

Medical Assistance in Dying and Substance Use Disorders - A Framework for Assessment

Category: Oral Presentation

Abstract Body

Background:

Medical Assistance in Dying became legal in Canada in 2017 following a charter challenge. This area of medical practice had to evolve very rapidly. Given this intervention's gravity, the medical community's response has been decidedly divided, particularly with the community of palliative care providers. In March 2024, after a 12-month delay, MAiD where Mental Disorder is the Sole Underlying Condition (MAiD MD-SUMC) is about to become law. This decision is highly controversial. Provinces are scrambling to prepare.

Methods:

Our MAiD program leadership and a small group of mental health leaders, including addiction medicine providers, have convened for more than a year to develop an assessment framework and inform policy on MAiD MD-SUMC. Provinces are in various states of readiness for implementation. The Nova Scotia group has a framework that has group consensus.

Results:

We will present the Nova Scotia MAiD MD-SUMC assessment process to attendees. The assessment contains elements of the assessment of irremediability in the context of mental health disorders, vulnerability (using standardized tools when appropriate), and suicidality. We will also present our proposed processes for the assessment of eligibility and case review.

Conclusions:

MAiD MD-SUMC will become law next year. There are definitive ways to assess eligibility for MAiD in this context and we believe we have developed one with rigor. Crucial to this process is having a process to determine whether a mental health disorder is truly irremediable, knowing the difference between a person being suicidal and having a reasoned wish to die, and understanding what influence vulnerability has on the request.

Key Words

- Assessment/screening
- Ethical issues
- Legislation
- Treatment Models/Programs

Learning Objective # 1

Know the difference between suicidality and a reasoned wish to die.

Learning Objective # 2

Be able to assess vulnerability in the context of a request for medical assistance in dying where a mental disorder is the sole underlying condition.

Reference # 1

Lawrence D, Kisely S (2010). Inequalities in healthcare provision for people with severe mental illness. *Journal of Psychopharmacology*, 24(4_suppl): 61-68.

Reference # 2

Thienpont L, Verhofstadt M, Van Loon T, Distelmans W, Audenaert K, De Deyn PP. Euthanasia requests, procedures and outcomes for 100 Belgian patients suffering from psychiatric disorders: a retrospective, descriptive study. *BMJ Open*. 2015 Jul 27;5(7):e007454. doi: 10.1136/bmjopen-2014-007454. PMID: 26216150; PMCID: PMC4530448.

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