



— DEATH WISH —

A group of Canadians with crushing mental illness are suing the federal government for the right to physician-assisted death. The ethics are muddy, the country is divided and the world is watching Canada's next move. Inside the crusade for a polarizing cause.

By **Luc Rinaldi**

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CLAIRE BROSSÉAU first fantasized about dying when she was in kindergarten. She was a dramatic child, prone to throwing tantrums and screaming until she passed out. When her parents admonished her, asking why she wasn't more like her sister, she imagined eating peanut butter, to which she was allergic, until she asphyxiated. *It'd be better for everyone if I was gone*, she thought.

Brosseau's malaise intensified as she got older. When she was 11, her family moved from Toronto to Montreal. There, as a teenager, she began cycling between exuberant highs and all-consuming lows. She quit sports and student council, skipped classes, started drinking and smoking heavily and put on 50 pounds. She grew envious of her friend's mother, a woman with schizophrenia who'd

FIGHTING FOR THE RIGHT TO DIE Claire Brosseau is one of several plaintiffs suing the federal government for the right to access MAID for mental illness. After decades of psychological pain, she says, her condition is incurable.

killed herself by jumping in front of a train. So, one day, Brosseau walked to the railroad tracks on her way home from school. She tried to psych herself up—if someone else was brave enough to end their suffering, she thought, she could be too. But as train after train passed, Brosseau reconsidered. She was terrified of the pain she'd suffer if she survived and of the heartache she'd cause her family if she didn't.

Brosseau's parents took her to a psychiatrist, who diagnosed her with manic depression, now known as bipolar I disorder, a condition characterized by extreme mood swings. With therapy and medication, she coped, and found that throwing herself into a career as an actor helped. "I became a performer because I figured, if I'm going to suffer, I want to get paid for it," she jokes. In her 20s, she studied acting at the Neighborhood Playhouse, the storied New York theatre school that trained Jeff Goldblum and Diane Keaton. She acted in musicals and sang in a Times

Square cabaret bar. Eventually she moved back to Toronto, where she branched into stand-up comedy. She appeared on *The Strombo Show* and *Entertainment Tonight* and landed supporting roles in mid-tier film and TV projects with actors including James Franco and Daniel Stern (of *Home Alone* fame).

But as Brosseau's career blossomed, her well-being withered. One week she'd be a booze-and-cocaine-fuelled whirlwind, stealing prescription pills from her mother's medicine cabinet, hooking up with strangers at sex clubs, posting nonsensical rants online and blacking out at parties. The next she'd crash, locking herself in her bedroom for days with the blinds drawn and the lights off, crippled by melancholy and regret about her latest bender.

In 2016, Brosseau attended the Canadian Screen Awards. She knew some of the show's writers and producers, so she hung out backstage pounding back free drinks and using cocaine. When she

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stepped out drunkenly for a cigarette, she stumbled and smashed her face into a curb. The next morning, she looked in the mirror—face bruised, teeth missing—and vowed to turn her life around. She went to AA and eventually entered the intensive psychiatric care unit at Toronto’s Sunnybrook Hospital. She stopped using drugs and alcohol and doubled down on treatment (anti-depressant, anti-psychotic and anti-anxiety medication) and therapy (cognitive behavioural, dialectical, art, family, electroconvulsive).

The intervention helped—until it didn’t. In 2021, her mother, Mary Louise Kinahan, called 911, worried that her daughter was again in a suicidal crisis. The police brought Brosseau to a Toronto hospital, where she says she was forcibly restrained. The experience was terrifying and exacerbated her already deteriorating mental state. Brosseau lodged a formal complaint and won, but remained shaken. She briefly moved to a seaside village in Nova Scotia, thinking the peace and quiet and ocean air might help her heal.

One night in early 2023, back in Toronto, Brosseau tried again to kill herself. She overdosed on Benadryl, slashed her wrists and—in an echo of the suicide strategy she’d devised as a child—plunged her hand into a jar of peanut butter. She survived, but by that point it was clear to her that, in spite of all her years of treatment, there had been one constant throughout her life: “All I’ve ever wanted, even on my best of days, is to die.”

At the time it seemed like Brosseau would soon be able to fulfill that wish. In 2016, Canada legalized medical assistance in dying for people with reasonably foreseeable deaths, usually terminally ill patients with months to live. The country was set to begin offering MAID to people with incurable and unbearable mental illness in March of 2023. Brosseau had followed news of the program’s expansion closely and planned to apply as soon as she was able. To her mind, suicide was violent and isolating but MAID, administered by a professional with loved ones by her side, would be peaceful and pain-free.

