OPA National Survey of Psychiatrists' and Psychiatry Residents' Perspectives on MAID for Mental Disorders

Preliminary Results Prepared for the Joint Parliamentary and Senate MAID Committee

Analysis based on data collected from:

December 7, 2023-January 23, 2024

Study Title: Survey of Psychiatrists and Psychiatry Residents' perspectives on Medical Assistance in Dying (MAID) where a Mental Disorder is the Sole Underlying Medical Condition under the current Canadian Federal Legislative Framework and the Health Canada Model Practice Standards for MAID

- **Principal Investigator:** Dr. Sephora Tang
- **Institutions:** The Ottawa Hospital and Ottawa Hospital Research Institute
- **Contact Email**: stang@toh.ca

- **Study Approved by Research Ethics Board**
- **OHSN-REB Number:** 20230674-01H

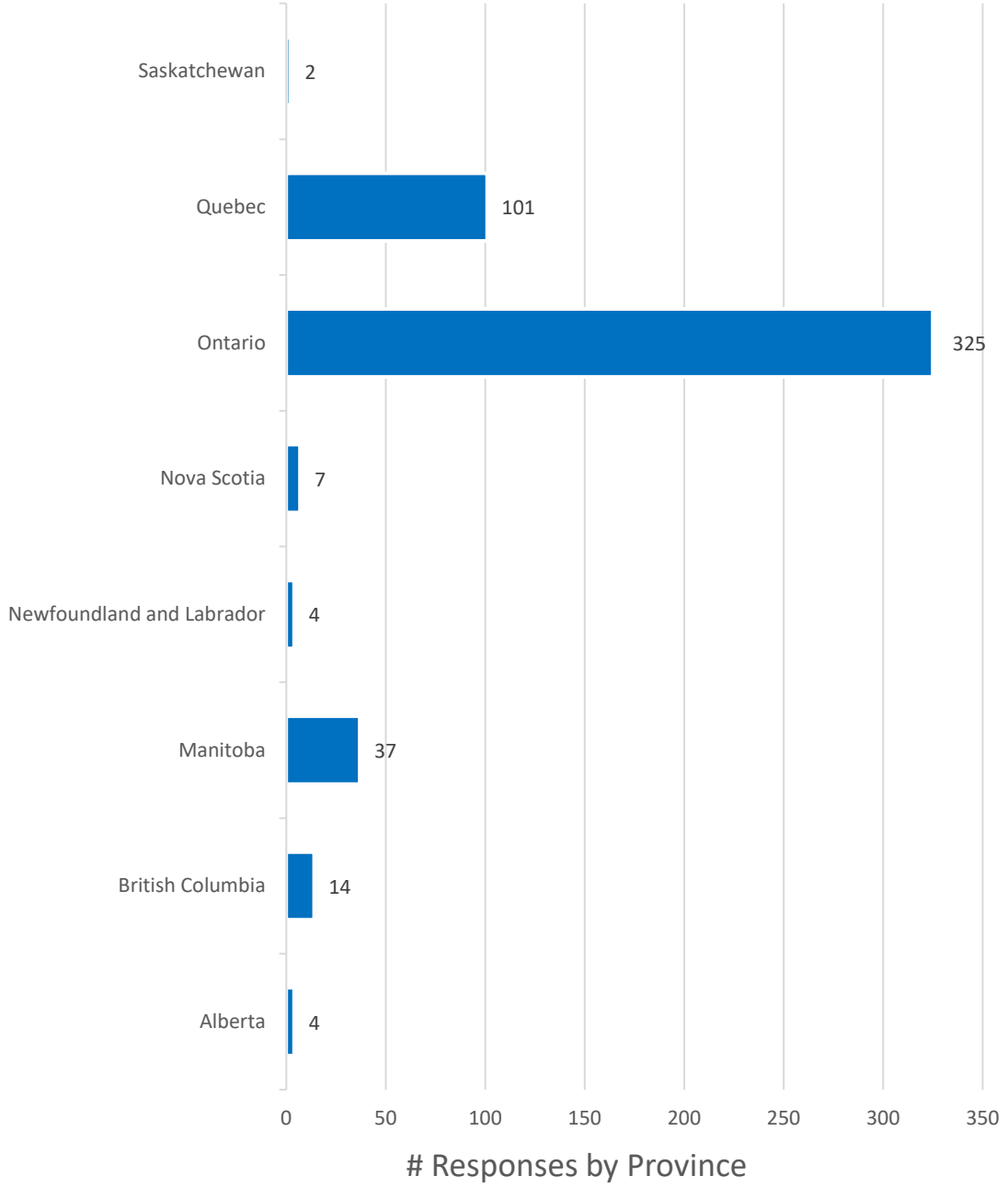
Purpose:

- This study examined the views of psychiatrists and psychiatry residents on Medical Assistance of Dying (MAID) for mental disorders as the sole underlying medical condition (MAID for MD-SUMC) that is informed by the current Federal Legislative framework and the 2023 Health Canada Model Practice Standards.

Participant Recruitment:

- An anonymous electronic survey was distributed to Canadian psychiatrists and psychiatry residents through provincial psychiatric associations; provincial medical associations; university Chairs of departments of psychiatry; the Association of General Hospitals Psychiatric Services and related hospital department heads; and psychiatry residency programs across Canada.

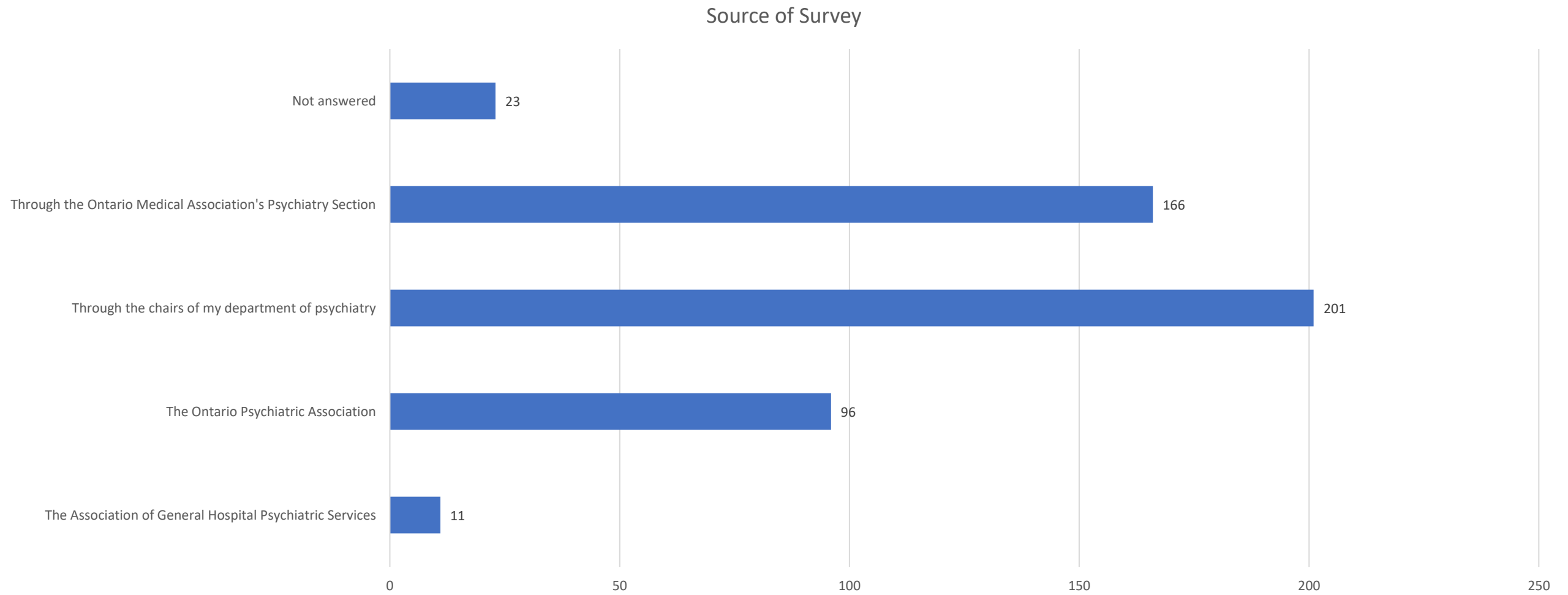
Number of Responses by Province



- Total number of respondents : **497**
- Total number of psychiatrists in Canada and residents: 4770 + 900 = **5670**
  - Source: https://www.cpa-apc.org/about-cpa/who-we-are/
- **Margin of error** (at 95% confidence level) **= 4%**

