

## Protecting Canadians with Mental Illness

Submission from the Association for Reformed Political Action (ARPA) Canada

to

the Special Joint Committee on Medical Assistance in Dying

regarding

*Eligibility of Persons Whose Sole Underlying Medical Condition is a Mental Illness*

Medical Assistance in Dying (MAID) continues to be a contentious issue in Canada, fraught with many legal and ethical challenges. While there are serious problems with Canada's approach to MAID broadly which merit extensive study, the most pressing is the imminent expansion of MAID to Canadians with mental illness as their sole underlying condition.

Canada was not ready to expand MAID to mental illness in 2023 or 2024, when the Special Joint Committee on Medical Assistance in Dying previously studied the issue. Nothing substantial has changed. Canada will still not be ready next year, or ever.

### **Inherent problems with MAID for Mental Illness**

Expanding MAID to people with mental illness as their sole underlying condition will normalize a life-ending procedure as a "solution" for suffering and will undermine suicide prevention efforts. A 2024 report from the Special Joint Committee on Medical Assistance in Dying acknowledged concerns with assessing irremediability, distinguishing MAID requests from suicidality, the lack of professional consensus, and the need to protect the vulnerable in the context of MAID for mental illness. These issues remain unresolved.

Quebec explicitly prohibited MAID for mental disorders as the sole underlying condition already in 2023.<sup>1</sup> In March, Alberta also introduced legislation to prohibit MAID for mental illness, alongside a suite of other proposed provincial safeguards.<sup>2</sup>

Canadians do not want MAID to expand to people with mental illness. A 2023 [poll](#) found that 82% of Canadians say MAID should not be expanded without first improving access to mental health care. In that same poll, 2-in-5 who sought mental health care faced barriers to receiving the treatment they wanted. Overall, only 28% supported MAID for mental illness, while 50% opposed it. Fifty-two percent also agreed that treating mental health would not be a priority if MAID were expanded.<sup>3</sup> A 2025 ResearchCo poll also found that 48% of Canadians disagree with allowing MAID for mental illness alone, compared to 42% who agreed with it.<sup>4</sup>

---

<sup>1</sup> "[Bill 11](#), *An Act to amend the Act respecting end-of-life care and other legislative provisions*," National Assembly of Quebec, Assented to 7 June 2023.

<sup>2</sup> "[Bill 18](#), *Safeguards for Last Resort Termination of Life Act*," The Legislative Assembly of Alberta.

<sup>3</sup> "[Mental Health and MAID](#): Canadians who struggle to get help more likely to support expanding eligibility," Angus Reid Institute, September 28, 2023.

<sup>4</sup> "[Canadians Remain Satisfied with Scope of MAID Legislation](#)," ResearchCo, October 30, 2025.

## Rapid Growth of MAID in Canada

As of the end of 2024, 76,475 Canadians had died by MAID. Sometime this year, that number will likely reach 100,000. In fact, just 10 years after legalization, Canada leads the world in the total number of annual MAID deaths and is behind only the Netherlands in MAID deaths as a percentage of total deaths. In 2024, just over 1 in 20 deaths were due to euthanasia, a rate that continues to increase annually.

Contrast this rate of growth, for example, with California, a jurisdiction with roughly the same population as Canada. Of course, California only permits assisted suicide for those nearing the end of life. However, in 2024, 1,032 Californians died by assisted suicide, compared to over 16,000 in Canada.

For those not nearing natural death (“Track 2 MAID” in Canada), the number has increased from 224 in 2021 to 732 in 2024. There is no reason to believe that MAID for mental illness will not follow similar trends, particularly given evidence from the Netherlands and their experience with psychiatric euthanasia.

With more Canadians choosing euthanasia every single year, it is clear that MAID is being normalized. As professor Trudo Lemmens noted, “People who defend the system in Canada will say, ‘This is just consumer demand,’ but I think that we’ve seen a growing number of cases that raise concerns about the ease by which some very committed physicians are providing MAID on the basis of very flexible interpretations of the access criteria.”<sup>5</sup>

## International Criticism of Canada’s Approach

In 2025, the United Nations Committee on the Rights of Persons with Disabilities said it was “extremely concerned” with Canada’s MAID law. Among other recommendations, the Committee urged Canada to repeal the upcoming expansion of MAID for mental illness.<sup>6</sup>

As England navigates its own euthanasia legislation, the British Parliament has focused extensively on Canada’s rapid expansion. The House of Lords has significantly slowed progress on the bill due in part to Canada’s example, though the bill is far more restrictive than Canada’s law.<sup>7</sup> Likewise, in Scotland, legislation to permit euthanasia and assisted suicide for terminally-ill patients was recently defeated by a vote of 69-57.<sup>8</sup>

## Case Study: Psychiatric Euthanasia in the Netherlands

A recent article in the *Psychiatric Times* notes that when the Netherlands introduced its euthanasia legislation, the intent was that euthanasia was intended for individuals with terminal somatic

---

<sup>5</sup> Bryan Passifiume, “[MAID framework creating ‘significant dangers’ for young Canadians: Expert](#),” *Toronto Sun*, March 9, 2026.