In the summer of 2022, Brosseau hosted farewell dinners with her closest friends and former collaborators, explaining her intention to receive MAID once it became available. She had long, tearful conversations with her parents and her sister. They didn’t want her to die, but they came to understand her choice. “It was shredding my heart,” says Kinahan. “I don’t want to lose her. But I want what Claire needs for herself. She is so continually, excruciatingly ill that MAID for mental illness is the only way that she is going to get peace. It’s taken me a while to get there as a mother, but I know that at this point.”

As March of 2023 approached, however, the federal government delayed its plans by a year, saying that it needed more time to ensure the health-care system was ready to assess applicants responsibly and consistently. Brosseau was disappointed, but she was willing to wait. She marked her

calendar for March 17, 2024, the day she could apply to die.

She had everything planned: who would be at her bedside, who her pallbearers would be and even what song would play at her funeral (she swore me to secrecy because she wants it to be a surprise). Then, in February of 2024, the government deferred again, this time by three years. Brosseau would have to wait until 2027—or maybe forever. What was to stop them from pushing it again, or scrapping the idea altogether? Conservative Leader Pierre Poilievre had already vowed that, if he were to become prime minister, his government would put a stop to the planned expansion.

As the federal government stalled, debate erupted within Canada and beyond. Proponents praised MAID as an enlightened and compassionate offering for those with the worst mental suffering. But a broad coalition of critics, including bioethicists, disability-rights advocates, conservative politicians and people of faith, condemned it as simply state-sanctioned suicide, or even something closer to eugenics. And some of those who support psychiatric MAID in principle have unanswered questions about how the health-care system can provide it safely and ethically.

Underpinning these concerns was a deeper, more diffuse unease over what it means to legally legitimize the act of killing oneself. Allowing a physically healthy person to opt out of life—and to make the

state an enabler of that choice—is for many people a moral, philosophical and legal leap into a dark, discomfiting place.

And so Canada has become the focus of outrage and moral alarm around the world. Last October, the U.K.'s *Telegraph* newspaper ran a story headlined “Poor, depressed or lonely in Canada? Why not let us kill you.” A misinformation-riddled video by Jordan Peterson, “The Horrifying Truth Behind MAID They Aren’t Telling You,” has racked up millions of views, drawing comparisons between MAID, capital punishment and the Holocaust. The government’s next steps, therefore, are critically important. The lives of Canadians—and the reputation of the entire nation—hang in the balance.

Brosseau does not want her future to hinge on disinformation campaigns, timid politicians and slowly evolving public mores. She’s taken to the courts. In August of 2024, she and the end-of-life rights lobby group Dying With Dignity Canada launched a constitutional challenge against the attorney general of Canada, arguing that withholding MAID from the mentally ill violates the Canadian Charter of Rights and Freedoms. The case seeks to definitively answer the most fundamental question in the debate around MAID: who has the right to die?

Suicide is perhaps the world’s oldest and most enduring taboo. The idea of killing oneself, even as a way to end suffering, has divided philosophers and physicians for thousands of years. Hippocrates inveighed against it, while Socrates seemed to support it. Most religions oppose mercy killing, reasoning that only a higher power can give and take life. But throughout the 20th century, as secularism spread, medicine improved and lifespans grew, lengthy end-of-life illnesses became more common, and MAID evolved from a mostly conceptual question to a pressing and practical one. Many boomers, particularly those who witnessed their own parents’ long and agonizing final days, began campaigning for control over how and when they would die.

That fight entered the Canadian courts in 1993, when a 42-year-old British Columbia woman named Sue Rodriguez, suffering

from ALS, asked the courts to strike down parts of the Criminal Code that explicitly prohibited assisted suicide. The Supreme Court narrowly dismissed her case. The following year, she took her life anyway, with the help of an anonymous doctor.

In 2015, facing another legal challenge by plaintiffs with degenerative diseases, the Supreme Court ruled differently: it decided preventing people with a “grievous and irremediable” condition from dying on their own terms was cruel. In 2016, Parliament passed Bill C-14, legalizing MAID for people whose deaths were reasonably foreseeable. This is what we now call Track 1 MAID.