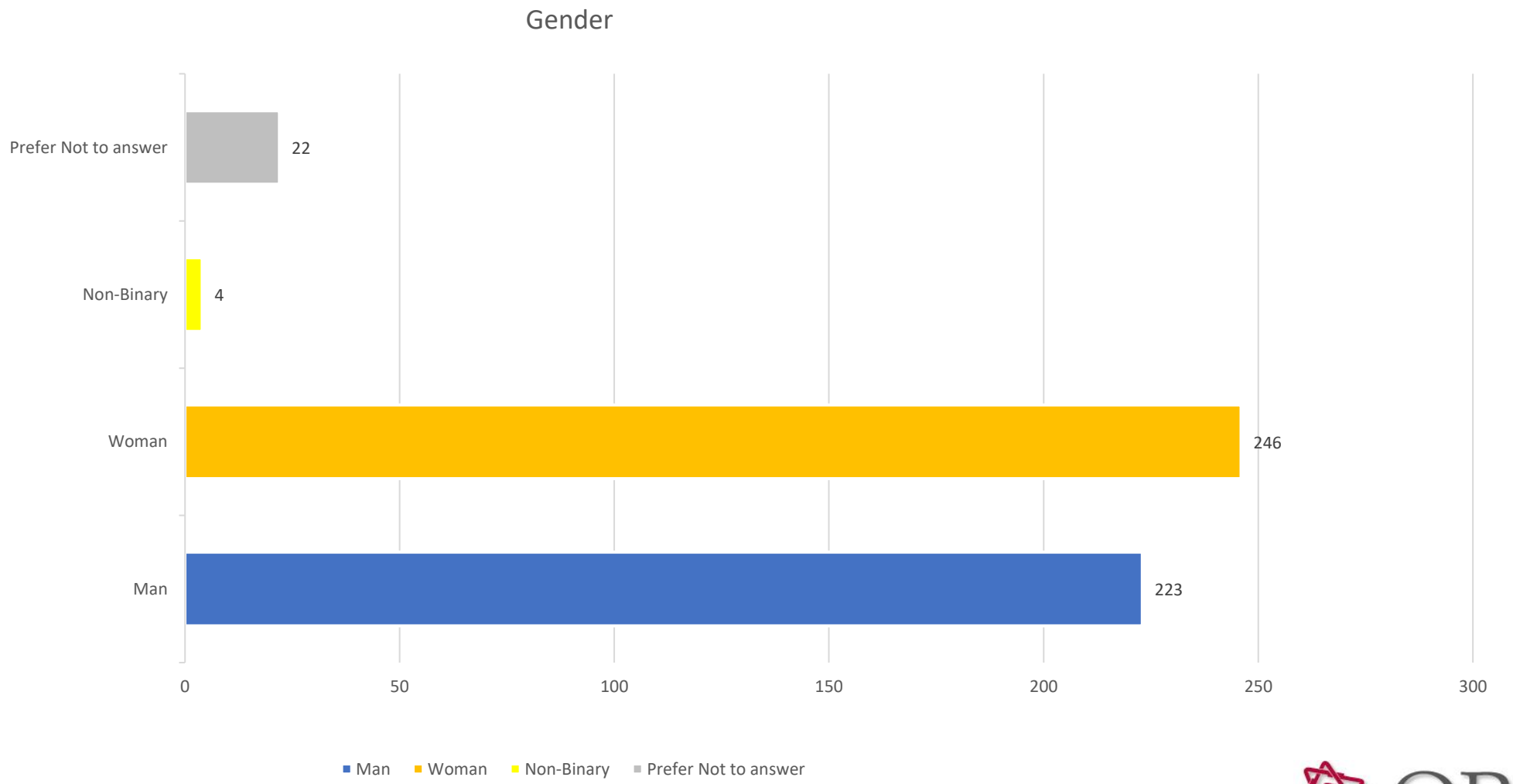
OPA
Ontario Psychiatric Association

Source from where participants received survey



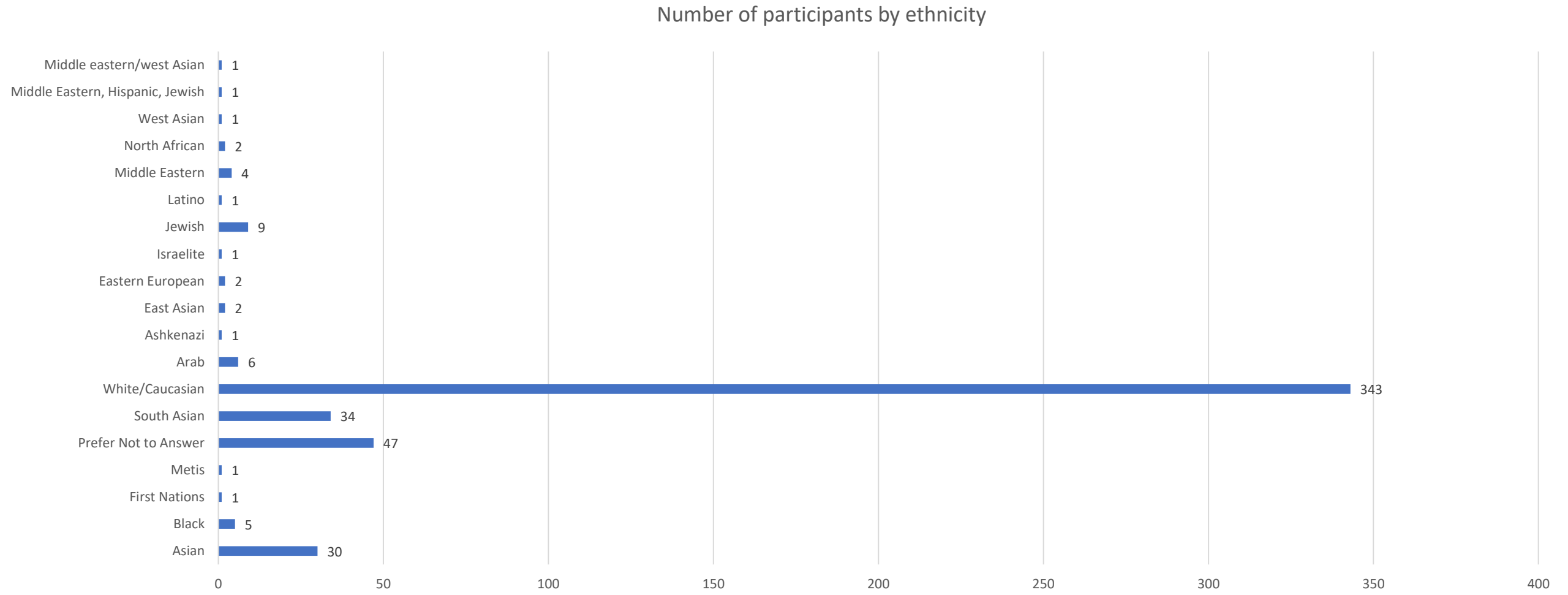
OPA
Ontario Psychiatric Association

Gender Distribution



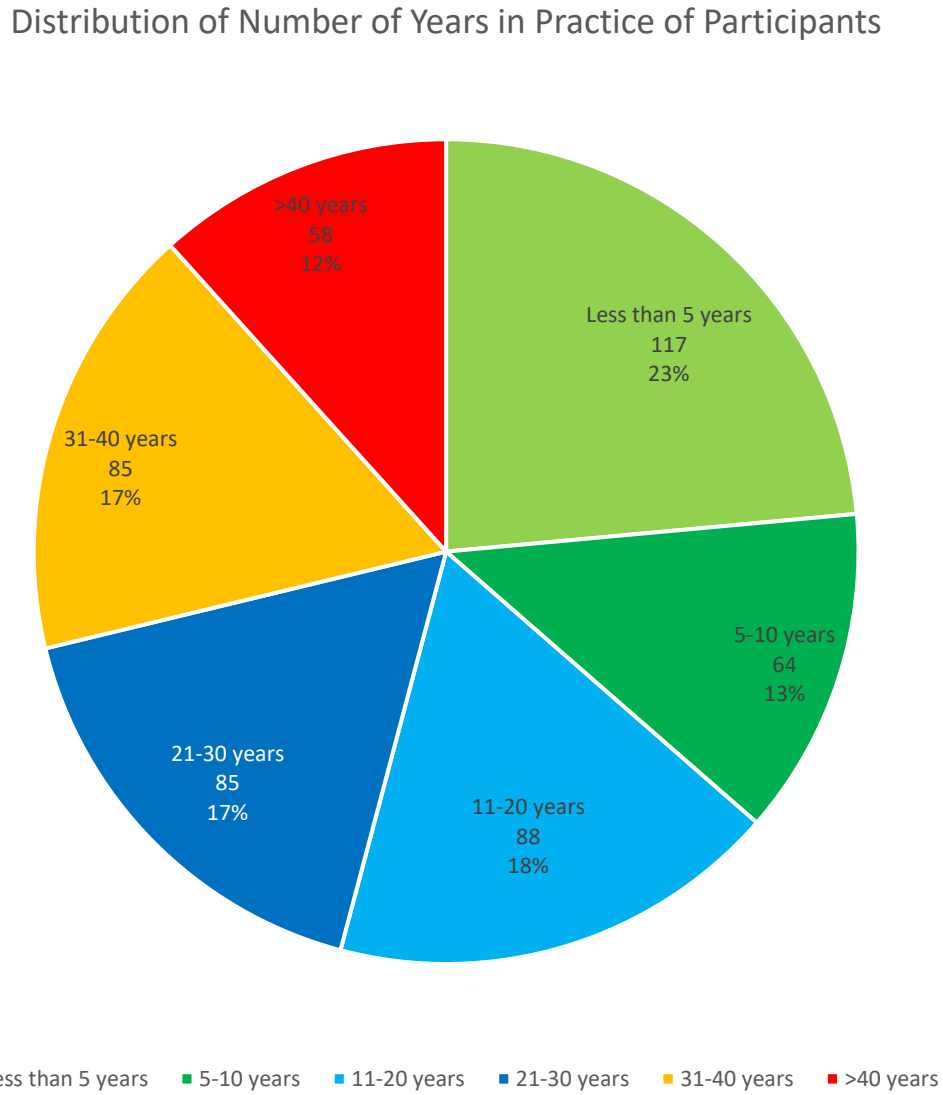
OPA
Ontario Psychiatric Association

Ethnicity of Survey Participants



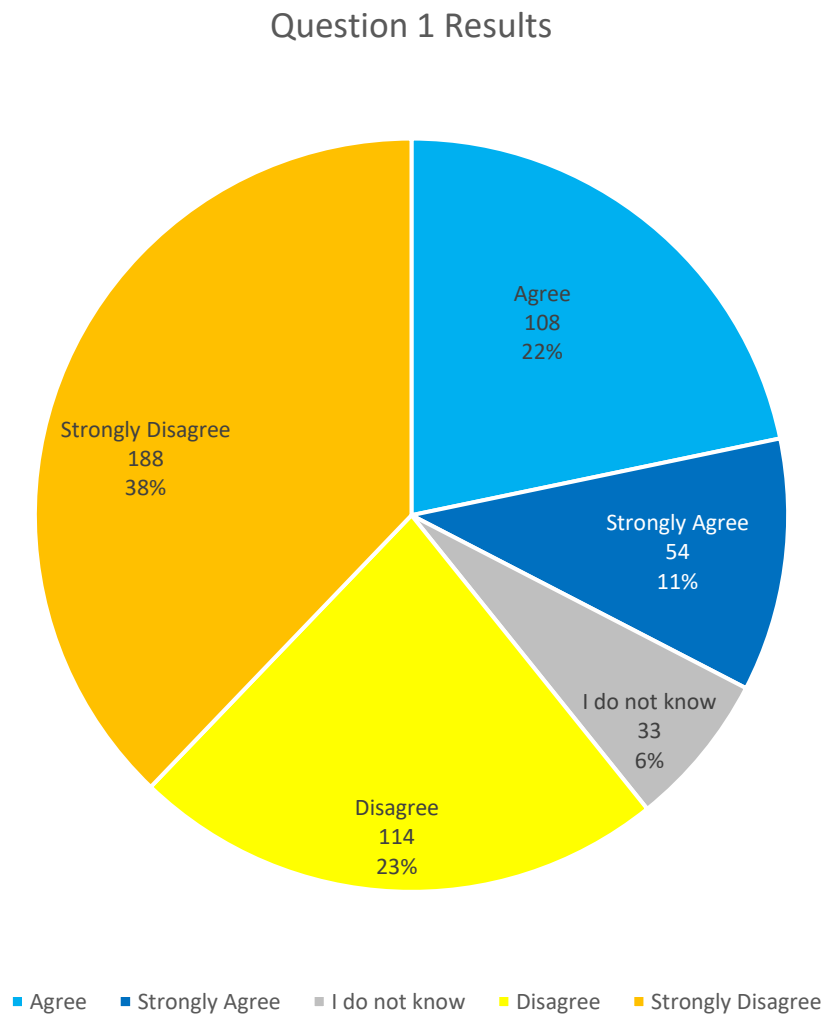
OPA
Ontario Psychiatric Association

Number of Years in Practice



OPA
Ontario Psychiatric Association

Question 1:
Do you agree or disagree that MAID should be permitted for patients whose sole underlying medical condition is a mental disorder?



