The Moral Debate About Medical Assistance in Dying for People with Mental Illness:

Unsolved Problems and Paradoxes in Psychiatry

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Abstract:

Mental illnesses and suicide have been main focal points of interest amongst the medical community, and especially psychologists and therapists, due to their distinctive anti-life nature. Though not a recent topic of controversy, medical assistance in dying, specifically MAiD-NT (medical assistance in dying for non-terminal diseases), has reinvoked the hot debate. The objective of this study is to illuminate the current legal state of medical assistance in dying and investigate its ethical ramifications, particularly regarding mental illnesses. We have employed a mixed-methods approach comprising surveys, interviews, and analysis of secondary data to obtain insights into both public and professional opinions. Though we found that the idea of medical assistance in dying is still a highly controversial one, the findings underscore the complex ethical and legal challenges that arise when considering MAiD for individuals with mental illnesses, particularly in determining the eligibility criteria for this practice and whether mental health conditions can justifiably be deemed incurable. The study also highlights the ongoing tensions and the critical need for continued dialogue in navigating these sensitive issues.

1. Introduction

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Introduction/Rationale

Medical Assistance in Dying (MAiD) is a difficult and contentious procedure where a medical professional, usually a doctor or nurse practitioner, helps a patient end their life voluntarily. Upon request, assisted death is typically accomplished through the administration of a lethal drug or combination of drugs to induce a coma-like state followed by cardiac arrest. The patients have the freedom to choose the time and place of the procedure, and a healthcare provider must stay and assist them throughout the process (Worthington, Finlay, & Regnard, 2022). However, it is important to understand that assisted death may not always be tranquil. Even though this procedure minimizes pain and suffering and provides safety, some patients may experience effects like vomiting, breathing problems, and/or severe pain, which could be upsetting for both them and the medical staff assisting them (Worthington, Finlay, & Regnard, 2022).

Evolution of Medical Assistance in Dying

The practice of MAiD, also sometimes known as PAS (physician-assisted suicide), has been subject to constant change and evolution. Although assisted death is considered one of the most recent challenges in today´s society, the concept has existed since even before the advent of recorded history. Philosophers from Ancient Greece and Rome deliberated on the morality supporting MAiD as early as 399 BC (Emanuel & Joffe, 2003). The first appearance of the word “euthanasia” was in the

Hippocratic Oath, which prohibited physicians from providing patients with lethal drugs even if they asked for it. The main arguments against MAiD at that time were of ethical and moral standards held by societies, and they considered concepts like MAiD to be against the will of God and an infringement on the sanctity of human life (Brenna, 2021). For almost 1500 years, the rejection of euthanasia persisted until Samuel Williams, a non-medical professional, advocated for it in front of the Birmingham Speculative Club during the latter part of the nineteenth century. His speech triggered discussions among physicians from the USA and Britain regarding whether to legalize this practice (Emanuel & Joffe, 2003). After that, MAiD began receiving support and acceptance as patients' choice of freedom to end their suffering. For instance, Jack Kevorkian, one of the most prominent supporters and enactors of assisted suicide in the 1990s from the United States, assisted over 130 patients in committing suicide because they were unable to do it themselves and was known as ´Dr death´ (Emanuel & Joffe, 2003). The calls for the authorization of euthanasia continued until the late twentieth century when it finally saw light in The Netherlands. Interestingly, euthanasia was practiced, though rarely, even before its official legalization. Research conducted in 1990 indicated that reported rates of physician-assisted suicide were around 18.0%. However, this number steadily increased to reach 40.7% by 1995. Since then, both legality and public support for Medical Assistance in Dying (MAiD) have evolved continuously. Finally, being legalized in 2002 after much deliberation, MAiD has since been adopted by many countries and states worldwide following suit after The Netherlands. End-of-life practices within The Netherlands are heavily influenced and regulated by their Euthanasia Act, which aims at providing compassion toward suffering individuals seeking end-of-life options such as euthanasia or medically assisted death (Van der Heide et al., 2007).