Over the next few years, provincial courts in Quebec and Alberta ruled that limiting MAID to the terminally ill was discriminatory and unconstitutional. So, in 2021, the federal Liberals passed Bill C-7, introducing MAID for those with debilitating, incurable but not imminently fatal conditions such as Parkinson’s disease or multiple sclerosis. This is Track 2 MAID.

There are guardrails, of course. For both tracks, applicants need to be approved by two assessors—trained doctors or nurse practitioners, one of whom must be outside of the patient’s care team. The applicant also has to be able to withdraw their request up to the last moment. Track 2 MAID comes with extra precautions: assessments must take at least 90 days, involving additional evaluation, and they must be informed of other ways to alleviate their suffering.

From the beginning, Track 2 was intended to include people whose only complaint was chronic mental suffering. But the government split Track 2 down the middle and decided that people solely afflicted by mental disorders would have to wait two more years, until 2023, before accessing MAID. This bought them some time to develop safeguards, train assessors and navigate a thicket of knotty questions: how can an assessor reliably determine that a mental disorder is really incurable and intolerable? How many other treatments, over what period of time, should applicants have to try before they can access MAID? Should applicants be approved even if they refuse a treatment that could work? What if the applicant can’t afford a treatment?

To answer these questions, the government assembled two groups in 2021. There was a 15-member committee comprising MPs and senators with expertise in the subject, as well as people with mental illness. There was also a 12-member panel of psychiatrists, lawyers, ethicists and MAID practitioners. The groups had similar but distinct mandates: the committee was to determine if Canada was prepared to safely provide psychiatric MAID, and the panel was to recommend guidelines and safeguards for its rollout. Neither was intended to rehash whether psychiatric MAID should be offered—only how and when to do so.

That was a lot to ask of two dozen government appointees, particularly as they began receiving a raft of irreconcilable expert opinions. Many of the dozens of witnesses who were invited or volunteered to testify—chiefs of psychiatry, university professors, MAID providers, suicide-prevention specialists and palliative-care physicians—told the committee and panel that it would be difficult, if not impossible, for MAID assessors to predict whether a mental disorder is truly incurable. Mark Sinyor, a suicide-prevention expert at Sunnybrook Hospital, told the committee, “There is absolutely no research on the reliability of physician predictions of the irremediability of illness or suffering in psychiatric conditions.” Karandeep Sonu Gaind, a University of Toronto professor and Sunnybrook’s head of psychiatry, put it more bluntly: “You’re better off flipping a coin.”

Several years ago, Gaind was the physician chair of the MAID team at Toronto’s Humber River Hospital, where he says he saw patients get approved for MAID, only to regain their will to live after reconnecting with family. “MAID allows us to pretend we’re providing death for an illness we can predict won’t get better,” he told me, “but we’re not actually able to make that prediction. Every psychiatrist has had patients who are convinced they will never improve.”

Other participants vehemently disagree with that perspective. Stanley Kutcher is an independent senator from Nova Scotia, and professor emeritus of psychiatry at Dalhousie University. He sat on the special joint committee. He rejects the idea

John Scully has tried, over and over, to get better. He's seen more than a dozen psychiatrists and undergone shock therapy 19 times. He takes 30 pills a day. "I've tried everything, and nothing has worked," he says.

that patients should suffer today because they may, in some hypothetical future, get better. "We tell that to nobody except for people with mental disorders," he says.

The groups also tried to assess the impact of MAID for mental illness by determining how many people might use it. Kutcher cited statistics from Belgium and the Netherlands, which have offered MAID for mental illness for decades, albeit with robust safeguards. In 2021, 24 Belgians and 115 Dutch citizens died by euthanasia on psychiatric grounds—less than 0.001 per cent of their countries' respective populations. Those numbers may not be perfectly applicable to Canada, however. The vast majority of Dutch psychiatric MAID requests are rejected, and Canadian eligibility criteria are poised to be more permissive than the Netherlands'. Canadians seeking Track 2 MAID can reject all treatment options and still qualify, for example. Whether this should also be the case for those seeking psychiatric MAID is still a matter of debate. If so, the number of mentally ill Canadians dying by MAID every year could, hypothetically, reach into the thousands. John Maher, a psychiatrist and anti-MAID advocate based in Barrie, Ontario, told the committee, "Do you seriously believe that you can prevent abuses by the 100,000 MDs and nurse practitioners in Canada who now have a licence to kill?"