Total Agree = 33%

Total Disagree = 61%

Representative quote from participant who disagrees:

- *"There is too much overlap with the symptoms of mental disorders, too much ambiguity about whether adequate treatment has been offered, and a general problem of lack of access to services (including psychotherapy and family therapy) across the country. There is a real risk that social structural problems in our society will be translated into people choosing MAID under duress. The provision of this as a medical 'service' will also corrode the ethical and public standing of the medical profession."*

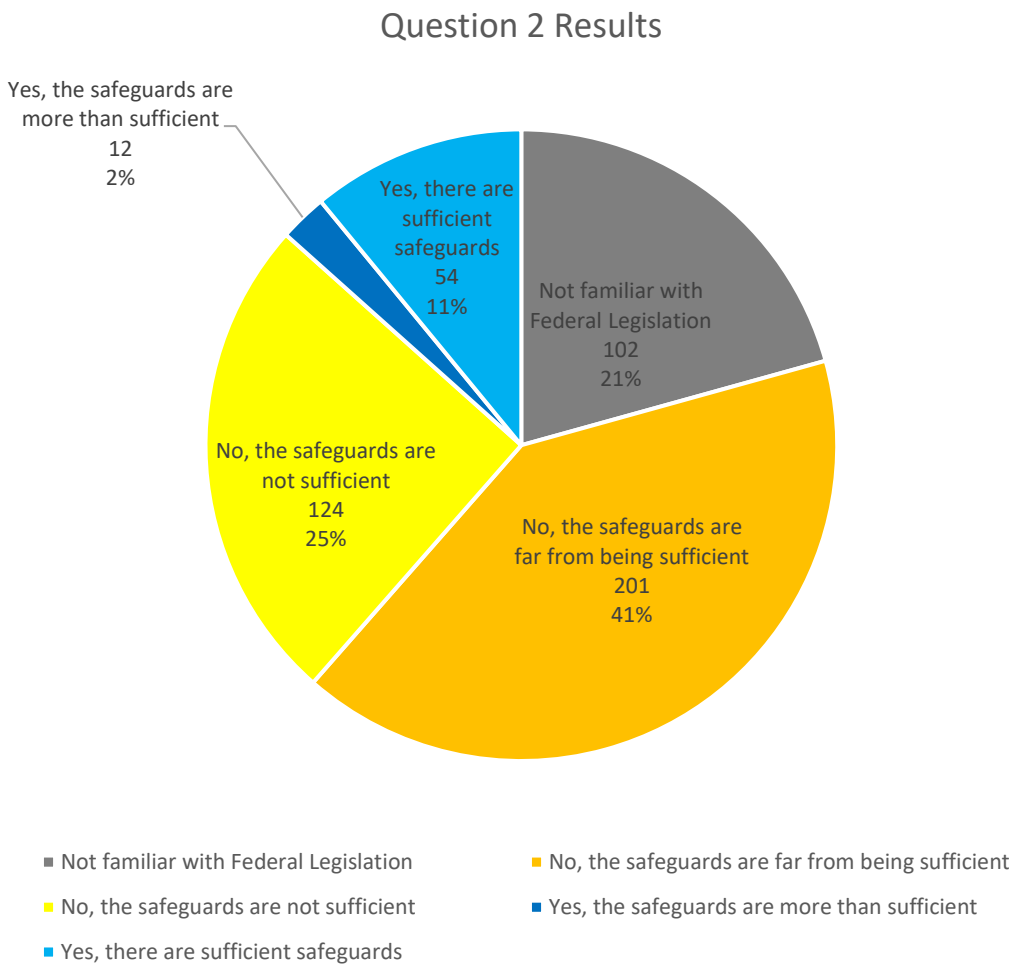
Representative quotes from participants who agree:

- *"From a philosophical perspective I agree that excluding people with mental illness is discriminatory. However, even with physical disorders I am personally aware of cases in which practice has been questionable - no clear diagnosis, not respecting what appeared to be a doubt expressed by an individual at the last minute. I do not have confidence that current safeguards will work."*

- *"I think there are many nuances with mental disorders compared to physical illnesses, and there should be significantly more safeguards, and stricter criteria when it comes to MAiD eligibility for psychiatric conditions as the sole underlying disorder. For instance, current legislation states a patient is able to decline any treatment recommendations but still be deemed eligible for MAiD for physical conditions. If this were to apply to psych disorders, that would be terrifying as psychotropics take time, requires multiple trials, considerations of ECT, rTMS etc. This is one of many criteria that should be stricter for mental disorders before MAID should be considered. Now I do think MAID should be an *option* but the absolute last resort option for mental disorders, which is why I say agree. Any less stringent the criteria, I would disagree with allowing this policy."*

OPA
Ontario Psychiatric Association

Question 2:
In your opinion, does the Federal legislation provide sufficient safeguards in permitting MAID for mental disorders beginning in March 2024?



Total Agree = 13%

Total Disagree = 66%

Representative quote from participant who disagrees:

"The current safeguards are insufficient to protect those with mental illness as a sole underlying condition.

First, the criteria for MAiD as a sole underlying condition does not require patients to have trialled a specific number of treatments. Instead, it simply necessitates that they be aware of treatment options. This raises the possibility that individuals with mental illness could opt for MAiD without ever undergoing treatment or treatment of a sufficient length to be beneficial. This is of significant concern since lack of future orientation and hopelessness are features of many psychiatric illnesses.

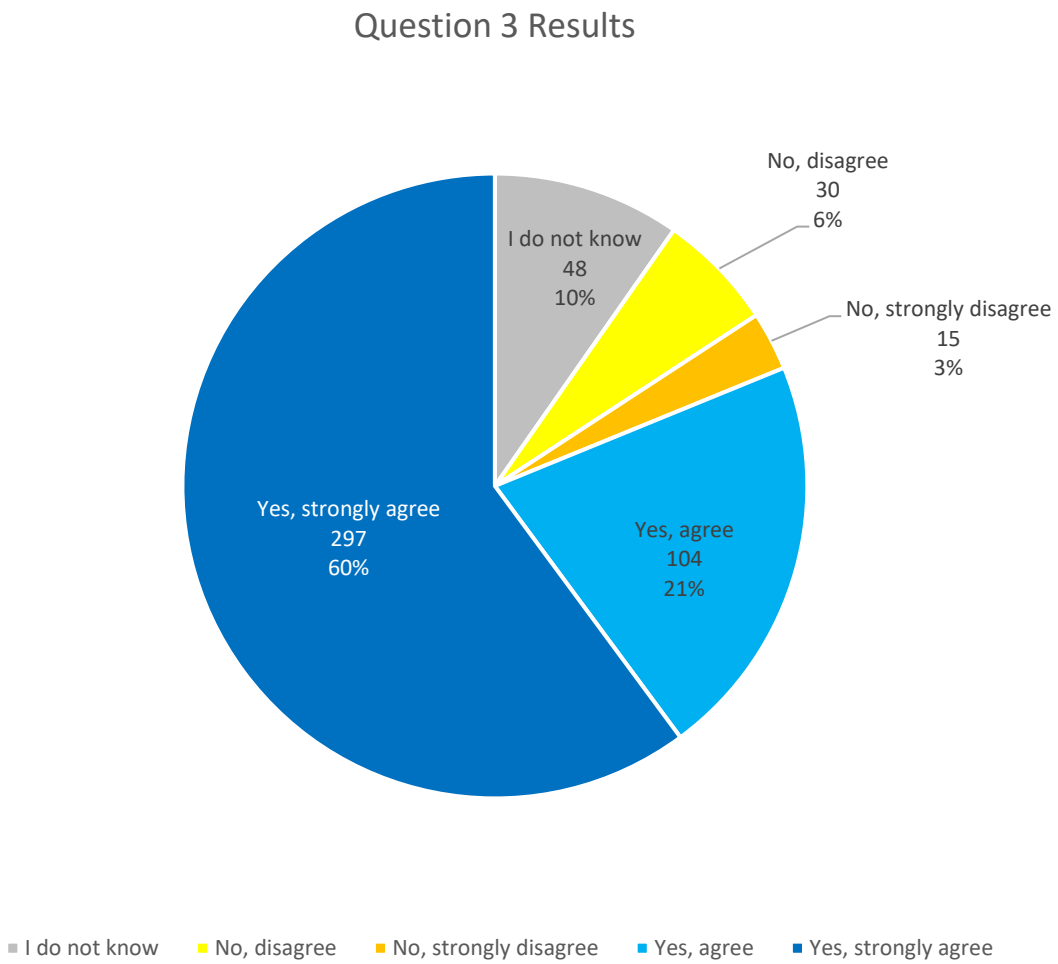
Second, there is to be no federal registry of completed MAiD interventions to compare Track 1 to Track 2 vs. Track 2 with mental illness as a sole underlying condition. This does not allow clinicians to understand the demographics and diagnoses of those with mental illness as a sole underlying condition who are opting for a MAiD intervention.

Third, it is not necessary that the MAiD assessors be psychiatrists, only that assessors "consult" with a clinician who has expertise in the illness in question. There seems to be no definition of what constitutes "expertise" and what is to be defined as "consultation". In addition, there are only guidelines with respect to MAiD eligibility criteria for those with mental illness as a sole underlying condition. This may lead to significant heterogeneity in who is deemed eligible for MAiD. It also allows for the possibility that patients with mental illness may "doctor shop" until they find assessors willing to authorize the intervention.

Fourth, although Track 2 mandates a 90 day reflection period, it would be relatively simple for some patients with mental illness to qualify for Track 1 and therefore, MAiD without delay. For instance, it is possible that a patient with mental illness as sole underlying condition could stop eating or drinking, or seriously injure themselves. In these cases, an argument could be made that death is reasonably foreseeable. There is not sufficient protection to prevent "migration" of "Track 2" cases to "Track 1" status."

OPA
Ontario Psychiatric Association

Question 3:
In your opinion, should MAID assessors for patients with mental disorders as their sole underlying medical condition be specialists in psychiatry with a Royal College specialist designation in psychiatry or equivalent?



Representative quote from participant who agrees:

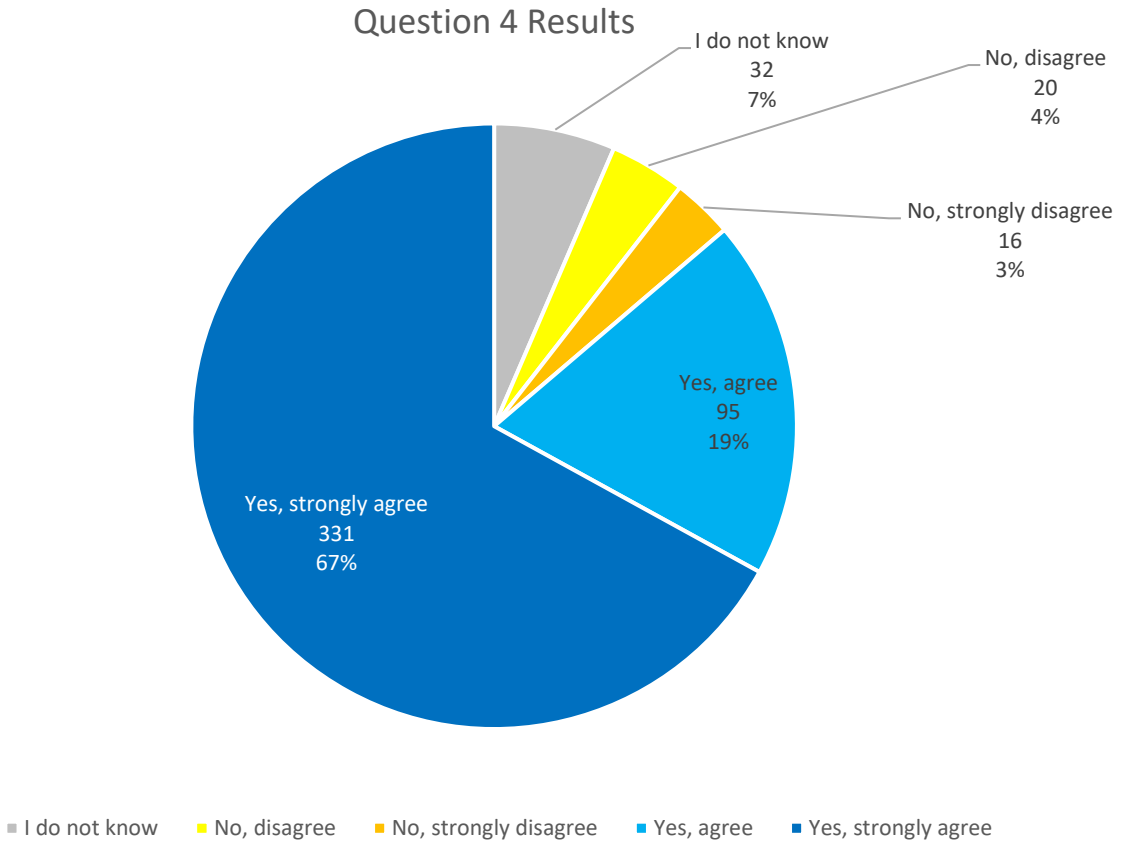
"Psychiatrists are trained to perform a holistic assessment and formulate a bio-psycho-social (sometimes spiritual) interpretation of the patients' situation. They are also trained in suicide risk assessment. Giving the likely high complexity of cases who will require psychiatric MAiD, no other health professionals than certified psychiatrists should be allowed to assess those cases."

