disorders are unknown.”²⁸
- The Centre for Addiction and Mental Health, who, in their presentation to the Standing Committee on Justice and Human Rights, likewise confirmed “there are currently no established criteria that define if and when a mental illness should be considered irremediable.”²⁹

The criteria of “irremediability” is a core safeguard within the framework Parliament instituted for MAiD. The main concern is not that mental illness cannot present as grievous suffering, but rather that the future prognosis and prospects for improvement is very difficult to determine.

Existing Concerns with Track 1 and Track 2 MAiD

The current practice of MAiD in Canada also reveals gaps in safeguards that require redress, rather than expansion. Concerning trends include:

²⁴ A. Freeland et al., “Medical Assistance in Dying (MAiD) for Persons Whose Sole Underlying Medical Condition is a Mental Disorder: Challenges and Considerations,” *Canadian Journal of Psychiatry*, 2022 Jan, 67 (1): 72.

<https://journals.sagepub.com/doi/10.1177/07067437211043315>

²⁵ “Written Brief.”

²⁶ Canadian Association for Suicide Prevention, “CASP Issues Statement About MAiD for Mental Illness”, Dec 14, 2022, <https://suicideprevention.ca/media/casp-issues-statement-about-maid-for-mental-illness/>; Canadian Association for Suicide Prevention, “Statement on the Expansion of Medical Assistance in Dying to those without a Reasonably Foreseeable Death”, Dec 7, 2020, <https://suicideprevention.ca/media/statement-on-the-expansion-of-medical-assistance-in-dying-to-those-without-a-reasonably-foreseeable-death/>.

²⁷ The Council of Canadian Academies, *The State of Knowledge on Medical Assistance in Dying Where a Mental Disorder is the Sole Underlying Medical Condition*. The Expert Panel Working Group on MAiD Where a Mental Disorder Is the Sole Underlying Medical Condition, 2018: 40, <https://rapports-cac.ca/wp-content/uploads/2018/12/The-State-of-Knowledge-on-Medical-Assistance-in-Dying-Where-a-Mental-Disorder-is-the-Sole-Underlying-Medical-Condition.pdf>.

²⁸ Igartua et al., “Access to medical assistance in dying for people with mental disorders: Discussion Paper,” Association des médecins psychiatres du Québec, November 2020: 8, https://ampq.org/wp-content/uploads/2025/01/MPQ_DocReflexion_AMM_EN_FINAL.pdf.

²⁹ Centre for Addiction and Mental Health, “Presentation to the Standing Committee on Justice and Human Rights”, Nov. 5, 2020, <https://n14.camh.ca/-/media/files/pdfs---public-policy-submissions/camh-just-committee-presentation-bill-c7-nov-2020-pdf.pdf>.

- The number of patients dying by MAiD dramatically exceeding the projections of the Government of Canada. Health Canada estimated in 2022 that MAiD as a percentage of total deaths would stabilize at 4% in 2033, but actual MAiD deaths exceeded 4% by 2022 (eleven years earlier than projected).³⁰ As of the last Health Canada report on MAiD for 2023, the percentage of total deaths caused by MAiD had reached 4.7%.³¹
- Faster growth in Canada compared to other jurisdictions with euthanasia regimes. It took the Netherlands decades to surpass 3% of total deaths, whereas Belgium, which legalized euthanasia in 2002, passed the 3% mark only after 20 years, as of 2023.³²

Further, there is a lack of transparency at the provincial level for compliance and investigations related to MAiD practice:

- Only Quebec, British Columbia, and Ontario have produced provincial-level reports documenting the implementation of MAiD, and federal monitoring data continues to be based on self-reports from assessors and providers with no independent verification of compliance.³³ The lack of independent oversight is deeply concerning given the fundamental irreversibility of MAiD.
- The UN Committee on the Rights of Persons with Disabilities also drew attention to the lack of “a federal independent oversight mechanism to monitor, regulate and handle complaints in relation to medical assistance in dying”.³⁴

The reasons why Canadians are opting for MAiD deaths deserves further investigation and study, especially in light of the known gaps in our health care system. These concerns with the current practice of Track 1 and Track 2 MAiD necessitate further oversight to ensure the protection of vulnerable communities. These concerns should be addressed before MAiD is expanded, especially to MD-SUMC.

CONTACT

We would welcome the opportunity to meet with you and assist with future considerations on this issue. Please do not hesitate to contact us at rvachon@cardus.ca.

³⁰ Raikin, Alexander. “From Exceptional to Routine: The Rise of Euthanasia in Canada.” Cardus, 2024. <https://www.cardus.ca/research/health/reports/from-exceptional-to-routine/>.

³¹ Health Canada. *Fifth Annual Report on Medical Assistance in Dying in Canada, 2023*, Dec. 11, 2024; 16. <https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2023.html>.

³² A. Raikin, “From Exceptional to Routine,” 2024.

³³ Jaro Kotalik, “Monitoring of MAiD: Deficits of Transparency and Accountability,” in *Medical Assistance in Dying (MAiD) in Canada: Key Multidisciplinary Perspectives*, ed. J. Kotalik and D. Shannon, (Springer International, 2023), 124; Government of British Columbia, “Medical Assistance in Dying - Statistics”, <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/statistics>.

³⁴ United Nations, Committee on the Rights of Persons with Disabilities, *Observations*, 7.