Beneath all of these fears was a much deeper anxiety. Canada's MAID laws are premised on the idea that patients can

pursue assisted death after sober, rational reflection. A person with chronic, incurable mental suffering might rationally seek to end that suffering. Yet suicidal ideation is a symptom of many of the mental illnesses for which people could seek MAID. Does that symptom undermine the patient's rational decision-making capacity? Untying that knot became a fixation of the panel and committee.

"There is no tool at the moment that would allow me to distinguish a suicidal person from someone who is requesting assisted suicide," said Georgia Vrakas, a psychologist at the Université du Québec, in a submission to the joint committee. Others pushed back. Alison Freeland, the chair of the Canadian Psychiatric Association, defended her profession by saying that psychiatrists have the training to make that distinction.

The expert panel released its final report in May of 2022, concluding that Canada was ready to offer psychiatric MAID. It included 19 recommendations for rolling out the practice, including establishing methods to assess a patient's decision-making capacity and gauge whether an illness really is incurable. But it also acknowledged the difficulty of doing so beyond the shadow of a doubt, stating that "no system of safeguards, protocols and guidance will satisfy everyone." In fact, two members of the panel resigned in protest, including Jeffrey Kirby, a bioethicist at Dalhousie University. He argues that Canada needs

an official definition of irremediability, mandating that those seeking psychiatric MAID try at least some of the suitable treatment options, for a number of years, before they can be approved.

As if to underline the impossibility of reaching consensus on the issue, the special joint committee came to the opposite conclusion—that Canada *wasn't* ready to expand MAID. Its report, released in February of 2023, pointed to all the concerns that had divided the experts: the difficulty of separating MAID requests from suicidality, the need to protect vulnerable people who may be seeking MAID due to external circumstances and the maddening complexity of trying to determine whether a condition is incurable. Reinforcing how divided the committee had become, the report contained three dissenting opinions. One complained that the committee had given too much weight to anti-MAID ideologues and that it ended up relitigating whether Canada should offer psychiatric MAID in the first place—which was not its mandate. Another opinion, written by several Conservative politicians, including Senator Yonah Martin and MPs Shelby Kramp-Neuman, Michael Cooper and Ed Fast, complained that the committee's final report should have more decisively opposed psychiatric MAID.

A HAUNTED MIND John Scully is a former war correspondent who is tormented by memories of the horrors he witnessed throughout his career. He hopes MAID will be easier for his family than a violent suicide.



WHO HAS THE RIGHT TO DIE?

The prospect of psychiatric MAID has divided doctors, activists, ethicists and Canadians at large



Heather Walkus is a disability advocate with impaired vision and MS who says medical professionals have twice broached MAID with her. She worries that those seeking treatment are being offered death instead:

“I know this isn’t what people want to hear, but it feels like they’re culling the herd.”

Madeline Li, a University of Toronto professor and psychiatrist, says she is in the “muddy middle” of the psychiatric MAID debate. She’s neither militant about expanding MAID, nor categorically opposed:

“I think this reflects what most Canadians think, but the loudest voices are on the extremes of the debate.”



Stanley Kutcher, a psychiatrist and senator from Nova Scotia, believes it is discriminatory to deny MAID to people in mental anguish:

“The idea that you have to suffer because maybe, sometime in the future, you’ll get better—we tell that to nobody except people with mental disorders.”



They implored the Liberals to “permanently abandon this expansion.”

These fractures were reflected nationwide. In late 2022, the Association of Chairs of Psychiatry in Canada, an organization that includes the heads of psychiatry at the country’s 17 medical schools, called on the government to delay MAID for the mentally ill. In 2023, more than 30 law professors signed an open letter arguing that the Charter of Rights and Freedoms does not require Canada to offer MAID for mental disorders. They were rebutted months later by another group of lawyers, at the Canadian Bar Association, who insisted the opposite is true and that further delays would be unconstitutional. The public was divided, too: in a recent Leger survey, 42 per cent of Canadians supported MAID for mental illness, and 28 per cent opposed it. The rest didn’t know where they stood.

John Scully is a New Zealander by birth who spent decades as a journalist, reporting from dozens of war zones for the BBC and other broadcasters. He has frequently cheated death—once, a Serbian militiaman shoved the barrel of a shotgun into his stomach and pulled the trigger, but the gun jammed. He had always been able to shrug off his experiences and move on to the next assignment. But in retirement, the horrors caught up with him. He was eventually diagnosed with depression, generalized anxiety disorder and post-traumatic stress disorder.