Total Agree = 81%

Total Disagree = 9%

OPA
Ontario Psychiatric Association

Question 4:
Should a psychiatrist be consulted for every request for MAID where a mental disorder is the sole underlying medical condition, to assess capacity and/or to provide a psychiatric opinion on remaining treatment options/futility?



Representative quotes from participants who strongly agree:

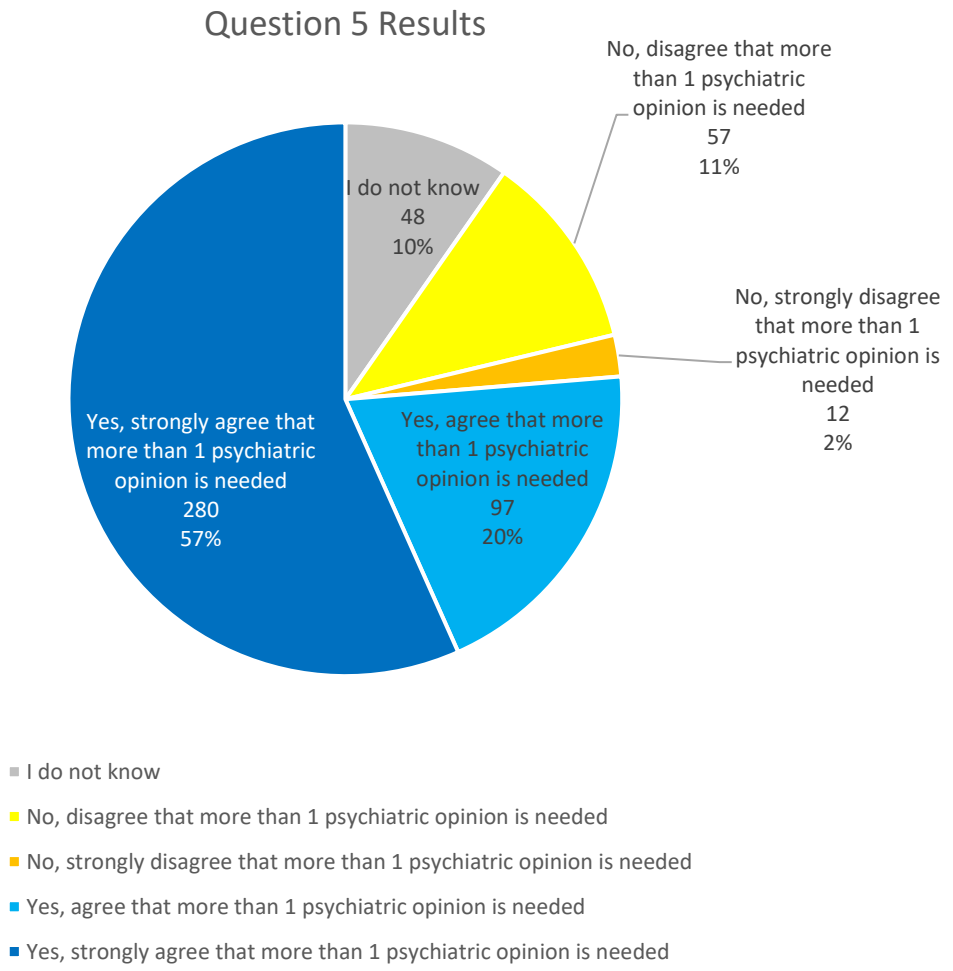
- *"For all treatment resistant cases where MAiD is being considered, I think the patient should have had a second opinion by a tertiary specialist (e.g., mood or psychotic disorder specialized clinic) around additional treatment options that may not have been offered or explored."*
- *"Yes, however this will take away precious resources needed to provide actual treatment who seek to get better. Our wait lists are so long already."*

Total Agree = 86%

Total Disagree = 7%

OPA
Ontario Psychiatric Association

Question 5:
Do you agree or disagree that more than 1 psychiatric opinion is needed to determine eligibility for MAID where a mental disorder is the sole underlying medical condition?



Representative quote from participant who strongly agrees:

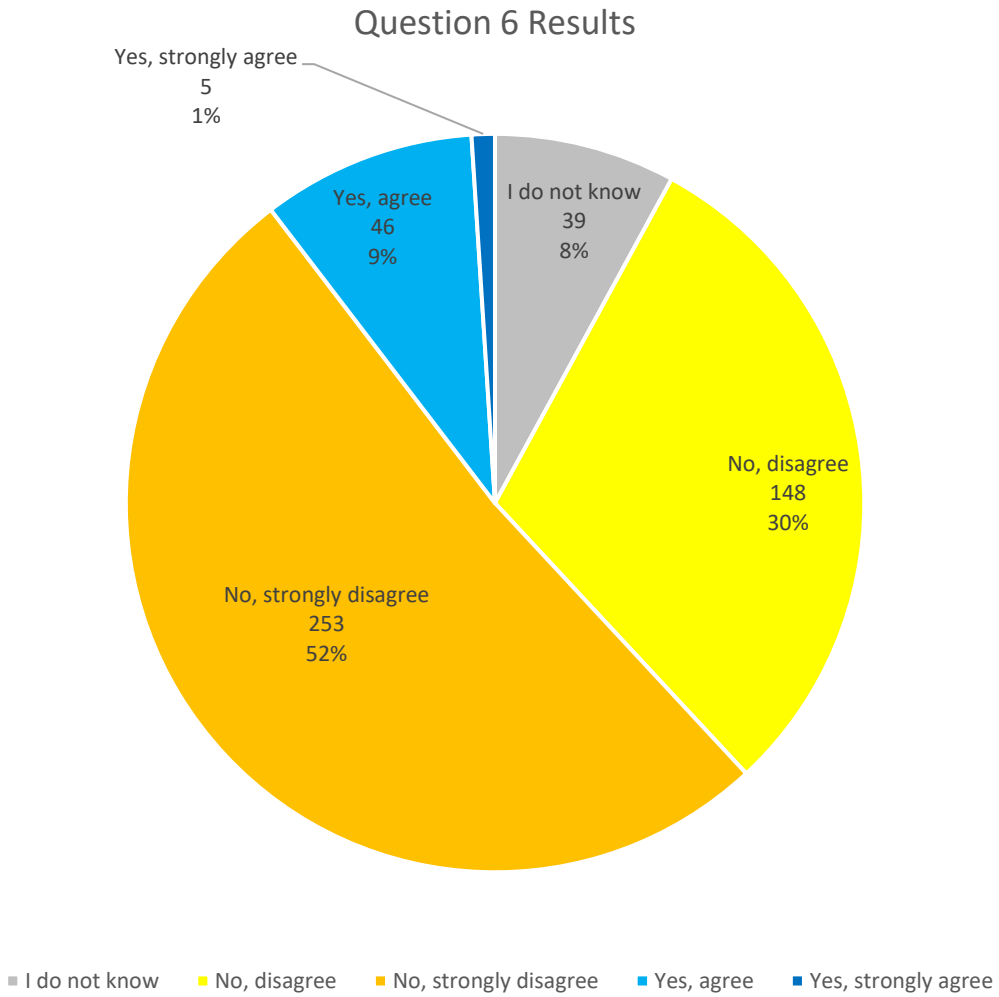
"As in all fields, psychiatrists who have trained and worked together can still have very different opinions on the same patient and different skill sets to elucidate patient histories, symptoms, and opinion of overall prognosis. If we are talking about intentionally ending a human life for a mental health disorder, a second opinion from an expert in those disorders is more than warranted."

Total Agree = 76%

Total Disagree = 14%

OPA
Ontario Psychiatric Association

Question 6:
Do you agree or disagree that case review with the referring MAID assessor is sufficient as a consultation?



Representative quote from participant who strongly disagrees:

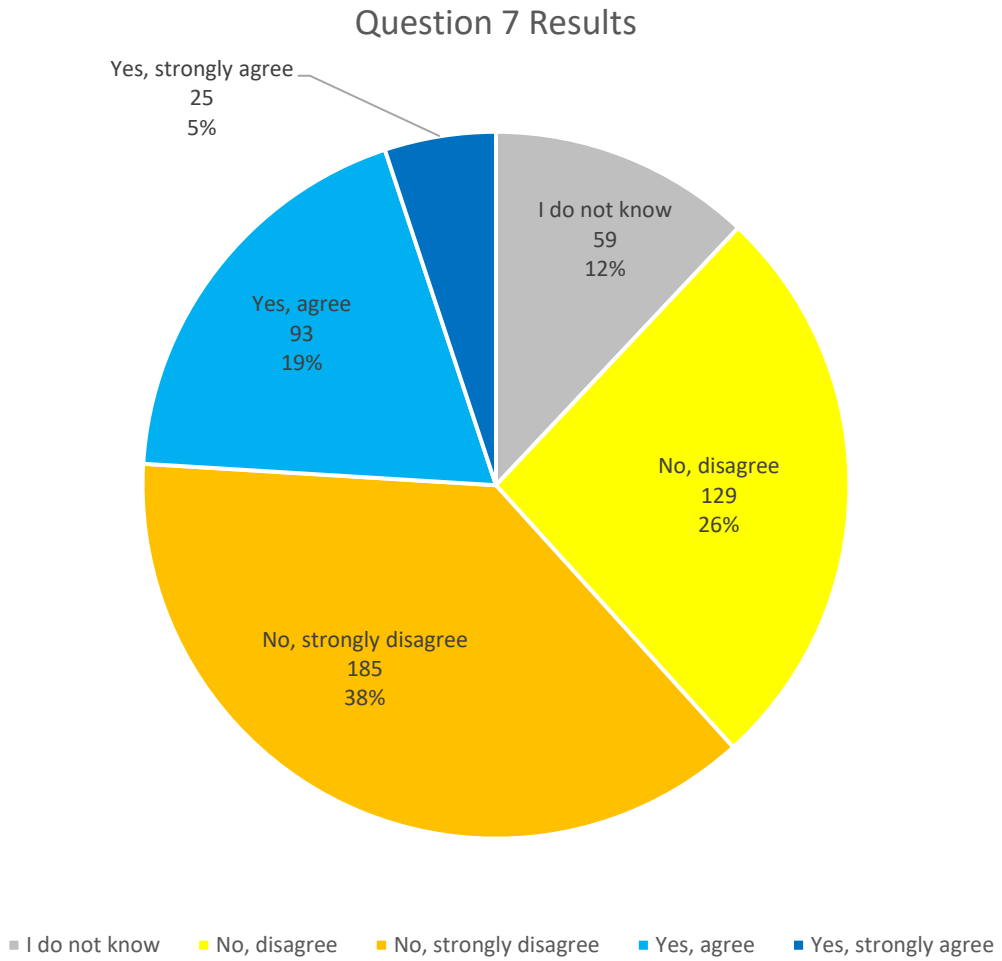
"Due to high complexity of severe mental illness, and high prevalence of comorbid disorders, it's crucial for the consulting psychiatrist to complete a thorough diagnostic assessment. This is further compounded by lack of objective diagnostic biomarkers for mental illness in terms of imaging or other diagnostics investigations such as bloodwork."

Total Agree = 10%

Total Disagree = 82%

OPA
Ontario Psychiatric Association

Question 7:
Do you agree or disagree that the legislative requirements and the methods described in the Model Practice Standards to determine irremediability are sufficient to adequately guide individual assessors on determinations of irremediability for mental disorders?



