



The Canadian law states that MAID can be done when it is approved by 2 doctors or nurse practitioners when the person fulfills all of the following conditions:

- is at least 18 years old,
- has a serious and incurable illness, disease or disability,
- has an advanced state of irreversible decline in capability,
- has enduring physical or psychological suffering that is intolerable, and
- their natural death is reasonably foreseeable (undefined).

Canada's euthanasia law does not permit euthanasia for psychological reasons alone.

Canada has gone too far already. ***Euthanasia for psychological suffering is a bad idea that has failed in other jurisdictions.***

[The Euthanasia Prevention Coalition \(EPC\) asks you to contact your Member of Parliament \(MP\) stating your opposition to euthanasia for psychiatric reasons.](#)

You can also order postcards from EPC that are designed to be mailed to your MP (no postage required).

Is Euthanasia Psychiatric Treatment?

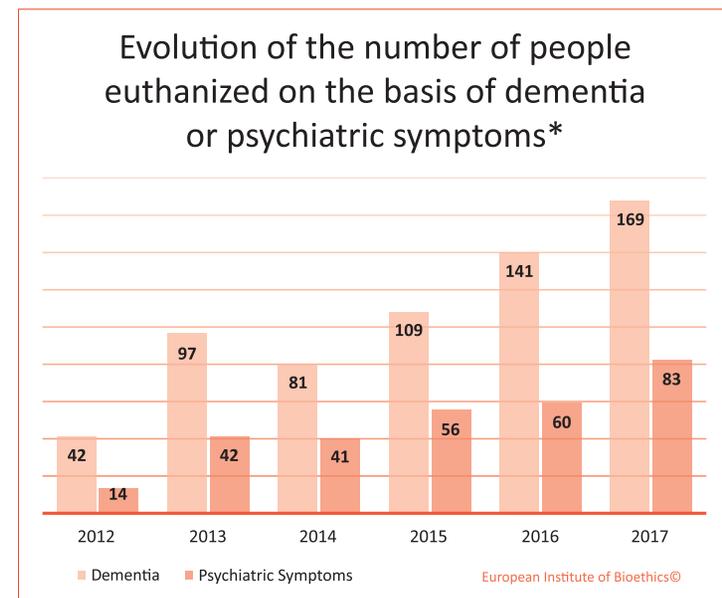
Canada legalized euthanasia and assisted suicide in June 2016 under the term Medical Assistance in Dying (MAID).

In December 2016, the federal government announced that the Council of Canadian Academies (CCA) would research and provide recommendations concerning the expansion of euthanasia in three areas:

1. mature minors,
2. people who are incompetent but previously requested MAID, and
3. for psychological suffering alone.

This pamphlet concerns the last group (#3).

The Netherlands and Belgium legalized euthanasia in 2002. The legislation in both of these countries technically allowed euthanasia for “psychological suffering.” In the early years, euthanasia for this reason was rare but in the past few years it has skyrocketed.



* in the Netherlands

A commentary by Damiaan Denys, President of the Dutch Psychiatric Association (NVvP), was published in *The American Journal of Psychiatry* (Sept 2018) titled *Is Euthanasia Psychiatric Treatment? The Struggle With Death on Request in the Netherlands*.



Dr. Damiaan Denys

Denys' commentary is based on a 42-year-old married woman who requested euthanasia for psychiatric reasons while receiving treatment from his team.

The psychiatric team disapproved of her euthanasia death because treatment options existed. The woman died by euthanasia anyway. Denys wrote:

Although we had treated her intensively for 2 years, our advice was disregarded. Eight weeks later we received the obituary of the patient.

Denys outlines the problems with psychiatric euthanasia based on experience in the Netherlands:

...there are medical and ethical dilemmas related to the practical process of decision making and execution. How can we reconcile the daily practice of reducing suicidal ideas and behaviors in patients with respecting a death wish in single cases? How can we distinguish between symptoms and existential needs? How can we decide whether a psychiatrist is sufficiently autonomous to judge euthanasia? Does the fragile therapeutic relationship between psychiatrist and patient not bias judgment? How are differences in opinion between psychiatrist and patient resolved? Although psychiatrists are not legally obliged to approve or execute euthanasia, neither can they interfere once a request is granted by a third party, as illustrated in the aforementioned case.

Mark Komrad, an American psychiatrist on the faculty at Johns Hopkins University examined the experience with euthanasia for psychiatric reasons in the Netherlands and Belgium. He wrote in a commentary published by the *Psychiatric Times* (Feb 2017):



Dr. Mark Komrad

Some remarkable stories have been profiled in the Dutch media. For example, a woman was granted euthanasia for chronic PTSD due to childhood sexual abuse. The

arguments based on personal autonomy to justify such access to PAS/E* are being pushed even further in the Netherlands. Ministers of Health and Justice have proposed to their Parliament that criteria not be limited to medical conditions, but be extended to average citizens who feel they have lived "completed lives."

Prominent cases profiled in the Belgian media include a pair of deaf twins euthanized on request because they were going blind, a man with gender identity disorder who was unhappy with surgical results, and another man who sought euthanasia for ego-dystonic homosexuality.

Canadians were told that euthanasia would be legalized with safeguards to prevent the problems that have occurred in the Netherlands and Belgium. Canada is now considering extending euthanasia beyond the original parameters.

*Physician-Assisted Suicide/Euthanasia