

# What are the Potential Ethical Implications of Medical Assistance in Dying (MAID) for Psychiatric Patients?

Balraj Maird, Nisha Khattra, & Tamsin Davies  
Douglas College, Department of Psychiatric Nursing

## Introduction

Canadian Bill C-7 hopes to expand the current criteria for medical assistance in dying (MAID) to include individuals with psychiatric disorders (Dying with Dignity, 2021). Currently MAID is offered to individuals who are 18 years and older, capable of making their own decisions, having a serious incurable disease or disability, and have made a voluntary request for medical assistance in dying (British Columbia Ministry of Health, 2022). Plans of expanding existing criteria to include psychiatric patients was set to take place in March 2023 but has since been delayed until March 17th, 2027 (Dying with Dignity, 2021; Government of Canada, 2023). With this date approaching, it is crucial to identify the potential ethical implications of MAID when offering such a service to psychiatric patients.

## Method

We have completed a literature review of 32 scholarly, peer-reviewed articles. We used several databases to find this information such as: CINAHL, PsychInfo, and MEDLINE. The search was conducted on February 5th, 2024 and included keywords such as ‘nursing’ ‘MAID or medical assistance in dying’ ‘psychiatric patients or psychiatric illness or mental illness or mental disorder’. We utilized a matrix format to gather and organize the information. To ensure the relevance of the data collected we only used studies published between 2005-2024.



## Results

### Autonomy

- Mental illness can disrupt one’s ability to make competent decisions, autonomy cannot be ensured (Amer, 2013; Bergamin, 2022; Charland et al., 2016; Christman, 2009; Dembo et al., 2018; Tamale, 2023).
- Face greater amounts of barriers when trying to access adequate resources (Carbonell et al., 2020; Mackenzie, 2021; Moroz et al., 2020; Tamale, 2023).
- Not having the ability to control one’s own choices directly violates the core principles of medical ethics and law (Dembo et al., 2018; Jones & Simpson, 2018; Khawaja & Khawaja, 2021).

### Justice

- Disregards psychiatric suffering as less painful than a physical ailment (Dembo et al., 2018; Demedts et al., 2018; Knox & Wagg, 2023).
- Lower quality of life and loss of dignity for clients (Demedts et al., 2018; Favron-Godbout & Racine, 2023; Grassi et al., 2022).
- Increased funding for mental health services across the country improving care for psychiatric clients or lead to a potential area of error in healthcare due to time and budget constraints (Close et al., 2023; Favron-Godbout & Racine, 2023; Fujioka et al., 2018; Grassi et al., 2022; Nicolini et al., 2020).

### Beneficence and Non-Maleficence

- On a spectrum from preservation of life to the minimization of suffering (Clacton-Oldfield & Mackley, 2024; Grassi et al., 2022; Kortess-Miller & Durant, 2022; Moureau et al., 2023; 2022; Rousseau et al., 2017; Vairath et al., 2022).
- Considerable risk for the maleficent misuse of MAID as a form of escape or alternative treatment (Bastidas-Bilbao et al., 2023; Clacton-Oldfield & Machley, 2024; Grassi et al., 2022; Holmes et al., 2021; Kious & Pabst Peggy Battin, 2024; Variath et al., 2022).
- Correct timing for the introduction of MAID into a patient’s treatment is unclear and improper application may not be beneficent (Bastidas-Bilbao et al., 2023; Close et al., 2023; Kious & Pabst Peggy Battin, 2024; Knox & Wagg, 2023; Moureau et al., 2022; Rousseau et al., 2017; Variath et al., 2022).

## Discussion

### Autonomy

- The right an individual has to make decisions regarding their health without influence from their health care professionals (Nova Scotia Health, 2020; Ubel et al., 2017).
- Restricting one’s choice of receiving MAID strips their right to make choices they see beneficial (Jones & Simpson, 2018). Additionally, it does not allow individuals to have control over their bodies and limits options available to them (Jones & Simpson, 2018).
- Lack of insight and/or judgment psychiatric patients may present with, capacity to consent and make decisions regarding their health is significantly impaired (Charland et al., 2016; Jones & Simpson, 2018).
- Competency to consent can be affected due to psychiatric illnesses (Jones & Simpson, 2018). Therefore, an individual that lacks awareness and the need for treatment cannot be adequately informed about medical decisions due to disturbances in their decision-making process (Amer, 2013).

### Justice

- Justice involves access to quality care and the prevalence of stigma against a group of individuals within society (Bastidas-Bilbao et al., 2023; Moureau et al., 2023; Nicolini et al., 2020; Rousseau et al., 2017).
- Excluding people with psychiatric illnesses is a hindrance to their right to die with dignity (Dembo et al., 2018; Favron-Godbout & Racine, 2023; Kious & Battin, 2023; Nicolini et al., 2020).
  - Implementation of MAID would generate more income for the mental health system since the government would invest more money into staff, resources and training (Dembo et al., 2018; Moureau et al., 2023; Nicolini et al., 2020).
- By denying psychiatric patients MAID individuals endure longer suffering and are forced to try every single treatment option, wait for new treatment options or attempt/complete suicide to alleviate suffering (Bastidas-Bilbao et al., 2023; Dembo et al., 2018; Nicolini et al., 2020).
- May lead to decreased resource allocation to combat poverty, unemployment, and housing ultimately leading to increased perceived intolerability of illness (Favron-Godbout & Racine, 2023; Grassi et al., 2022; Nicolini et al., 2020).