Total Agree = 24%

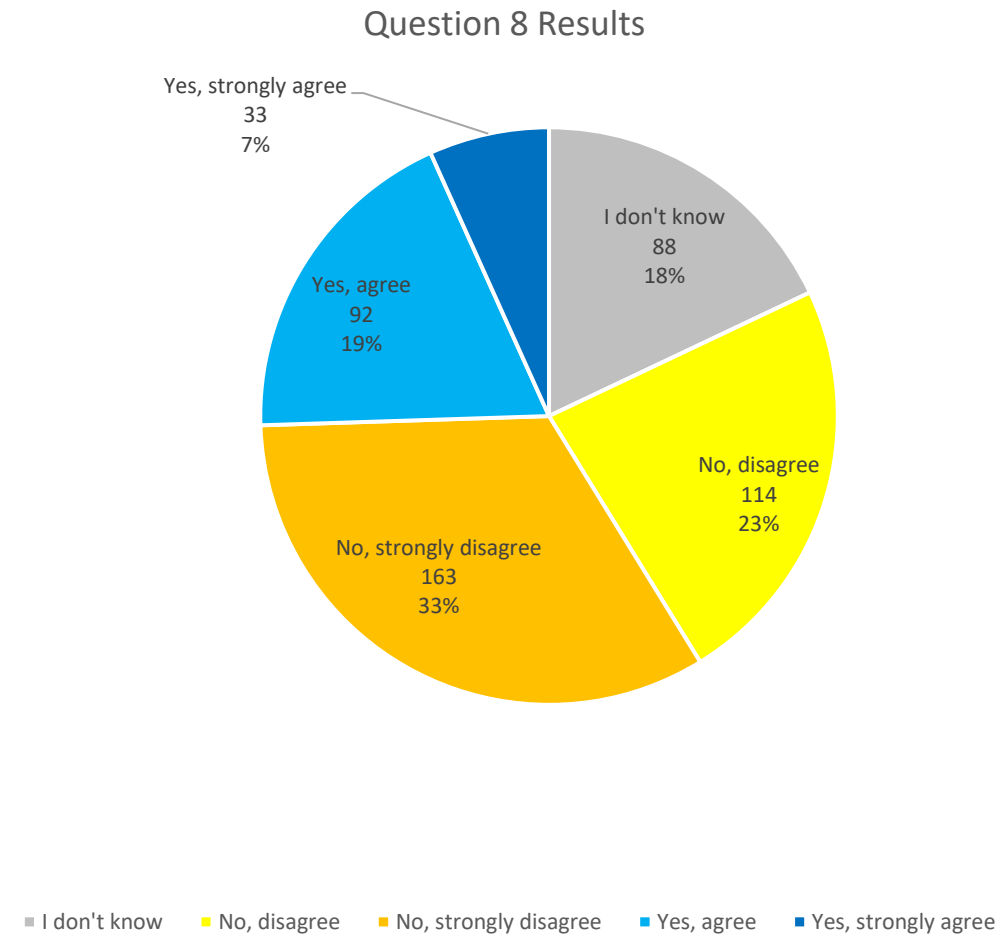
Total Disagree = 64%

Representative quotes from participants who strongly disagree:

- *"Il est très difficile d'établir le caractère irrémédiable des maladies mentales. Aussi, le jugement des patients sur les traitements est souvent faussé, le désespoir peut faire que les patients refusent des traitements raisonnables car ils minimisent les chances de succès."*
- *"Over the years, I have been surprised by some of my patients. Some have eventually recovered when I suspected that they wouldn't. I would hate to think that any of these would have been provided with MAID when they could have gotten better."*

OPA
Ontario Psychiatric Association

Question 8:
In most cases, MAID for a mental disorder would be considered Track 2 where death is not reasonably foreseeable. 90 days is the legislated minimum time for assessment of Track 2 cases.
Do you agree or disagree that 90 days is sufficient when applied to cases of MAID for mental disorders?



Representative quote from participant who strongly disagrees:

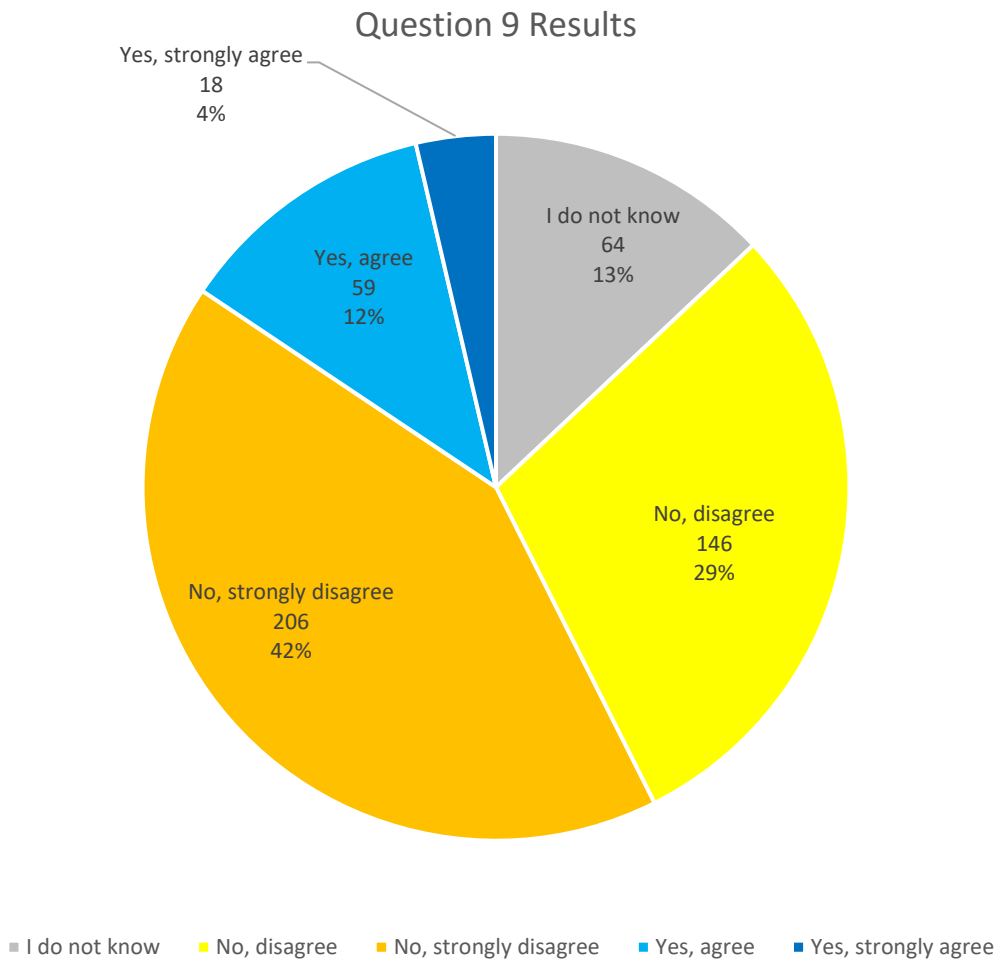
"Changes in mental health occur slowly after long periods of time because healing brain cells is a very slow process. 90 days is sometimes not even long enough to allow for access to some mental health services, let alone making the determination of whether someone is eligible for MAID."

Total Agree = 25%

Total Disagree = 57%

OPA
Ontario Psychiatric Association

Question 9:
If in your clinical judgement as a psychiatrist you believe that there are still potentially effective treatments available, but a capable patient declines these treatments, would you consider this patient eligible for MAID?



Total Agree = 16%

Total Disagree = 71%

Representative quote from participant who disagrees:

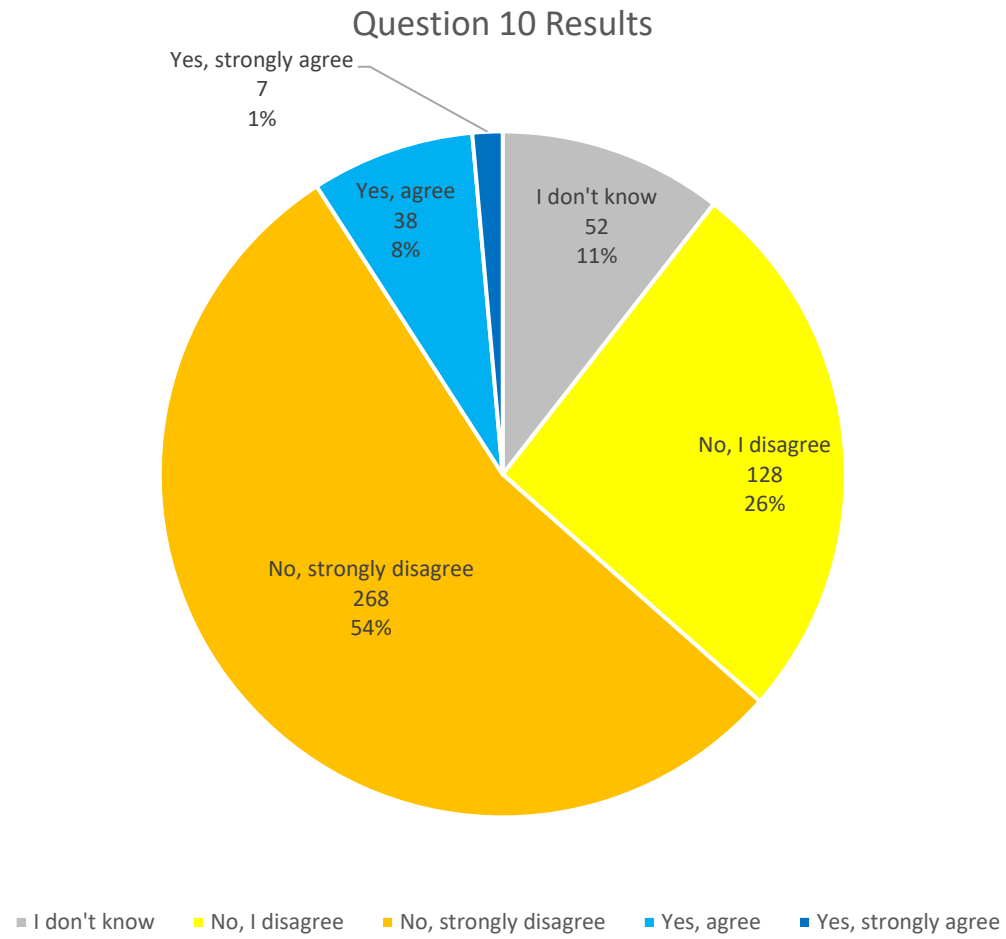
- *« Les traitements sont parfois tellement difficiles à obtenir et pour des raisons de choix politiques et de ressources, les patients ont un accès théorique et non réel, il y a tellement d'obstacles aux traitements, que de seulement considérer les << choix >> du patient et l'offre réellement disponible est éthiquement intenable. Il y a de telles pénuries en raison de choix politiques, les traitements existent, les professionnels existent, mais les patients n'y ont pas accès. »*

Representative quote from participant who agrees:

- *"Technically based on the current guidelines, they would be eligible for MAiD, but I do not necessarily agree with this."*

OPA
Ontario Psychiatric Association

Question 10:
If a patient is unable to access standard treatments (e.g. they are unable to afford the treatment or there is a very long waiting list to access care), would you find them eligible for MAID?