The Controversy Surrounding MAiD-NT

The controversy surrounding MAiD and its legalization never truly lost traction, and the debates instantly gained heat and attention after announcements regarding MAiD-NT. Previously, it was advocated only for individuals suffering from physical ailments with unbearable pain and a poor quality of life. However, now there is an increasing push to expand the scope of MAiD beyond somatic uncurable diseases (such as cancer, and AIDS) to encompass psychological disorders (including chronic depression, personality disorders, borderline personality disorders…) and nonterminal neurological conditions (such as dementia). This led to some European nations such as Belgium, The Netherlands, Luxembourg, and Switzerland becoming countries that have been supporting assisted suicide for non-somatic diseases (MAiD-NT) since 2018 (Jones & Simpson, 2018). Meanwhile, in Canada, discussions about its use began as early as 2016 but were only approved for in March 2023 due to COVID-19 concerns and requiring further research (Bouwman et al., 2020).

Research Objectives and Methodology

Medical professionals, ethicists, legislators, and society at large are all engaging in a contentious debate regarding the moral and practical issues raised by MAiD for patients with nonterminal illnesses (Freeland et al., 2022) because the legal framework is beginning to include patients with a mental illness as their only medical condition in eligibility for MAiD-NT. Thus, this practice, like any other controversial one, has both advocates and critics (Jones & Simpson, 2018).

Ethical Implications and Perspectives on MAiD-NT

The supporters contend that, like the patients confronting somatic intolerable pain and suffering are having autonomy over their lives and can choose whether they want to fight or give up on life, the ones mentally suffering and desperate should have access to the same end-of-life options as the latter (Brown, 2018). Opponents, however, voice concerns regarding patients with mental

illnesses' capacity to make wise decisions regarding their end-of-life requests (Skipworth, 2019), since patients with severe mental illnesses who might be labeled incompetent face particular difficulties with decision-making due to their case itself, along with other concerns about possible abuse, coercion, and discrimination (Johnson, 2020). There is still much to learn about the circumstances that lead mental patients to consider suicide or MAiD-NT, ergo, more research is needed to further understand the intricacies of this topic.

Contribution and Scope of the Research

Our research exposes important material on the hotly debated subject of MAiD-NT legalization for patients with mental diseases. It also identifies and critically analyzes the arguments in favor of and against MAiD for people with mental illness, while utilizing secondary sources from the existing literature. Additionally, we will conduct qualitative research, such as interviews with experts in ethics, psychology, and psychotherapy to expose a more accurate understanding and professional points of view of the practical and also ethical issues surrounding
MAiD-NT, as well as surveys among a diverse group of people to gauge their thoughts.

The aim of our research is to investigate the ethical ramifications of legalizing Medical Assistance in Dying for individuals with mental illnesses. Our analysis will incorporate a thorough evaluation of the notable discoveries from this practice, as well as an exploration of diverse perspectives and empirical studies. By doing so, we aspire to advance the current dialogue on MAiD-NT and illuminate the moral complexities surrounding it while also proposing alternative solutions that may benefit those with severe mental ailments

Through this research, we expect to encounter both support and opposition to MAiD-NT, but in order to counter the exaltation of suicide and death as a means of escaping pain, our hope from doing this is to reach any potential remedies and alternatives that might be put into practice. Our

primary goal is to raise attention to the limitations of previous research including issues related to autonomy, decision-making capacity, informed consent, coercion, and the meaning of suffering. This essay will also tackle the need to change the laws and regulations of many countries, as well as problems with consent, ethics, practicability, and the effectiveness of MAiD-NT, while also considering the pros and cons of using MAiD-NT and whether there are any safer and better alternatives to enabling mentally ill people to seek their death before deciding if it is a good idea.

Impact on Vulnerable Groups and Ethical Considerations

Besides the objective of raising public awareness of MAiD ethics about non-terminal illnesses by taking a neutral stance after considering various points of view on this complex topic, we will also look at how legalizing MAiD would affect groups of people who are already at risk, like those who are disabled or have mental conditions

Research Questions:

In this study, we will explore various aspects and perspectives concerning MAID-NT, examining it from different angles and doing so by attempting to answer the following questions:

- What are the practical and ethical issues surrounding MAiD-NT for patients with mental illnesses?
- How does the legalization of MAiD-NT for patients with mental problems impact groups of people who are already at risk, such as those who are disabled or have mental conditions?
- Is legalizing MAiD-NT for patients with mental problems an ethical solution?
- Should the suffering brought on by signs of a serious mental illness ever justify MAiD?

