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## **Where to Draw the Line: An Important Discussion on MAID and Mental Illness**

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## Where to Draw the Line: An Important Discussion on MAID and Mental Illness

Medical assistance in dying (MAID), a multifaceted and heavily debated topic, involves a spectrum of perspectives concerning legal, ethical, and clinical matters. When discussing MAID eligibility where mental illness is the sole underlying condition, one could argue there are added layers of complexity. There are many factors that must be considered in the heavy conversation of MAID and the varying personal moral philosophies clinicians, policymakers, and communities may have make it difficult to come to a definite decision of whether MAID eligibility can be offered based solely on mental illness. The following factors will be explored in this essay: nature of complex illness, diversity in human experience, and overall stigma towards mental health.

On the clinician side, the etiology and presentation of mental illness can differ drastically from person-to-person. One of the many topics that speaks to the nature of complex illness is the consideration of how suicidality can play a role in the eligibility for MAID. Although suicidality can be a symptom of a mental illness, this is not always the case. For example, many individuals with a mental illness are not suicidal and there are individuals with no mental illness but are suicidal (AMAD Committee, 2022). Therefore, one can argue that the same principles and practices regarding suicidality shown in physical illness can also apply in the context of mental illness and MAID. Moreover, clinicians are able to confidently recognize the distinction between the motivation behind suicidality versus MAID; however, no definite studies have shown how accurate clinicians can make these distinctions as diagnostic criteria can vary depending on clinician (AMAD Committee, 2022). In general, although MAID eligibility is already a rigorous assessment, it is still unclear on where to draw the line for MAID eligibility considering how complex illnesses can present itself in clinical settings.

Diversity in human experience does not only influence how illness presents, but it also influences what positive or negative social factors a person is exposed to. For clinical, social, and communal services, the careful consideration of social determinants of health can mean that there are plentiful of other and potentially better avenues of care besides MAID. However, there can be problems with ensuring accessibility, affordability, and quality of care. Especially for cases where people want MAID based on suffering due to poverty and homelessness or no access to crucial mental health care, guidelines for cases like these are ambiguous; therefore, it is important for policymakers to address topics like affordability and accessibility in the discussion of MAID (CAMH, 2023). In addition, policymakers should ensure that minority groups such as Indigenous communities are included in the conversation on if MAID should be eligible at all for mental health, and if it is made eligible, what special considerations need to be implemented for specific groups. Whether MAID eligibility is made available or not, it is still important to continually ensure that services address social determinants of health, and that the specific needs of minority groups are heard and factored in the discussion.

On a bigger picture level, mental health stigma can be explored in relation to MAID. Unfortunately, the labelling of all people with mental illness as “vulnerable” occurs; as a result, all members of this highly stigmatized group are more likely to be seen as decisionally incompetent regardless of individual circumstances (Dembo et al., 2018). This influences the group’s eligibility for MAID. Not only that but drawing the line between mental illness versus physical illness or physical versus psychological suffering can be misleading. For instance, physical illnesses can have psychiatric symptoms, and psychiatric illnesses can have physical symptoms. In terms of current MAID guidelines, the most common suffering leading to MAID requests are not specific to physical illness; these include psychological or emotional distress and

a loss of independence and autonomy (Dembo, 2021). This leads to the following questions: is this process of eligibility potentially adding to the stigmatization of mental health, and if MAID eligibility is not offered solely for mental illness, on what grounds is this considered or not considered discriminating? It is very possible that one could also sway the other direction and argue MAID eligibility in the context of mental illness can actually increase awareness and access to care or resources through meaningful discussion, thereby decreasing the stigmatization surrounding mental health.

MAID eligibility is surely not a decision to be taken lightly. When considering the nature of complex illness, diversity in human experience, and overall stigma towards mental health, perspectives drawn from medicine, law, ethics, and philosophy, all blend together into a messy concoction. In Dr. Paul Kasanthy's memoir book "When Breath Becomes Air," he says, "Science may provide the most useful way to organize empirical, reproducible data, but its power to do so is predicated on its inability to grasp the most central aspects of human life: hope, fear, love, hate, beauty, envy, honor, weakness, striving, suffering, virtue." Beyond the collective perspectives, in the end of the day, if MAID eligibility based solely on mental illness has the potential to respect and honor the central aspects of human life, then so be it.

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