Representative quote from participant who strongly disagrees:

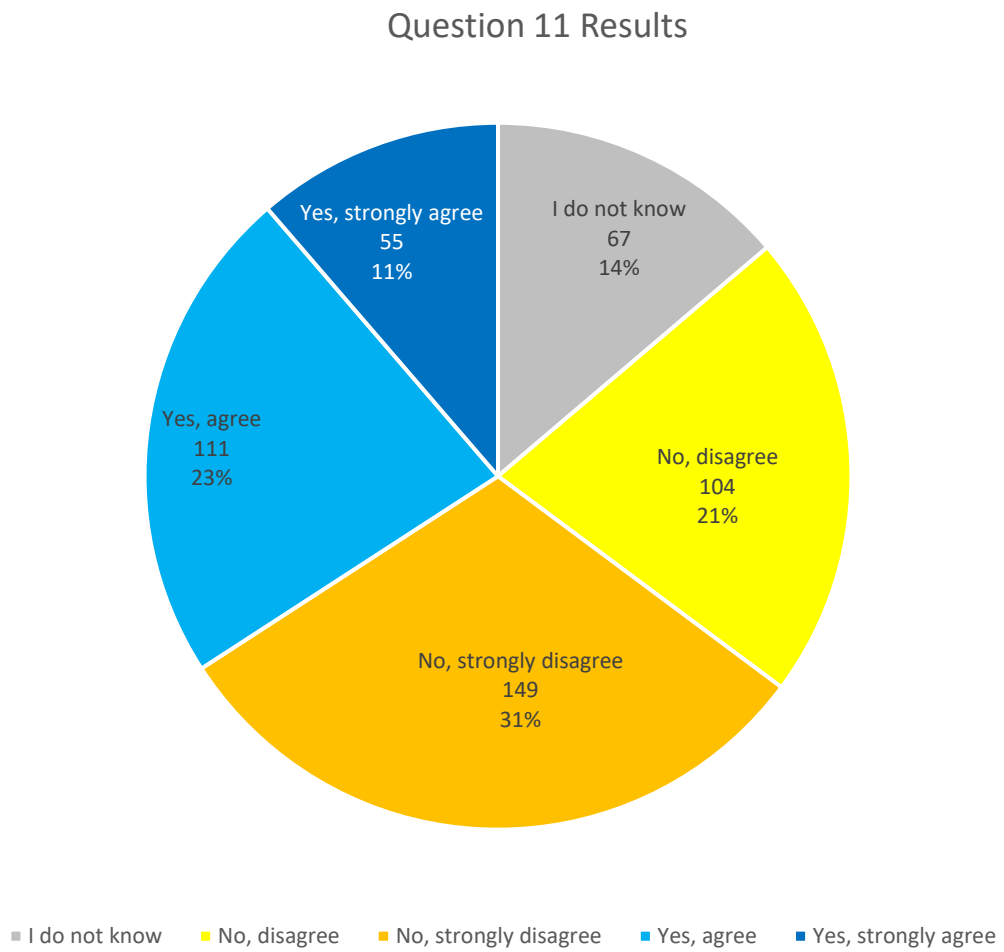
"The issue is not the illness, the issue is the system that is not allowing the patient to access adequate care. That is our issue to solve by improving the system, NOT by people dying to escape it."

Total Agree = 9%

Total Disagree = 80%

OPA
Ontario Psychiatric Association

Question 11:
If a patient meets eligibility criteria for MAID, but the assessor advises against MAID for ethical reasons (for example, the assessor does not believe MAID should be provided in response to lack of access to social determinants of health such as housing, financial aid, or timely medical care), **should it be mandatory for the assessor to make an effective referral for MAID?**



Total Agree = 34%

Total Disagree = 52%

Representative quotes from participants who strongly disagree:

- *« Cette position est intenable pour les soignants, je pense que l'équipe traitante doit être pro-vie, et que des équipes indépendantes doivent évaluer l'AMM. Nous allons faire énormément de dommages aux patients et aux soignants si nous mettons l'obligation de référer et de ne pas décourager les gens à l'AMM. Nous exposons les médecins à des poursuites et à des plaintes de patients suicidaires pour lesquels nous faisons la promotion de la vie et pour lesquels nous enseignons la tolérance à la détresse. Ceci est un non sens et contrevient aux bonnes pratiques psychiatriques. Nous devons rester des agents d'espoir et des acteurs pro-vie dans la vie de nos patients. Ceci nous permet néanmoins, selon nos convictions, de faire partie aussi de l'équipe << AMM >>, auquel cas nous ne pourrions pas évaluer nos propres patients, mais nous pourrions évaluer ceux de nos collègues. Ainsi, il y a une séparation claire et étanche entre les deux logiques. »*

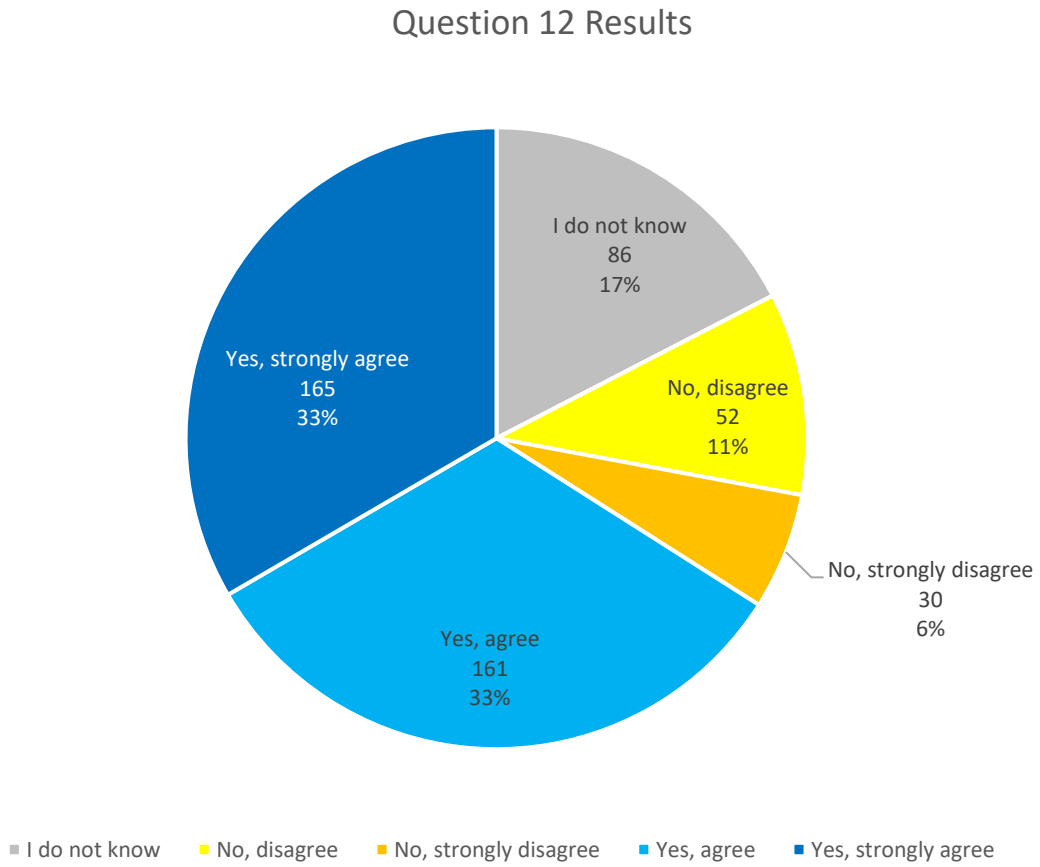
- *"No, because in this case it is not due to the assessor's personal beliefs. The physician would only have a duty to refer on if they refuse to discuss MAID with any patient due to their ethical/religious beliefs (similar to abortion). In this case, they have made an assessment that the person would improve with treatment (from a biopsychosocial lens, housing and finances are part of the treatment plan) - the next step would be ensuring the patient gets access to this treatment, and then reassessing whether their suffering has improved or whether they still desire MAID."*

Representative quote from participant who strongly agrees:

- *"if a directive to refer exists, we should refer and have a central (trained) maid team do this kind of screening, not leave it up to the discretion of individual practitioners in the community or hospital."*

OPA
Ontario Psychiatric Association

Question 12:
Current guidelines do not differentiate between objections to MAID based on 'conscience' and objections to the provision of MAID based on 'professional clinical judgement' and medical standards of care. Suppose a patient has declined an available treatment that would be effective in treating their mental disorder and requests MAID, against a physician's clinical judgment. **Do you agree or disagree that physicians should maintain their ability to determine whether referrals for MAID are, or are not, clinically appropriate?**



Representative quote from participant who strongly agrees:

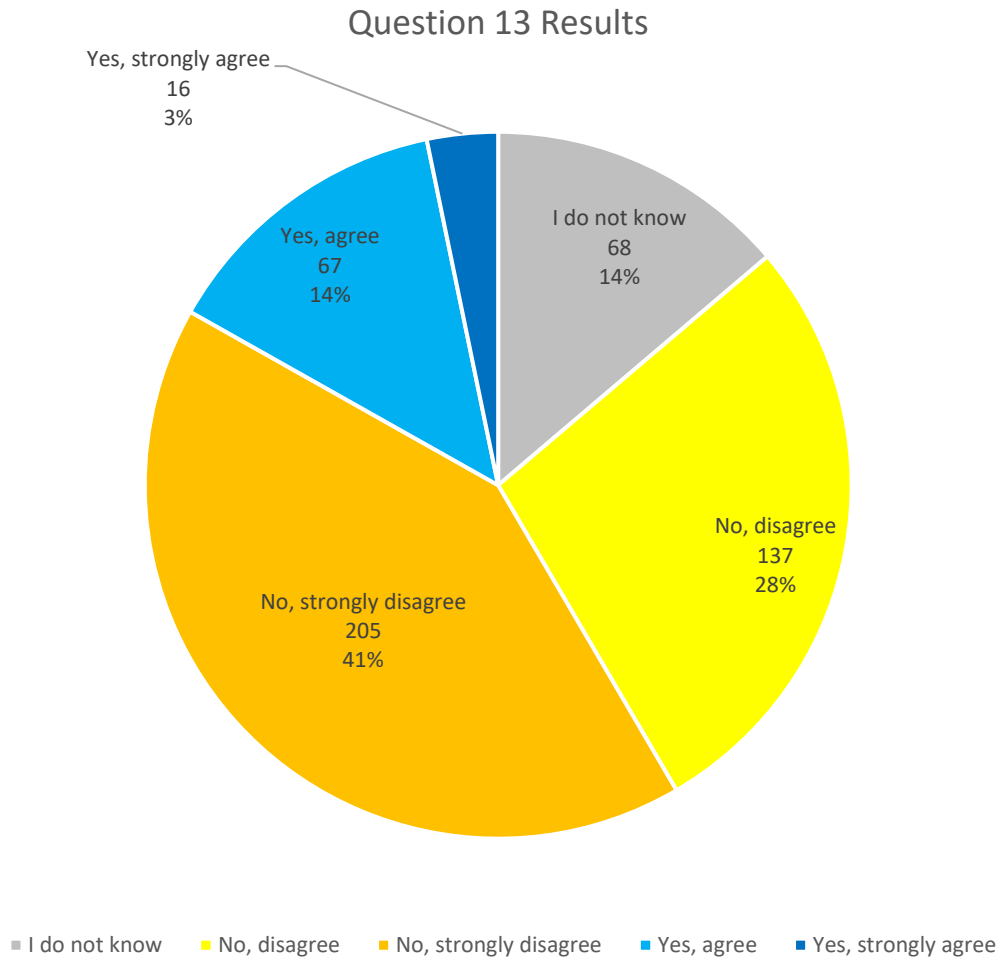
"The clinician's right to decide whether a referral is appropriate or not is considered valid for other treatments. It seems problematic to think that the same decision should be denied to clinicians when it comes to MAID."

Total Agree = 66%

Total Disagree = 17%

OPA
Ontario Psychiatric Association

Question 13:
Do you agree or disagree with the HCMPS guidelines that obligates healthcare professionals to initiate, unsolicited, the discussion with patients of their potential eligibility for MAID if it was determined to be 'consistent with the person's values and goals of care'?



Representative quote from participant who strongly disagrees:

"Mental health patients are already extremely vulnerable and often disadvantaged in multiple aspects of life. Extreme care should be taken in how treatment options are raised and someone in a position of authority spontaneously raising the idea of suicide to such patients could imply that they believe it is the correct choice, that the patient does not deserve to live, or that they feel the patient's condition is hopeless."