Scully, now 84, lives in Toronto. He has unbearable nightmares that borrow imagery from his years in the trenches—of being hacked to death with a machete, of attack dogs chewing off his face, of lying paralyzed on a conveyor belt carrying him to a crematorium. The resulting insomnia exacerbates his depression, which intensifies his thoughts of suicide. He’s tried twice to take his own life.

He’s also tried, over and over, to get better. Scully has seen more than a dozen psychiatrists and undergone shock therapy 19 times. He takes 30 pills a day, the side effects of which include dizziness, leg spasms, cognitive impairment and slurred speech. “I’ve tried everything, and nothing has worked,” he says.

“MAID allows us to pretend we’re providing death for an illness we can predict won’t get better,” says psychiatrist Karandeep Sonu Gaiind, “but we’re not able to make that prediction”

Scully thinks about suicide every day. But he can’t bear the idea of dying alone, violently and suddenly, only to have his wife or his adult children find his body and wonder what his last moments were like. “Suicide is brutal for families,” he says. “The grief is unbearable.” He believes MAID will allow him to say farewell, to explain his decision, to answer loved ones’ questions. It will be a quiet, dignified end, for which Scully considers himself a perfect candidate. When the federal government pressed pause on psychiatric MAID for the second time last year, it seemed as if the opportunity might slip away forever.

At the same time, a charity called Dying With Dignity Canada, which advocates for end-of-life rights, was preparing a court challenge to the delay. Scully had already become something of a poster child for psychiatric MAID due to his outspokenness, and he came on board as one of two plaintiffs in the court challenge.

The other was Claire Brosseau. The day the government announced that it was delaying the expansion of MAID until 2027, she spent the afternoon pacing around her apartment, fuming and ranting, wondering if she could last three more years. Her mother tried in vain to calm her. Within weeks Brosseau too had connected with Dying With Dignity, which arranged for two MAID practitioners to assess her and decide whether she would qualify for psychiatric MAID if it were made legal. They interviewed her several times between May and July of

last year, asking detailed questions about her suicide attempts, courses of treatment and reasons for wanting MAID. They reviewed more than a thousand pages of her medical records and spoke to her loved ones, including her mother, who admitted to conflicting feelings. “I have two daughters, and I can’t imagine not having them around,” Kinahan says. “But with all that she’s gone through, I realized that I have to help her with what she wants, not what I think should be.”

Last August, Brosseau’s assessors concluded that her condition was indeed irremediable, and she would qualify for MAID, if it were available. She was suffering intolerably and had exhausted all treatment options. She also made a good plaintiff for a high-profile lawsuit, being no stranger to the spotlight. Shortly thereafter, Dying With Dignity Canada filed its suit, arguing that depriving people with irremediable mental disorders of access to MAID—forcing them to choose between suicide and endless suffering—violates their right to life, liberty and the security of the person, as provided by Section 7 of the Charter of Rights and Freedoms. The challenge also invokes Section 15, contending that providing MAID to one group (the physically ill) but not another (the mentally ill) violates individuals’ rights to be treated equally under the law. Brosseau and Scully hope to get their day in court sometime this year.

While she waits, Brosseau lives in limbo. She spends almost all her time

within a tastefully but cheaply decorated apartment in midtown Toronto, often watching *Golden Girls* reruns on a cream-coloured sectional couch or stationed at a high-top writing desk by a window. Her mom and sister visit occasionally, but she’s no longer in touch with friends or colleagues. After the goodbyes she made in 2022, she says it would be too gut-wrenching to re-engage, only to have to do it all over again. In a day, Brosseau might have 75 tolerable minutes. During those brief reprieves, she takes online courses and writes jokes, most of them related to her planned demise. The rest of the day is filled with invasive thoughts about suicide and existential anxieties about how she’s lived her life. “You know that terrible feeling when you’re so nervous that you either want to puke or shit your pants?” she says. “I have that 75 per cent of the day.”

Apart from taking out the trash, doing the laundry and going to medical appointments, she rarely leaves her home. “I’m trapped in this 600-square-foot apartment,” she says. “I’m very grateful for the roof over my head, but I never wanted this.”

Shortly after Scully and Brosseau filed suit, another group asked the courts to intervene. Last September, a number of disability advocates—four non-profits and two individuals—launched their own Charter challenge, with a very different

Many fear that mentally ill Canadians may seek death not strictly due to their disorder, but because solvable problems—poor housing, lack of health care, poverty—are exacerbating their suffering

interpretation of whose rights were being infringed upon.