2. Methodology of our research

1. Introduction:

This section delineates the approach utilized in exploring the legalization of Medical Assistance in Dying for non-terminal diseases (MAiD NT). Initially, an exhaustive account of the research plan and strategy that encompasses both qualitative and quantitative data analysis will be elaborated. The population, sample size, as well as sampling techniques used to acquire information from online sources, will also be explicated. Additionally, the layout of a survey created especially for this study will be discussed while taking into account how it will be authenticated and executed. Furthermore, consultations with specialists within psychology and ethics fields shall likewise take place alongside scrutiny and analysis of their responses afterward.

Not to mention that the study by Jansen-van der Weide et al. (2013), which successfully examined the experiences of European intensive care nurses in the intensive care unit with end-oflife decision-making, served as inspiration for the use of the mixed method approach and the data collection in this technique. This also helped us understand how to collect data using a variety of methods.

2. Data collection:

2.1 Secondary data sources and collection:

The research includes an in-depth review of a vast amount of existing data available on the internet, including experts´ podcasts, completed studies, and existing literature on Medical Assistance in Dying (MAiD), MAiD NT, psychology, suicide, mental health, euthanasia, human behavior, ethical considerations, laws, and legislation related to medical and ethical practices around the world. This was done to gain a better understanding and provide the most accurate and clear information on this

sensitive topic. We used several relevant databases, such as Google Scholar and PubMed, among others, to ensure maximum accuracy and reliability.

2.2 Primary data:

2.2.1 Survey:

Additionally, the research will involve the collection of primary data through an online survey that is completely anonymous and solicits all ethical and consultative considerations to ensure accuracy and ease for the participants, considering the sensitivity of the topic. The survey was sent and conducted for one week in April 2023 using a non-probability sample approach.

2.2.2 Data Analysis:

We used Google Surveys, which is a highly secure website. The survey will consist of eight questions and a definition section. The survey results will be analyzed using statistical techniques to identify patterns, trends, and correlations in the data. The same website used for the survey has a built-in data analysis tool that gives the results in the form of pie charts, diagrams, and percentages.

2.2.3 Study Population:

Distributed among university students, family members, and friends, allowing for a diverse range of perspectives without focusing on a specific cultural background or age range, as this topic concerns people from all categories. The survey questions will cover topics related to attitudes toward MAiD, MAiD NT, euthanasia, suicide, mental health, and ethical considerations.

Please refer to Appendix A for the complete survey questionnaire.

2.2.4 Sampling Design and Procedure:

Participants were chosen at random from the general community in this study to examine attitudes on medical assistance in dying for non-terminal illnesses. We used a random sample technique to examine 50 people for this study from among friends, relatives, and students at SGUB. This strategy was used in order to get more accurate findings because it allows people from different cultural and religious backgrounds to voice their opinions.

This method was inspired by Ganzini, Goy, and Dobscha's (2009) study titled "The prevalence of depression and anxiety disorders in patients requesting physicians' aid in dying: cross-sectional survey results from Switzerland," which used a random sampling technique to survey Swiss patients requesting physician aid in dying for depression and anxiety disorders prevalence and resulted in accurate and beneficial findings.

2.2.5 Survey Parts:

In the definition section, we reviewed what MAiD NT is and how it differs from MAiD. We emphasized that our study focuses on the mental health aspect of non-terminal illnesses. The first five questions were multiple-choice questions that investigated the options toward the main queries and questions surrounding our topic, with options varying from full endorsement to complete opposition. Respondents will also be asked to rate their agreement or disagreement with statements related to MAiD NT on a Likert-type scale, providing valuable quantitative data for analysis.

The survey's questions:

1. **Do you think mental illnesses are a valid condition to request MAiD (Medical**

Assistance in Dying)?