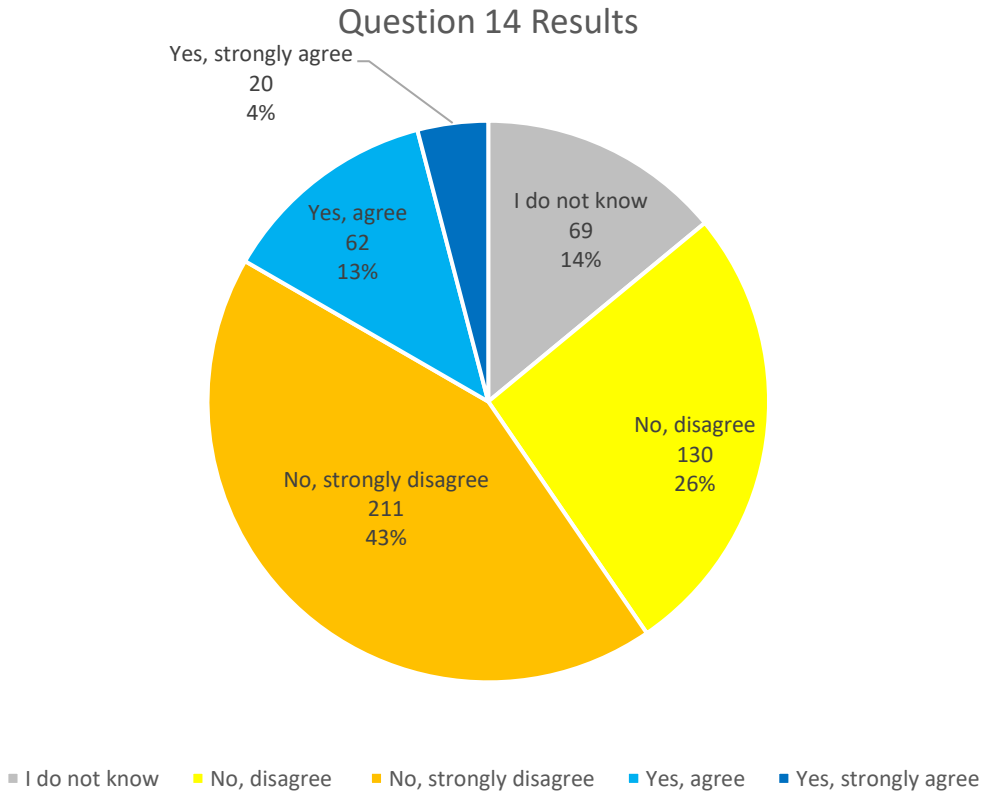
Total Agree = 17%

Total Disagree = 69%

OPA
Ontario Psychiatric Association

Question 14:

Suppose a person's underlying mental disorder has led to circumstances that are indirect contributors to a person's 'intolerable suffering'. E.g. an individual with unremitting negative symptoms of schizophrenia is unable to maintain stable employment which has led to years of living with unstable housing and food insecurity. The stress from this person's social situation (e.g. lack of housing and food) has led to a subjective state of 'intolerable suffering.' Social supports for housing would take years to access and this wait is deemed unacceptable to the person. They decide to apply for MAID. **Should this person's situation meet the Federal legislations' 'intolerable suffering' criteria for MAID eligibility?**



Representative quote from participant who strongly disagrees:

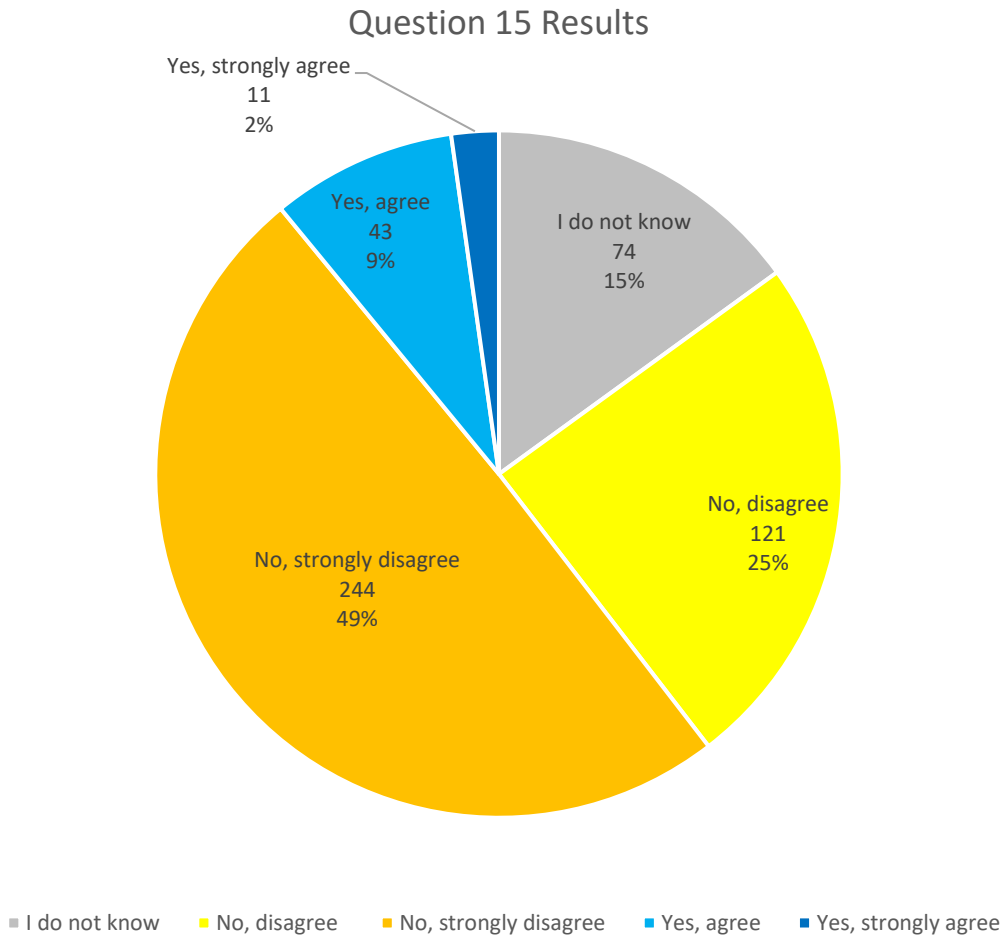
"The government needs to invest in psychosocial determinants of health for the most vulnerable. More subsidized housing is needed. The wait time is unacceptable and death shouldn't be the alternative."

Total Agree = 17%

Total Disagree = 69%

OPA
Ontario Psychiatric Association

Question 15:
Do you agree or disagree that current legislation adequately protects the safety of patients with mental disorders who seek MAID but whose request is primarily driven by the context of social determinants of health (e.g. poverty, incarceration).



Representative quote from participant who strongly disagrees:

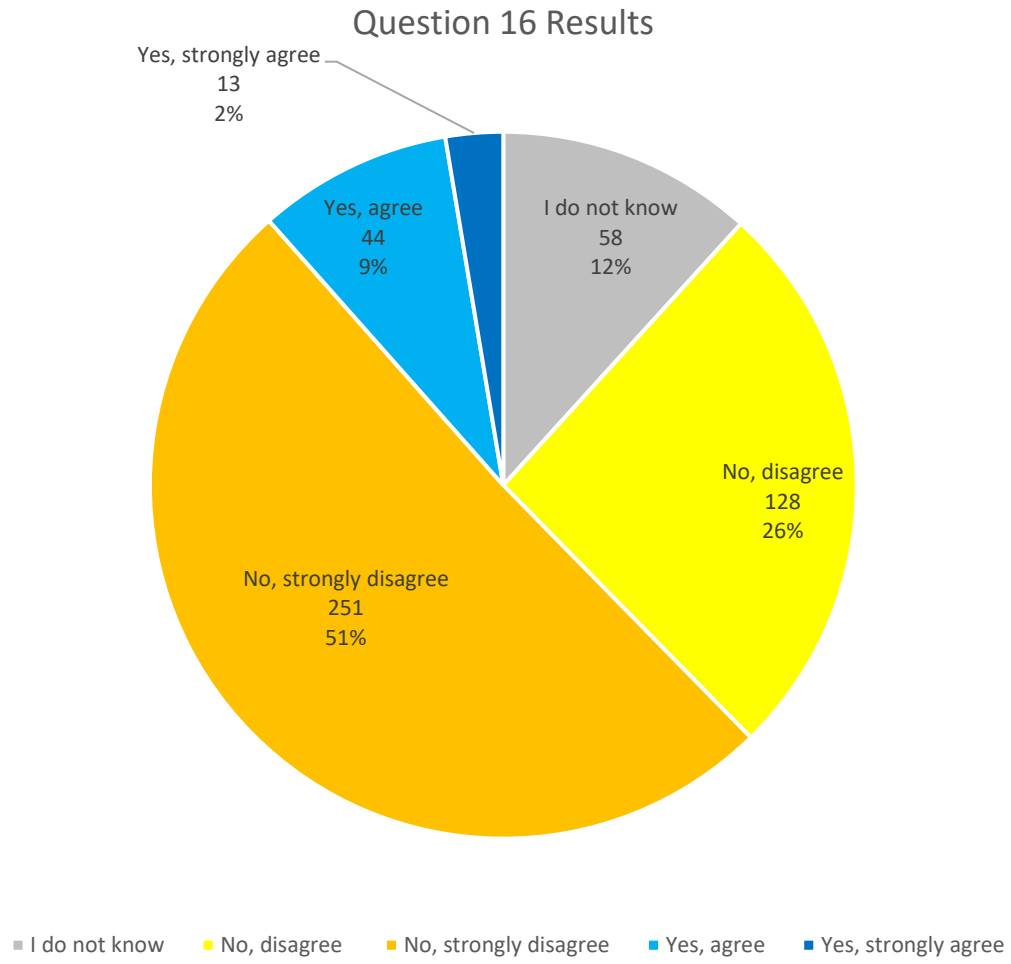
"As written, the policy disadvantages individuals who are poor, disenfranchised, have poor illness awareness, by making it possible to receive MAID for these reasons (instead of illness severity). It will be harder for people who are wealthy, have family involved, live in cities/provinces with better resources to meet MAID criteria than people in the opposite circumstances."

Total Agree = 11%

Total Disagree = 74%

OPA
Ontario Psychiatric Association

Question 16:
Do you agree or disagree that current legislation provides sufficient guidance to the profession to implement MAID for mental disorders as the sole underlying medical condition?