The case argues that a person with an irremediable condition is, by definition, a disabled person. Offering MAID to such people is therefore, the argument goes, discriminatory against the disabled. “By transforming death into a form of medical treatment for persons with disabilities,” the notice of application asserts, “Parliament has legitimized the idea that death is an appropriate response to feeling like, or being perceived to be, a burden on the health-care system or one’s family.”

Heather Walkus chairs the Council of Canadians with Disabilities, one of the groups behind the suit. She says this idea of death as remedy is already taking root in Canada—and that she’s seen it herself. In 2022, she was in hospital with pneumonia when a nurse handed her a brochure about MAID and said, “Older people like to know their options.” Last year, she fell while getting out of a taxi and dislocated her hip. The wait to see a physiotherapist was months long, so she went to a private sports-medicine clinic, where a young, able-bodied staffer asked about her health. She told him that she was 69, with impaired vision and multiple sclerosis, and that she used a wheelchair. He asked, “Have you heard of MAID?”

Walkus says she believes assisted dying can be an appropriate, compassionate choice in the right circumstances. But she thinks it is perverse to seek health care and

be offered death instead. She worries what will happen when millions of Canadians—the 27 per cent with disabilities, the 18 per cent diagnosed with mental disorders, the enormous cohort of baby boomers facing normal age-related decline—are not only provided with but nudged toward the option. “I know this isn’t what people want to hear,” she says, “but it feels like they’re culling the herd.”

Psychiatrist John Maher, who testified before the federal government’s MAID committee, was one of many witnesses who feared that mentally ill Canadians might seek death not strictly due to their disorder but because other circumstances—poor housing, lack of health care, poverty—exacerbate their suffering. Another witness, Leonie Herx, the chair of Queen’s University’s palliative medicine division, lamented that physicians were already seeing in their own practices examples of people receiving MAID due to a lack of basic life supports, such as palliative and disability care.

So far, however, there’s little evidence that this kind of scenario is becoming widespread. To date, roughly 60,000 Canadians have died by MAID. The vast majority of them were Track 1 cases—that is, they had reasonably foreseeable deaths. More than 95 per cent of that cohort were white, and they were generally wealthier than the average Canadian.

But among the 1,319 people who accessed Track 2—the 2.2 per cent of MAID recipients who did not have

reasonably foreseeable deaths—the demographic picture is slightly more complicated. In Ontario, for instance, the 290 people who died by Track 2 between 2021 and 2023 were more likely to be women, to live alone and to reside in poorer neighbourhoods. Being poor, lonely or unable to access necessary health care doesn’t qualify someone for MAID, of course. But many people in those circumstances also have chronic illnesses, disabilities and mental disorders that could qualify them for assisted death—even if it’s their circumstances, rather than their diagnoses, that exacerbate their suffering and drive their desire to die. In July of 2024, the medical journal the *Lancet* published an editorial raising concerns about psychiatric MAID. “Persons can be eligible for MAID even if there are reasonable, standard treatments or resources that would make their suffering tolerable but are inaccessible due to lack of availability, extended wait times, financial insecurity or other reasons,” the authors wrote. “For many persons in Canada, therefore, MAID will be more accessible than standard treatments and remedies.”

Walkus is glad the courts will have to contend with two competing interpretations of the Charter’s bearing on Track 2 MAID. “Can our Constitution be used to harm? Can it be used to support? Can it do both?” she asks. “It’s not black and white. It’s not, ‘This group is right and this group is wrong.’ It’s a matter of public discussion

about what we want Canada to be. It's not an easy topic. We tend to not want to go there—but we're there."

Sometime in the next year or two, Ontario's Superior Court of Justice will hear both challenges. There's a fair chance that, whatever is decided, the cases will head to the Court of Appeal and, in time, the Supreme Court of Canada. It's also possible that the courts will consolidate them into one matter—an ultimate arbitration on who can and cannot choose to die. If the final decision upholds the constitutionality of MAID for mental disorders, two things could happen: the government could strike down the section of the Criminal Code prohibiting it, or Parliament could design new legislation. Even under a Conservative government led by Pierre Poilievre, a Supreme Court precedent would effectively decriminalize the practice.

