

March 7, 2023

*For immediate release*

## **Statement from Senator Kutcher on Bill C-39 (Medical Assistance in Dying)**

**OTTAWA** – Today, I spoke in the Chamber in support of Bill C-39, which extends the temporary exclusion of eligibility for MAiD for those whose sole underlying condition is a mental disorder (MAiD MD-SUMC), until March 17, 2024.

This is a challenging and difficult topic that must be approached with compassion. I have heard from some who express anguish over this delay. Suffering caused by a mental illness can be just as severe as or even worse than, that caused by a physical illness. And, like some physical illnesses, there is a small minority of people whose mental disorder does not respond to available treatments. It is important that we acknowledge the additional prolonged suffering that those who have been waiting, will continue to experience.

I am confident that this one-year extension will ensure federal government readiness for MAiD MD-SUMC. This means:

1. Establishing a national reporting system meeting the requirements set out in Bill C-7 for MAiD monitoring and system assessment.
2. Completing and disseminating MAiD practice standards to regulators in all provinces and territories.
3. Finalizing an accredited national MAiD training program.
4. Considering the final report by the Joint Committee of the House and Senate.

What makes this topic even more challenging is the tsunami of misinformation surrounding MAiD MD-SUMC. It is simply incorrect that someone who is suicidal or someone experiencing an emotional crisis can request MAiD and receive it. Additionally, MAiD cannot be provided because someone is having difficulty accessing mental health care.

The typical MAiD MD-SUMC requestor will have received a substantial number of interventions over a prolonged period of time—sometimes even a decade or longer—and, in spite of the treatments provided, still continues to suffer intolerably. Assessments are provided by highly trained clinicians, including specialists of their condition(s), over a **minimum** period of 90 days. Practitioners must ensure the individual is not suicidal—if they are, suicide prevention efforts are mobilized.

The misinformation that has been spread over the last year has disfigured the conversation surrounding MAiD MD-SUMC and perpetrated harmful stereotypes about people living with mental disorders. Recent narratives have equated having a mental disorder with an incapacity to make decisions. This is precisely the kind of stigmatization we have been combatting for decades. A competent person with a mental

disorder who is suffering terribly and persistently **should be able to decide how they will choose to proceed with their life**. To deny them this right while permitting it for people whose illness is not a mental disorder is not just stigmatizing; it is exclusionary.

When we think about how to move forward on this issue, we need to think with a destigmatized lens that prioritizes the needs of the person that is suffering. **It is the individual that needs to be heard**. It is essential that MAiD evaluations are done on a case-by-case basis, with a focus on patient-centered care. We need to lead with compassion, putting the experiences and needs of those who are suffering first.

I am supportive of Bill C-39, with an understanding that this delay will help with coordinated implementation in March 2024. I am hopeful that Canadians will take the time to understand the complexities of this challenging topic, and will be guided in their consideration by compassion, not politics.

## RELATED LINKS

- [March 7 speech on Bill C-39](#)

## FOR MORE INFORMATION

[Stanley.Kutcher@sen.parl.gc.ca](mailto:Stanley.Kutcher@sen.parl.gc.ca)

[Amy.MacKay@sen.parl.gc.ca](mailto:Amy.MacKay@sen.parl.gc.ca)