Representative quote from participant who strongly disagrees:

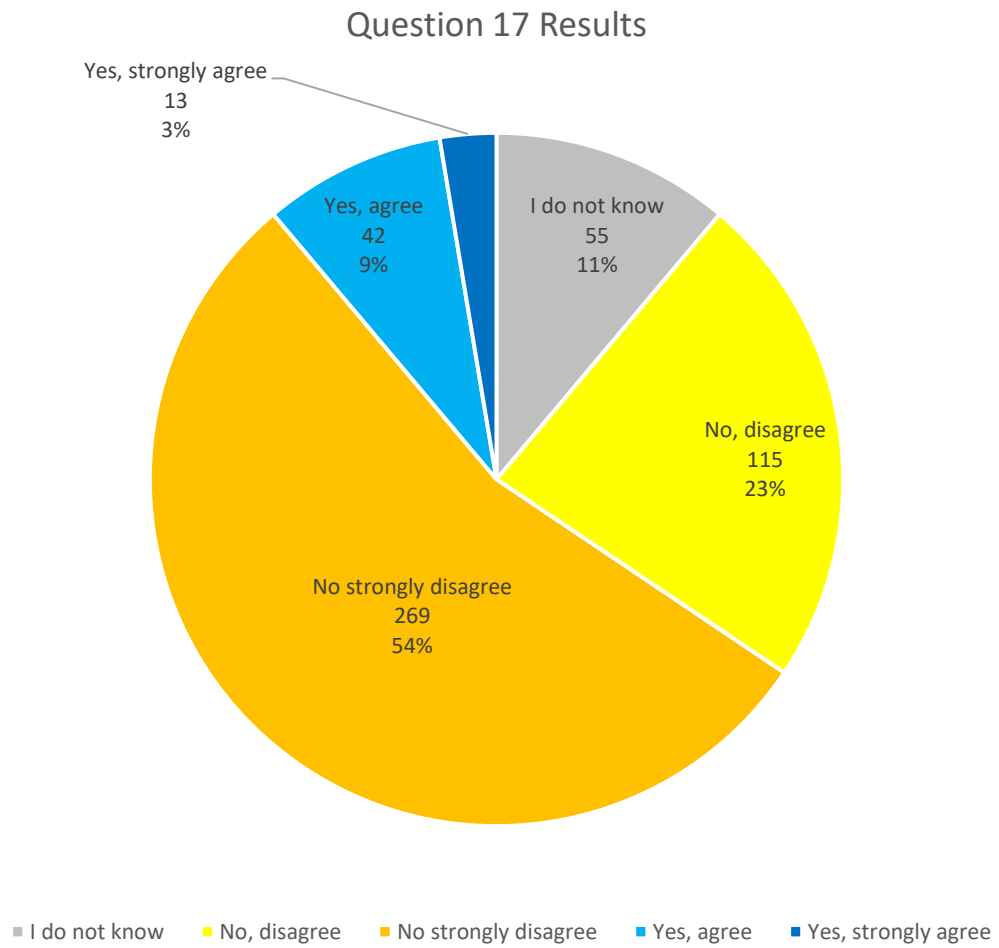
"I have attended several lectures on the topic and read about it out of professional interest and I feel I have no idea what to do March 2024 if I get a referral. This should not be the case for such an important transition."

Total Agree = 11%

Total Disagree = 77%

OPA
Ontario Psychiatric Association

Question 17:
Do you agree or disagree that current legislation provides sufficient safeguards to protect vulnerable and marginalized patients with mental disorders from inappropriate applications of MAID?



Representative quote from participant who strongly disagrees:

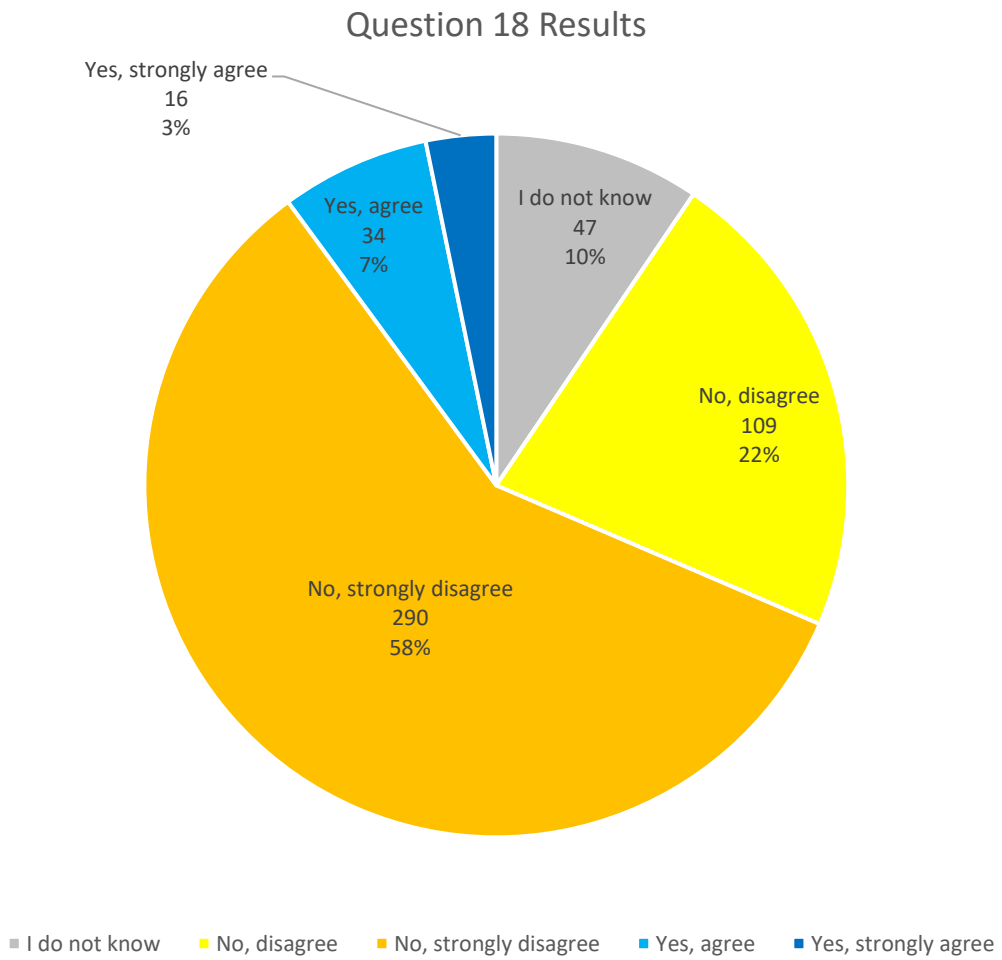
"Firstly, it could be argued that the vast majority of patients with mental illness fall into the "vulnerable and marginalized" category. Many people with mental illness are rejected by the community at large, as they often fail to conform to social norms. Additionally, many people with mental illness are rejected by the medical community - they can be unpleasant to deal with, challenging to treat, and require more time and patience than the average physician can supply. Finally, mentally ill patients are vulnerable and marginalized within the psychiatric system - they can engender strong emotions, make psychiatrists feel ineffectual, and overwhelm the system with the sheer complexity of their issues. Inappropriate treatments and discharges, as well as other antitherapeutic maneuvers, are widespread within our field. When it happens elsewhere in medicine, patients and families find a good lawyer, advocate for themselves, consult with trustworthy friends and colleagues, etc. When it happens to psychiatric patients, chances are they cannot do a thing about it. MAID SUMD in its current proposed form will be misapplied and no one will care - because this patient was homeless anyway, that patient was suicidal anyway, etc."

Total Agree = 11%

Total Disagree = 78%

OPA
Ontario Psychiatric Association

Question 18:
Do you agree or disagree that the Canadian medical system is prepared to safely support the expansion of MAID for MD-SUMC by March 17, 2024?



Representative quote from participant who strongly disagrees:

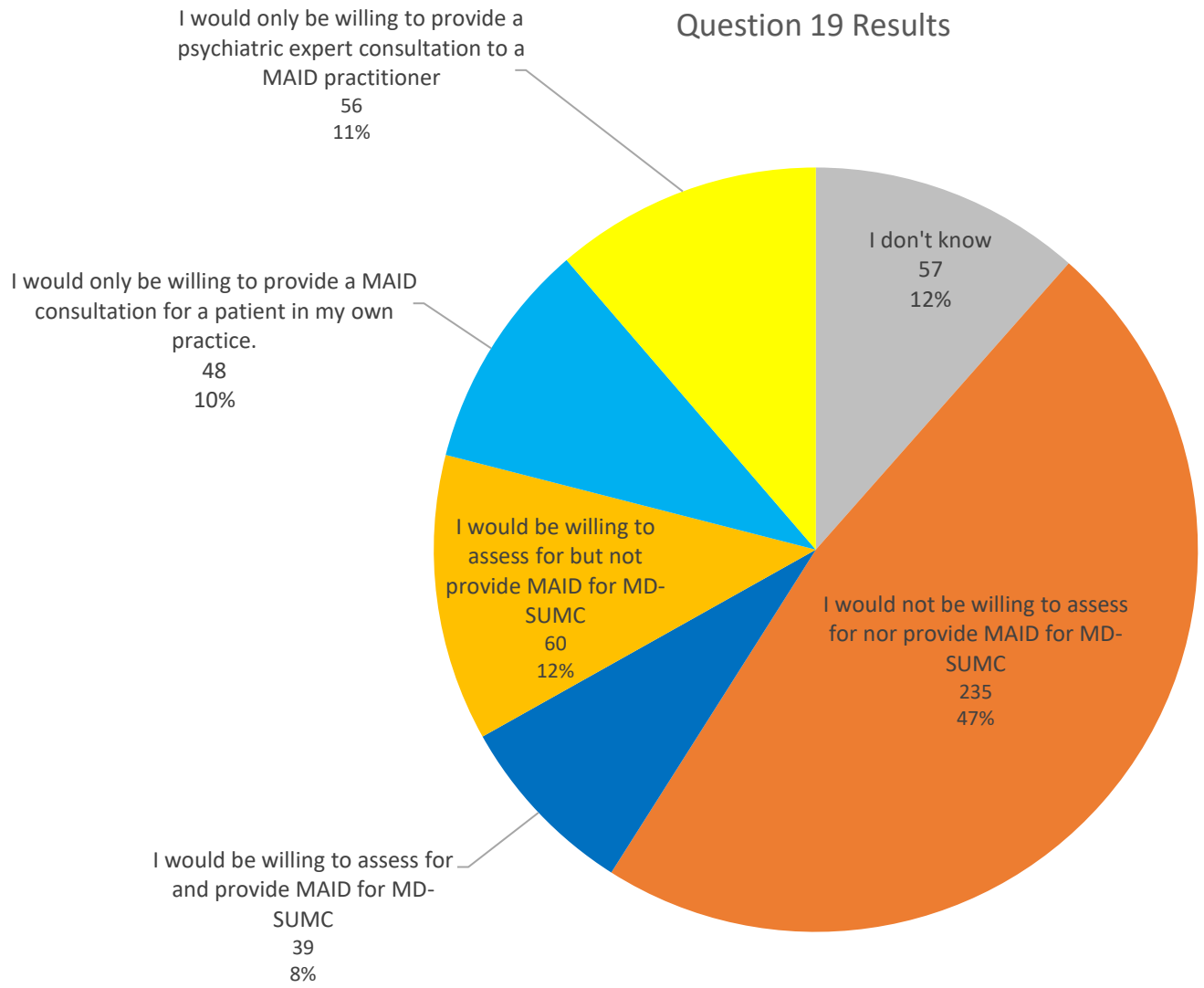
"We barely have the resources to provide basic mental health care at this time. The ability to provide good medical care to most patients is also not great. When you combine a broken medical system that can't address the health needs of its population and combine this with application of MAID for MI, many more people will desire MAID for the wrong reasons, and the way the legislation is set up, legally, there are no barriers if psychiatrists subjectively determine that the patient's suffering is great enough to warrant their lives being ended. I feel like the healthcare system, because of its inadequacies and inherent pressures towards expediency, budget cuts, and bed pressures, will lead to people choosing MAID as an easy, quick solution, when what we really need is improved healthcare delivery so that patients are not languishing on wait times without family doctors to care for their needs."

Total Agree = 10%

Total Disagree = 80%

OPA
Ontario Psychiatric Association

Question 19: To what level of involvement would you be willing to participate in the MAID process for patients where a mental disorder is the sole underlying medical condition (MD-SUMC)?



OPA
Ontario Psychiatric Association

Acknowledgements

- Hatching Ideas Lab: https://hatchingideaslab.com/home
  - Nicole Edgar
  - Jessica Yu
  - Dr. Simon Hatcher (co-investigator)

- Ontario Psychiatric Association (OPA) Council

OPA
Ontario Psychiatric Association