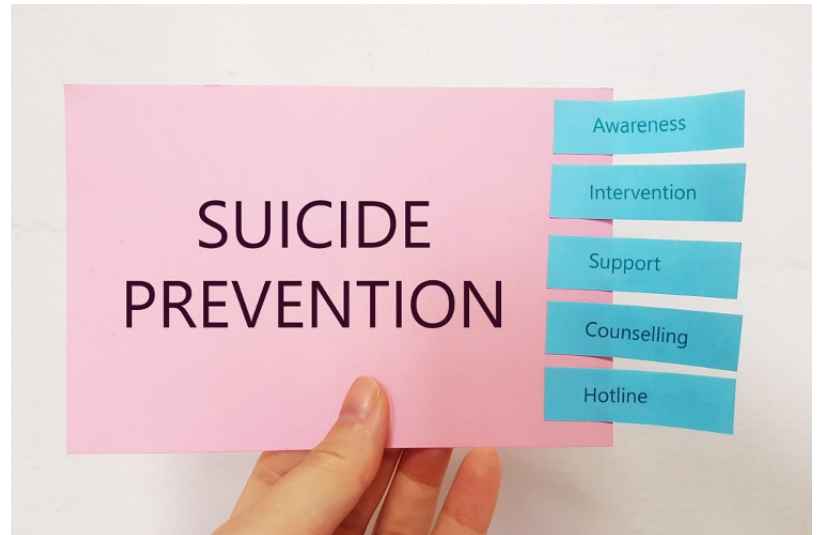




Canadian Woman Goes to Hospital for Suicidal Thoughts; Clinician Suggests Assisted Suicide

A Canadian woman who sought medical help for her suicidal thoughts was “shocked” when the clinician assessing her case suggested medical assistance in dying (MAID), i.e., euthanasia.

Kathrin Mentler, 37, of Vancouver, British Columbia, has a pretty good idea of what a hospital should offer to depressed patients. She’s been one for much of her life and has even attempted suicide more than once only to be saved by hospital staff. She’s even studying to become a counselor for such patients.



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She was therefore unprepared for what happened to her when she presented herself at the Vancouver General Hospital’s Access and Assessment Centre in June.

“That day my goal was to keep myself safe. I was thinking of maybe trying to get myself admitted to hospital because I was in crisis,” Mentler told [The Tyee](#).

In an interview with the [Globe and Mail](#), she said, “I very specifically went there that day because I didn’t want to get into a situation where I would think about taking an overdose of medication.”

Mentler told the newspaper:

After filling out an intake form, she was taken to a smaller room where she shared her feelings and mental health history with a clinician. Day-to-day life was feeling overwhelming and she worried about her persistent feelings of depression, she recalled telling the clinician.

“She was like, ‘I can call the on-call psychiatrist, but there are no beds; there’s no availability,’” Ms. Mentler said. “She said to me: ‘The system is broken.’”

But it was the clinician’s next comments Ms. Mentler found particularly distressing.

“She said, ‘Have you ever considered MAID?’” Ms. Mentler said, adding that she was so bewildered by the question that she didn’t initially understand what the clinician meant. “I thought, like a maid that cleans a room?”

Ms. Mentler had not considered MAID before, but told the clinician of her past attempts to end her life by overdosing on medication. She said the clinician replied that such a method could result in brain damage and other harms, and that MAID would be a more “comfortable” process during which she would be given sedating benzodiazepines among other drugs.

According to [The Tyee](#), “Mentler says she was ‘shocked’ and ‘sickened’ because she came to the Access



Written by [Michael Tennant](#) on August 22, 2023

and Assessment Centre for help, ‘not for recommendations on how to kill myself.’”

On top of that, the clinician expressed her “relief” that another patient with mental-health issues had drowned, claimed Mentler.

“That made me feel like my life was worthless or a problem that could be solved if I chose MAID,” she said.

In a statement, Vancouver General Hospital confirmed that staff are trained “to explore all available care options” for suicidal patients and to conduct a clinical evaluation of the patient “which may include questions about whether they have considered MAID as part of their contemplations.”

“Gauging suicide [risk] should not include offering options to die, which is what it felt like,” Mentler told the *Globe and Mail*. “I also think it’s worth considering that, as of right now, MAID for mental health is not legal yet, so giving someone the specifics of the process seems wrong. How can this be standard procedure for suicide crisis intervention?”

Unfortunately, while it may only be standard procedure in Vancouver for now, it is likely to become standard procedure across the country next year. MAID was legalized in 2016, but only for patients with terminal illnesses. In 2021, it was expanded to include disabled individuals regardless of their probability of near-term death. Patients with mental illness were set to be the next MAID targets this spring, but that was [delayed](#) a year after intense public criticism.

MAID has already become a real danger to Canadians. In 2021, [3.3 percent of all deaths](#) in Canada — more than 10,000 people — were the result of MAID, a 32-percent increase over the previous year. Quebec now has the [highest euthanasia rate in the world](#). Canadians have been offered or subjected to MAID for [disabilities or misdiagnosed “terminal” illnesses](#).

Things are only likely to worsen with next year’s expansion, wrote The Tyee:

Dr. Sonu Gaiind, chief of psychiatry at Sunnybrook Health Sciences Centre in Toronto, and a professor at the university of Toronto, says making MAID accessible for someone with mental illness is “disturbing” because it’s extremely difficult to assess a patient and make the call as a doctor about whether or not they’ll recover.

Using depression as an example, he says studies show 60 per cent or more of patients will recover after a year even if they do not use any kind of treatment. He also notes that doctors are only right 47 per cent of the time when they say a patient will never recover from depression — which means “we’ll be wrong more than half the time but we won’t know what half we’ll be wrong for,” when assessing patients for MAID.

In fact, the government’s [Model Practice Standard for MAID](#) virtually guarantees that the “wrong” patients will be offered euthanasia.

For disabled patients, the document requires clinicians to ensure a patient is aware of MAID if the clinician believes it is “consistent with the person’s values and goals of care.”

“That’s dangerous because there’s an innate power imbalance between health-care workers and patients, Gaiind says, meaning that workers cannot provide information neutrally,” penned The Tyee.

Worse still, the latest version of the document deleted an earlier requirement that a specialist be one of the assessors of a mental-health patient’s eligibility for MAID.



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“If someone can’t access a specialist who knows how to help them, what does that mean about the care they’ve been able to receive to date?” asked Gaid.

But in a nation in which life is increasingly devalued and the government is footing the bill for healthcare — Parliament has been known to [calculate the savings it would derive from expanding MAID](#) — the euthanasia train shows no signs of slowing down.



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