

What Does A State Do To Prepare For An Expanded Exemption to Murder?"

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“By interpreting suffering as always a commentary on self rather than system, our workplaces banish difficult experience from the domain of public discussion and action; placing it instead into private and depoliticised domains - exonerating systemic harms from liability.”ⁱ

As a disabled person there is little to no distinction between my reasons for opposing the original expansion of MAiD under Bill C-7 and its further expansion to mental illness as a sole qualifying criterion that exempts a physician or nurse practitioner from a charge of homicide when they intentionally kill their patient.

MAiD itself is a euphemism and misnomer so, for once, let us be clear and honest about what we are discussing in terms of public policy. Your decision should not be based on those who have decided they would rather be dead than disabled. This is not, after all, a discussion about the legality or morality of suicide. This is a discussion about the legality and morality of an exemption to murder. Specifically, whether the state should further expand the right of one class of people to kill another class of people (disabled people – in this case those with mental-health related disabilities).

First, I want to note that while some believe rationality and science supports the state creating legalized homicide of someone with osteoarthritis whereas no such science exists to support killing someone whose condition is mental-health related, I disagree. They are both given science-sounding language to rationalize a belief system that is discriminatory. Much like science has been used to provide cover for racism and sexism.

But regardless, the question is about the role of the state.

I propose the role of the state in both – all - instances is threefold: to create, fund and provide the health care and any necessary support and infrastructure for that person to experience their own level of optimal health, meaning and happiness as a member of society; more broadly, to eliminate the barriers and social, political, economic and cultural conditions that isolate, dehumanize, devalue and impoverish disabled people; and more holistically, to create a safe and sustainable future for the planet and life on it that honours, values, supports and cherishes all disabled and non-disabled people of all ages.

We do not live in such a society. Instead amid great inequity and injustice during unfolding climate change and concurrent crises, the Canadian state has chosen to take on the role of funding and legislating killing as part of health care.

As much as my reasons are fundamentally the same as they were when I testified at the time of Bill C7, the situation today is different. Time has passed and I found myself asking, what has the

Canadian government done to prepare for an expanded exemption to homicide to allow doctors and nurse practitioners to intentionally give a lethal dose of medications to kill someone whose sole diagnosis is mental illness? What does a state do to prepare for an expanded exemption for homicide under the Criminal Code of Canada? Would addressing the contributors to mental illness and factors that contribute to worse outcomes not be the focus?

I thought a good place to begin might be to consider the list of contributing factors for mental illness on the Government of Canada's own website.

“Many factors cause mental illness. Contributing factors include: genetics, which are influenced by your family history; early life experiences, such as: abuse, trauma; stressful life events, such as: financial problems, a loved one's death, divorce; environmental influences on a fetus, such as exposure to drugs or alcohol; your social, economic and educational status.”ⁱⁱ

These all describe areas of public policy where the state has a role to play - the most obvious being ensuring the funding and accessibility of mental health care, including preventative and proactive programs for those who might be at risk.

According to a report on mood disorders and access to mental healthcare by Statistics Canada released in September of this year, the “percentage of Canadians aged 15 years and older who met the diagnostic criteria for a major depressive episode, bipolar disorder, and generalized anxiety disorder has increased in the past 10 years.”ⁱⁱⁱ However, only about half of those who met the diagnostic criteria had spoken to a mental health professional in the 12 months prior to the survey.

This isn't news to anyone in Canada and it certainly shouldn't be news to anyone in Canadian government. There is inequity in access to mental health care due to the fact counselling by qualified and registered psychologists is still not covered by public health insurance.^{iv} A Canadian Mental Health Association (CMHA) survey found that 87 percent of Canadians want universal mental health coverage and 69 percent believe that Canada is facing a mental health crisis.^v

A column in the Globe and Mail written by a former deputy minister of health, and other community leaders, noted, “Publicly funded talk therapy is a crucial missing element of mental-health support in Canada. The majority of Canadians who receive counselling are currently paying for it out of pocket or through private insurance from their employer. Those who cannot afford it face years-long wait lists to access publicly funded counselling, or don't seek it out at all.”^{vi}

Instead, a young woman showed up at a teaching hospital in Canada's third largest city and was offered MAiD when she requested help for her suicidal ideation.^{vii}

I've hit the word count limit and I haven't even started to discuss housing, poverty, preventing violence, creating community, the price of food, addressing racism, and reconciliation. No time or space for these – for our needs.

ⁱ Davies, Dr. James, "Sedated: How Capitalism Created our Mental Health Crisis" Atlantic Books, March 3, 2022

ⁱⁱ <https://www.canada.ca/en/public-health/services/about-mental-illness.html#a3>

ⁱⁱⁱ <https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00011-eng.htm>

^{iv} <https://cmha.ca/wp-content/uploads/2021/07/CMHA-Parity-Paper-Full-Report-EN.pdf>

^v <https://globalnews.ca/news/9663706/universal-mental-health-canada/>

^{vi} https://www.theglobeandmail.com/opinion/article-mental-health-care-therapy-coverage/?utm_source=pocket_saves

^{vii} <https://www.theglobeandmail.com/canada/british-columbia/article-maid-suicide-patient-vancouver/>