Madeline Li, a University of Toronto professor and psychiatrist, says that Canada needs to prepare for that possibility. Li developed the MAID program at Toronto's University Health Network. She has overseen hundreds of cases, trained dozens of providers and administered MAID herself. She has regretted providing it in one case, to a young person with decent chances of recovery who turned down treatment. She also sometimes regrets that her own mother, who died intubated in an ICU, didn't receive MAID.

She considers herself to be in the "muddy middle" of the debate. Unlike militant expansionists, she does not believe that patient autonomy should be the principal deciding factor. And though she is not categorically opposed to the idea of providing MAID for chronic illness, she says stricter conditions must be implemented to mitigate harms. She says she'll support psychiatric MAID if it becomes the law of the land—but she also thinks strict conditions must be implemented to mitigate harms.

Li says that because many MAID safeguards are voluntary, the outcome of assessments lean too heavily on the subjective opinions of patients and assessors. And because there are no limits on how many MAID requests a person can make, or rules about how much time has to elapse between them, patients can shop around until they get the

answer they want. To Li's mind, the government needs to clarify through the Criminal Code whether or not MAID can be granted if an applicant's suffering stems less from their medical condition and more from the consequences of that condition, such as the inability to work, pay rent and live independently. She also wants the law to define what incurable and irreversible really mean—is it up to the patient, or should there be a formal clinical definition?

Perhaps most crucially, Li believes MAID assessors should have to discuss with patients why they're requesting MAID, and agree that it's the best choice—something practitioners are not currently obligated to do. "I get MAID assessors saying to me, 'That's not my job. I'm not a therapist,'" says Li. "But it is our job. Who else is going to do that if not the person evaluating whether we should medically sanction ending a life?"

The U.K., Germany and other jurisdictions currently debating and designing their own MAID regimes are watching Canada closely, hoping to emulate our successes and avoid our missteps. These may seem like minute details, Li says, but we can't afford to get them wrong. Lives—and Canada's international reputation—are on the line.

The last time I visited Claire Brosseau's apartment, there was a package at her door. As I entered, I handed her the box, which contained a new pair of jeans. "Maybe this will turn things around," she joked. When she opened it, she was disappointed. They weren't quite the right colour. No, she quipped; she still wanted to die.

Brosseau is witty, gregarious and a joy to be around. I couldn't help but feel gutted by the idea that soon she might be gone. "She's such a giving person, and she has so many talents," her mother told me. "It's such a waste to the world." Kinahan says that standing by her daughter has meant distancing herself from friends and family who disapprove of her decision, or who think it's about attention-seeking or dramatics. Kinahan admits that she used to see it that way. "But in the past 10 years," she says, "I

have come to an understanding of just how horrific it is for her."

Even as I came to the same understanding, a part of me instinctively sought to problem-solve Brosseau's illness. I wondered aloud whether, if she took it slow, she might benefit from trying to re-engage in the world—going out for dinner, taking on a writing project. What was she afraid would happen? "People—my doctors, my family, most everybody—say that this is a choice I'm making," she says. "And maybe it is. I know I could start with calling one friend and start with going to one coffee shop. I know what I could do, theoretically, to make my life a life again."

But it felt impossible, she said. She feared that the emotional intensity of being in public would send her spiraling back into mania and depression, that she'd inevitably melt down and prove she's as crazy as everyone thinks she is. "I can't just be a tornado that rips through everybody's lives," she says. "It's not like, as I get older, I'm getting a better handle on it. It's just growing worse and worse."

Working was also out of the question. She'd tried writing a TV series about her life, but consecutive rounds of electroconvulsive therapy had zapped her memory and focus. She couldn't keep up, so she spiked the project. Brosseau was considering another therapy involving electromagnetic brain stimulation, which would involve daily clinic visits for up to six weeks. But she worried it would only make things worse. "I'll lose my memory. I won't be able to write or finish a sentence," she predicts. "I'm very hopeful for the future of psychiatric treatment, and I absolutely think people can get better. It's just that, with my diagnosis and where I am at this point in my life, I'm so beyond expired. I was supposed to go long ago. The only reason I'm still here is for the lawsuit."

Later, she amended that statement. There were actually two reasons: the lawsuit and Olive, the Maltese poodle who zoomed around the apartment during my visits. Her mother had bought her the dog. "It's a huge expense that she can't afford," Brosseau explained, "but my mom's trying to keep me alive." It was not lost on Brosseau that if Olive were to ever get sick and suffer, no one would think twice about putting her down. ■