<sup>6</sup> “[Concluding observations on the combined second and third periodic reports of Canada](#),” *United Nations*, April 15, 2025.

<sup>7</sup> Colby Cosh, “[Canada’s horrifying example causes U.K. to think twice about euthanasia](#),” *National Post*, January 31, 2026.

<sup>8</sup> Angus Cochrane, “[Scotland’s assisted dying bill rejected after emotional debate](#),” *BBC*, March 17, 2026.

illness, unbearable suffering, and no realistic prospect of recovery. Mental illness was not formally distinguished in Dutch law from other forms of suffering. However, for nearly 20 years, medical professionals exercised considerable restraint. The number of psychiatric euthanasia cases in the Netherlands in 2011 was 2. But that restraint would not hold.

More recently, requests for psychiatric euthanasia in the Netherlands have increased dramatically, especially among young adults and minors. In 2023, the number of psychiatric euthanasia deaths increased to 138, and in 2024 to 219. An estimated 7,300 young people under the age of 24 requested euthanasia in 2024.

The authors note that psychiatric euthanasia in no way prevents suicides (even assuming psychiatric euthanasia is not a form of suicide). Rather, “epidemiological analysis demonstrates that even under optimistic assumptions, euthanasia functions as a profoundly inefficient and harmful preventive strategy. Approximately 9 young individuals would need to die by euthanasia to prevent 1 suicide.” Even among high-risk populations, suicide remains very rare. Ultimately, euthanasia fails to prevent suicide and instead results in more deaths.

Allowing euthanasia for mental illness reframes mental illness as something to be solved through death. But after nearly 25 years of offering euthanasia for psychiatric reasons in the Netherlands, there remains no reliable way to establish irremediability in cases of mental illness. The authors conclude that “Youth with severe mental suffering do not primarily need more refined procedures for death. They need time, continuity, relational safety, and systems capable of holding despair without prematurely foreclosing the future.”<sup>9</sup>

MAID for mental illness leads to preventable deaths. Eighty-seven Dutch psychiatrists and health-care professionals, along with 46 from other countries, signed a letter to the Dutch Psychiatric Association warning that current practice risks patients dying unnecessarily by euthanasia when their mental illnesses could be effectively treated instead.<sup>10</sup>

### **Disparate impact on women**

Other studies have shown the particular impact of psychiatric euthanasia on women in the Netherlands. One study found that between 2012 and 2018, 65 percent of those granted psychiatric euthanasia and assisted suicide (EAS) in the Netherlands were female and 35 percent were male.<sup>11</sup> Another study found that women make up between 69 and 77 percent of all those who request and receive psychiatric EAS in Belgium and the Netherlands.<sup>12</sup> In 2024, 30 people under the age of 30 received psychiatric euthanasia in the Netherlands. Twenty-five of them were female.<sup>13</sup>

---

<sup>9</sup> Jim van Os, et al., “[Psychiatric Euthanasia in the Netherlands](#): Young People, Procedural Medicine, and the Limits of Psychiatry,” *Psychiatric Times*, March 5, 2026.

<sup>10</sup> Charles Lane, “[When Mentally Ill Teenagers Ask to be Put to Death](#),” *The Atlantic*, March 15, 2026.

<sup>11</sup> Monique Kammeraat, et al., “[Patients requesting and receiving euthanasia for psychiatric disorders in the Netherlands](#),” *BMJ Mental Health* 26 (2023):1-8.

<sup>12</sup> Marie E. Nicolini, et al., “[Psychiatric euthanasia, suicide, and the role of gender](#),” *The British Journal of Psychiatry* 220, no. 1 (2022): 10-13.

<sup>13</sup> Charles Lane, “[When Mentally Ill Teenagers Ask to be Put to Death](#),” *The Atlantic*, March 15, 2026.

Although male suicide attempts are lethal at twice the rate of female attempts, women attempt suicide at twice the rate of men.<sup>14</sup> The British Journal of Psychiatry notes that women are less likely than men to cause themselves pain or violence.<sup>15</sup> However, one group of researchers concludes “that the availability of EAS in the Netherlands may render more effective the wish to die of women whose suffering from mental illness is unbearable.”<sup>16</sup>

In fact, this gender disparity is already evident in Track 2 MAID in Canada.

### **Mental Illness as a Contributing Factor to MAID Requests**

Ultimately, MAID for mental illness already happens in Canada, albeit for patients who also have a physical illness or disability. The Ontario coroner’s MAID Death Review Committee reviewed the case of a woman with multiple chemical sensitivities who requested MAID because she couldn’t find adequate housing. She also had a history of mental illness and psychiatric care. Some members of the Committee noted that she should not have been eligible for MAID given that her suffering was due to a social issue (a lack of housing) and that her condition was largely psychiatric in nature.

In another case, a man with inflammatory bowel disease could not get the support programs and services he requested. He had a history of mental illness and suicidality, as well as alcohol and opioid misuse. His substance use was not explored in a MAID assessment, and the MAID provider did not engage with his family despite their concerns. He ultimately died by MAID.<sup>17</sup>

Recently, Kiano Vafaeian, a young Ontario man was euthanized in British Columbia after being turned down in Ontario. His death was in no way “reasonably foreseeable.” In fact, he had no unmanageable medical condition, but suffered from diabetes, vision loss, and depression. His mother rightly called his death a “failure of ethics, accountability, and humanity.”