### Beneficence and Non-Maleficence

- Beneficence refers to the duty of a health care practitioner to act for the benefit of a patient (Varkey, 2021). Non-maleficence refers to the obligation of a health care practitioner to do no harm to a patient (Varkey, 2021).
- Affect a practitioner’s duty to provide ethical care contingent to opposing views on what is considered beneficent and non-maleficent (Clacton-Oldfield & Mackley, 2024; Grassi et al., 2022; Moureau et al., 2023; 2022; Rousseau et al., 2017; Vairath et al., 2022).
- Practitioner’s duty of beneficence encompasses the preservation of life, a commitment to recovery, non-abandonment, and the instillation of hope in patients and their families (Grassi et al., 2022; Moureau et al., 2023; Rousseau et al., 2017; Vairath et al., 2022).
  - It is argued that the duty of beneficence and non-maleficence is the impartation of advocacy and support, the protection of vulnerable individuals, and the minimization of suffering (Clacton-Oldfield & Mackley, 2024; Grassi et al., 2022; Moureau et al., 2023; Nicolini et al., 2020).
- Individuals suffering from mental illness were vulnerable due to lack of, or prolonged wait for access to mental health resources (Bastidas-Bilbao et al., 2023; Clacton-Oldfield & Mackley, 2024). Those without access to treatment may be at risk for harm if MAID is used as an alternative resource to treatment, or as a method of relief for those being impacted by additional stressors (Bastidas-Bilbao et al., 2023; Clacton-Oldfield & Machley, 2024; Grassi et al., 2022; Kious & Pabst Peggy Battin, 2024).
- Prognosis of mental illness can be unpredictable, making it less intelligible as to how soon MAID could be ethically introduced into a patient’s treatment plan (Clacton-Oldfield & Mackley, 2024; Bastidas-Bilbao et al., 2023; Rousseau et al., 2017). The premature introduction of MAID may be maleficent to a patient who may have otherwise made a full recovery with time (Bastidas-Bilbao et al., 2023; Close et al., 2023; Kious & Pabst Peggy Battin, 2024; Moureau et al., 2022; Rousseau et al., 2017; Variath et al., 2022).



## Limitations

One of the limitations of this paper is not taking into account the many other ethical principles such as fidelity and veracity. Future research can consider these missed principles to provide a comprehensive view of all the ethical implications when offering MAID to psychiatric patients. As this paper focused on possible implications, it would be beneficial to conduct further research on the actual ethical implications when MAID is made legal in Canada. Future research could focus on how the ethical principles of healthcare providers are impacted by this expansion of MAID criteria.



## Highlights

Healthcare providers will face ethical challenges with the implementation of MAID for psychiatric clients (Bastidas-Bilbao et al., 2023; Favron-Godbout & Racine, 2023; Grassi et al., 2022; Moureau et al., 2023; Nicolini et al., 2020; Rousseau et al., 2017). It was showcased ethical principles such as autonomy, justice, beneficence and non-maleficence as most impacted by this expansion of criteria (Close et al., 2023; Grassi et al., 2022; Ubel et al., 2017). Autonomy had two overarching themes which included psychological competence and freedom from coercion since mental illness can disrupt these themes; autonomy cannot be ensured (Amer, 2013; Donchin & Scully, 2015; Dembo et al., 2018). The exclusion of psychiatric patients may propagate stigma and limit access to quality care impacting justice (Bastidas-Bilbao et al., 2023; Favron-Godbout & Racine, 2023). Ethical principles of beneficence and non-maleficence may be under pressure due to the prognostic nature of psychiatric illnesses, practitioner’s suggestion of MAID may be at an improper time and unclear application may harm clients (Close et al., 2023; Moureau et al., 2022).

## Conclusion

The expansion of MAID criteria to include psychiatric clients has ethical implications to healthcare practice (Dembo et al., 2018). Psychiatric clients face barriers to making decisions regarding their healthcare due to lengthy wait times and exclusion from MAID criteria impacting their right to autonomy (Jones & Simpson, 2018). Furthermore, the ethical principle of justice applies to psychiatric clients since they are forced to experience long term suffering due to stigma and inequality (Bastidas-Bilbao et al., 2023). Beneficence and non-maleficence are challenged as healthcare providers must balance the paradox of certifying suicidal clients and providing MAID to others (Varkey, 2021). With the potential expansion of MAID to psychiatric clients through Bill C-7 around the corner, lawmakers should address these ethical principles and create a framework to ensure therapeutic implementation of this service.