2. **Do you think legalizing MAiD NT would promote suicide as an "easy solution"?**
3. **Do you think mental illnesses should be treated the same way as physical/somatic illnesses when it comes to MAiD?**
4. **Do you think a mental illness can be accurately categorized as untreatable?**
5. **Do you think people with mental illnesses should be able to request MAiD?** The next two questions were for a better understanding of what each participant meant by their choice, and that's why we provided cases and examples as follows:

6. **Please select which of the following cases you think should be capable of applying for MAiD:**
   a) The patient has been suffering for 10+ years without proper healing progress.
   b) The patient has previously attempted suicide multiple times but didn't succeed.
   c) The patient is a threat to their environment due to their psychological condition.
   d) Multiple psychiatric professionals agree that the patient's condition is incurable.
   e) All of the above (if you agree with this, please select all of the above options, including this one).

7.You will find a list of some mental illnesses or conditions here. Please select the ones that you think should be able to apply for MAiD NT to end their suffering:

- Depression / Chronic Depression
- Personality disorders (HPD, NPD, BPD...)
- PTSD or complex PTSD (cPTSD)
- Eating disorders (anorexia, bulimia, binge eating disorders...)

- Schizophrenia
- Bipolar Disorder
- Anxiety Disorder
- Choose this option if you feel like you don’t have enough information regarding the subject to make a clear decision.

We included the last option so people who don't have enough information don't choose randomly and skew our results.

As a final part of our investigation, we included an open question to collect real-life experiences or further opinions and perceptions of the topic for people who would like to share. The responses are anonymous.

8. If you have any questions, comments, ideas, or personal stories, please feel free to share them here.

2.3 Interview:

As a final step, we will also interview a psychotherapist Rana El Masih Chahoud who has indepth knowledge and expertise in psychology, ethics, and MAID. The interviews will be fully consensual and will focus on her perceptions of MAID, MAID NT, euthanasia, suicide, mental health, and ethics. The questions will be general, depending on each participant, and the results will be discussed later on.

The interview questions:

- What are your opinions regarding the use of MAiD NT or medical assistance in dying for individuals with non-terminal illnesses?
- How do you ensure the accuracy of diagnosis when it comes to MAiD NT?
- Do you see any potential benefits in pursuing MAiD NT for patients with non-terminal illnesses?
- Are you prepared to make decisions regarding MAiD NT for your patients, if necessary?
- How do you approach patients who request MAiD NT, and how do you support them through the decision-making process?
- What kind of treatment do you provide to patients who request MAiD NT, and when do you stop supporting them?
- Finally, we will ask her the survey questions.

3. Methods' Validity and Reliability:

The decision to employ these methods of collecting data was influenced by their proven efficiency, which has been attested in numerous scholarly articles. To illustrate, the research conducted by Hendin et al. (2020) entitled "Medical Assistance in Dying (MAiD) in Canada: A narrative review of Ethical, clinical, and legal considerations" revealed that leveraging available navigation data produced remarkable outcomes when investigating MAiD procedures across Canada. Similarly, Ponniah et al.'s (2019) study titled "Suicidal Ideation and medical assistance in Dying (MAiD) Eligibility" utilized survey data to investigate the correlation between suicidal thoughts and MAiD eligibility within Canadian populations. We also incorporated interview techniques inspired by a scoping review conducted for non-terminal individuals with mental disorders entitled "Medical Assistance in Dying for Non-Terminal Individuals with Mental Disorders: An Updated Scoping".

4. Consent:

The study respected moral principles such as informed consent, privacy, and the defense of participant rights. Participants will be given information about the study's objectives, and participation is entirely optional.

3. Results:

Medical Assistance in Dying (MAID) is a complex and divisive issue that raises important moral considerations. Whether people with non-terminal diseases should have access to MAID is a key topic of discussion. This section of the paper will outline the main discoveries derived from our methodology, which encompassed a survey administered to roughly 50 individuals. The participants were asked inquiries that centered on their attitudes towards medical assistance in dying (MAID) including its legitimization and comprehension of qualifying criteria using the Likert scale, multiple choices, and open-ended questions. Moreover, they shared their perspectives concerning how grave mental ailments could exacerbate or advance a person's eligibility for
MAiD. Furthermore, we integrated the outcomes of interviews with a healthcare professional 'Rana El Masih Chahoud' a proficient psychotherapist who conveyed her perspective on MAID's scientific, ethical, and psychological approach when working with patients requesting it while exploring the limits and eligibility factors about psychotherapy involvement in this process. The measures are implemented to precisely address our research's primary inquiries, which pertain to the ethical viability of legalizing Medical Assistance in Dying-Non-Terminal individuals experiencing mental health issues. Specifically, we aim to explore whether allowing MAiD is a justifiable recourse when faced with severe manifestations of mental illness-induced distress.