Indeed, Health Canada’s latest annual report shows that of persons accessing MAID whose death is not reasonably foreseeable, nearly 45% suffer from isolation or loneliness, and over 50% think that they are a burden on family, friends, or caregivers.<sup>18</sup> While there are other sources of suffering involved, this data shows that non-medical factors can contribute to a request for death and compound other sources of suffering.

Dr. Sonu Gaiind [explains](#) suicidality this way: “on the face of it, even if you look at what the word means, when somebody wants to die and they’re not dying, of course that means that they’re suicidal.” The Ontario Coroner’s MAID Death Review Committee stresses “the importance of addressing and resolving suffering in contrast to procedurally qualifying for a MAID death.”

---

<sup>14</sup> Lakshmi Vijayakumar, “[Suicide in Women](#),” *Indian Journal of Psychiatry* 57 (2015): 233-238.

<sup>15</sup> Marie E. Nicolini, et al., “[Psychiatric euthanasia, suicide, and the role of gender](#),” *The British Journal of Psychiatry* 220, no. 1 (2022): 10-13.

<sup>16</sup> Monique Kammeraat, et al., “[Patients requesting and receiving euthanasia for psychiatric disorders in the Netherlands](#),” *BMJ Mental Health* 26 (2023):1-8.

<sup>17</sup> “[MAiD Death Review Committee Report 2024 – 3](#) : Navigating Vulnerability in Non-Reasonably Foreseeable Natural Deaths,” Ministry of the Solicitor General, Office of the Chief Coroner.

<sup>18</sup> “[Sixth Annual Report on Medical Assistance in Dying](#),” *Health Canada*, November 2025.

Mental illness must be adequately addressed before doctors seriously consider a request for MAID, even if the patient is eligible for other reasons. In the State of Oregon, if one of two physicians assessing a patient believes that judgment may be impaired by a psychiatric or psychological disorder or depression, the physician must refer the patient for counselling. The other physician cannot provide assisted suicide until the mental health professional is of the opinion that the patient's judgment is not impaired.<sup>19</sup> The State of Hawaii goes even further, requiring everyone who applies for assisted suicide to receive counselling first to ensure they are not suffering from untreated or undertreated mental illness.<sup>20</sup>

## Conclusion

ARPA Canada's supporters have distributed hundreds of thousands of flyers raising awareness about the upcoming expansion of MAID. Many who received these flyers were unaware of, and appalled by, the prospect of offering state-sponsored death as a solution to persons with mental illness.

Canadians need to be assured that people with mental illness will receive suicide prevention rather than suicide assistance. In any given year, 1 in 5 Canadians live with mental illness. By age 40, 50% will have or have had a mental illness in their lifetime.<sup>21</sup>

As of 2025, Canada ranks 22<sup>nd</sup> out of 28 developed countries with universal health care for the availability of psychiatric beds and 16<sup>th</sup> for the number of psychiatrists per person. Canadians in need of psychiatric care wait nearly 25 weeks after receiving a referral.<sup>22</sup> Children and youth wait an average of 67 days for counselling and therapy and 92 days for intensive treatment.<sup>23</sup>

Meanwhile, those with mental illness fear being offered MAID instead of help in healthcare settings. It is deeply traumatic for a person in crisis seeking professional support to be offered MAID, as [happened](#) to Kathrin Mentler in Vancouver, and which has happened to others.<sup>24</sup>

If Canada is serious about providing mental health care, it must not also offer euthanasia for those who are suffering from mental illness.

## Recommendations

ARPA Canada urges this Committee to recommend that the government repeal the upcoming expansion of MAID for those with mental illness as their sole underlying condition.

Given that the challenges with mental illness also pertain to MAID more broadly, this Committee should also recommend that the government require that a physician who believes the patient's

---

<sup>19</sup> "[Oregon Revised Statute: Oregon's Death With Dignity Act](#)," *Oregon Health Authority*.

<sup>20</sup> "[Our Care, Our Choice Act](#)," *State of Hawaii*.

<sup>21</sup> "[Facts on mental health and mental illnesses in Canada](#)," *Canadian Mental Health Association*.

<sup>22</sup> Nadeem Esmail and Dr. Giuseppe Guaiana, "[Canada's mental health-care system is broken](#)," *Fraser Institute*, March 28, 2025.

<sup>23</sup> "[Mental Illness and Addiction: Facts and Statistics](#)," *Centre for Addiction and Mental Health*.

<sup>24</sup> Christa Dao and Elizabeth McSheffrey, "[She went to the hospital with suicidal thoughts](#). A clinician raised medically-assisted death," *Global News*, August 10, 2023.

judgment may be impaired by a psychiatric or psychological disorder or depression must refer the patient for counselling before approving the patient for MAID.

These changes would ensure that no one struggling with a mental illness will give up on life rather than seeking the mental health care they need.

Respectfully submitted on behalf of ARPA Canada,