

*2024 June Psymposium: Psychologists' Association of Alberta*

*Innovative Practices in Psychology: Medical Assistance in Dying (MAiD)*

*Dr. Naheed Jawed, R. Psych*

*Dr. Arlin Pachet*

*In this edition of Innovative Practices in Psychology, the role of psychologists in the Medical Assistance in Dying (MAiD) process is explored through a conversation with clinical neuropsychologist, Dr. Arlin Pachet.*

**What is the role of psychologists in Medical Assistance in Dying (MAiD)? How do you see the role evolving?**

Over the years in my clinical practice, it has become very clear that psychologists possess a unique skill set. This skill set contributes a high level of value when completing a MAiD capacity assessment, noting our understanding of cognition, emotional health, and behaviour. MAiD-related capacity evaluations are often complex and revolve around the determination of the capacity to provide consent. The assessment role of a psychologist within this process is typically consultative. Information gathered during the assessment is then used by physicians and/or nurse practitioners to render the final opinion regarding MAiD eligibility. However, not only can psychologists play an integral role within the MAiD capacity assessment process, we can also provide information to the evaluation team regarding the impact of the applicant's religious beliefs and cultural background.

Other than assisting in the assessment process, many psychologists contribute in multiple ways. We also commonly provide support to health care providers who are involved in end-of-life decision-making, as well as care to individuals who are close to the MAiD applicant, such as caregivers and family members. Having a thorough understanding of the emotional well-being of the immediate family of a MAiD applicant, in my experience, can be exceptionally helpful to the assessment team in understanding the quantum of suffering and apportionment of that suffering.

**If I understand correctly, those with mental health conditions are not eligible for MAiD by virtue of their condition, however, those with a mental health condition can apply for MAiD if they have an eligible physical condition. In the latter situation, what would be some salient factors that psychologists involved in the MAiD process might wish to consider?**

Having an intimate understanding of the implications of emotional strife on disability perception, suffering, and pain perception is critical in such circumstances. Further, clinicians with expertise in decisional capacity and health psychology would be at a distinct advantage. Psychologists are uniquely able to quantify and qualify the extent of

mental health suffering, while being able to consult with the referring physician or nurse practitioner regarding the underlying medical condition/s that fall under the rubric of MAiD.

Psychologists involved in MAiD are in a distinctive position to identify the social determinants that influence health outcomes such as ethnicity, income, employment, education, and socioeconomic status. Providing education to the MAiD assessment team about a person's increased vulnerability with respect to health outcomes and systemic barriers can facilitate accuracy and understanding within the capacity evaluation process related to MAiD. An issue far too often encountered by those assessing someone's eligibility for MAiD is when a patient fulfills the eligibility criteria for MAiD due to a lack of access to services or intervention that could relieve their suffering, or these services not being available for a reasonable period due to systemic barriers. These challenging situations and the associated tensions and conflicts result in a host of ethical concerns that are best navigated within the context of an inter-disciplinary team.

**Is there a push toward considering mental health conditions as eligible for MAiD?  
What are the views on this?**

When considering the inclusion of those with mental health conditions for MAiD, my discussions with colleagues have been highly polarizing and wrought with significant emotional reactivity. Arguments seem to revolve around access to MAiD for those who are suffering from severe mental health conditions viewed as intractable, despite valiant attempts at treatment, versus the struggles to accurately identify an evidence-based way to reliably predict the irremediability of mental illnesses. Further, concerns have been expressed that marginalized populations will be disproportionately represented in MAiD applicants. Suffering is cumulative, and increased exposure to a life of suffering is often more prevalent for marginalized populations.

There also appears to be a paucity of literature related to MAiD for those with severe mental illness, and the concept of enduring and intolerable suffering remains to be fully operationalized within the mental health population as it relates to MAiD. At this point, the decision to open the eligibility criteria to include people suffering from severe intractable mental health conditions has been stayed until 2027, with further community and professional consultation being sought over the next few years. Regardless, the principles of respect and autonomy remain paramount and decisions about granting MAiD will continue to be made on an individual-patient basis.

**What recommendations would you suggest for psychologists working in MAiD to balance the intensity of such work?**

Psychologists engaged in the MAiD assessment and consultation process are apt to experience a wide breadth of emotions, with self-care being paramount. Knowing your own values and beliefs regarding MAiD is essential, especially when there is a misalignment

between organizational policy, access to services, and individual views regarding MAiD. Working within inter-professional teams is likely best, where clinicians can reap the benefits of collegial support. Systemic barriers and biases form part of our society and clinicians are not infallible. Psychologists should be acutely aware of the vulnerabilities and systemic barriers present for a MAiD applicant and how these could influence interactions with the MAiD assessment team and their ability to access resources.