I. The survey's results:

1. Validity of mental illnesses for MAiD:

40% of respondents agreed that mental illnesses are a valid condition to request MAiD. 54% of respondents disagreed that mental illnesses are a valid condition to request MAiD and 6% of respondents were neutral, (See Figure 1).

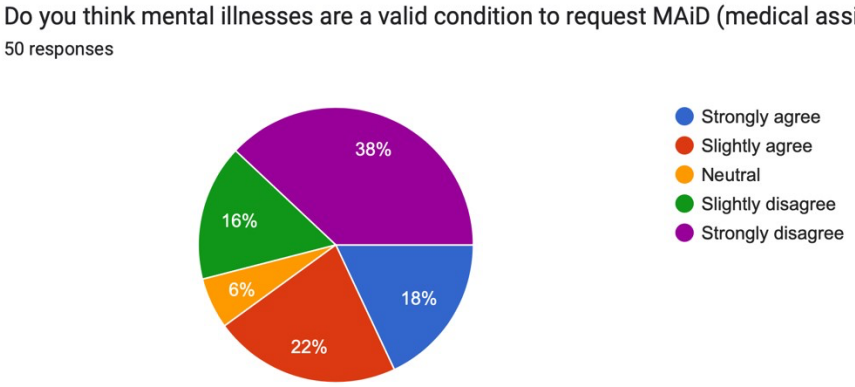

Figure 1 Results of Validity of Mental Illnesses for MAiD

2. Promotion of suicide by legalizing MAiD for non-terminal illnesses:

64% of respondents agreed that legalizing MAiD for non-terminal illnesses would promote suicide as an easy solution. 14% of respondents disagreed that legalizing MAiD for non-terminal illnesses would promote suicide as an easy solution and 22% of respondents were neutral. (See Figure 2)

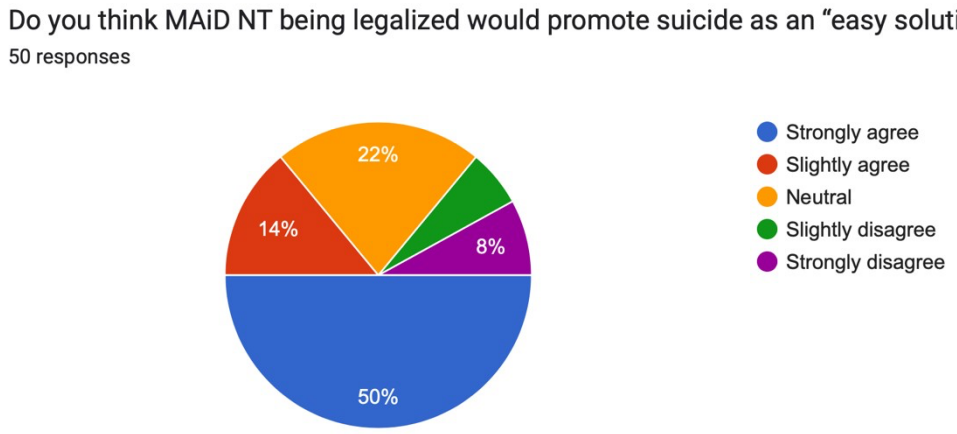

Figure 2 Attitudes towards MAiD-NT and Suicide Promotion

3. Equality of mental and physical illnesses in MAiD:

56% of respondents agreed that mental illnesses should be treated the same way as physical/somatic illnesses when it comes to MAiD. 24% of respondents disagreed that mental illnesses should be treated the same way as physical/somatic illnesses when it comes to MAiD and 20% of respondents were neutral, (See Figure 3).

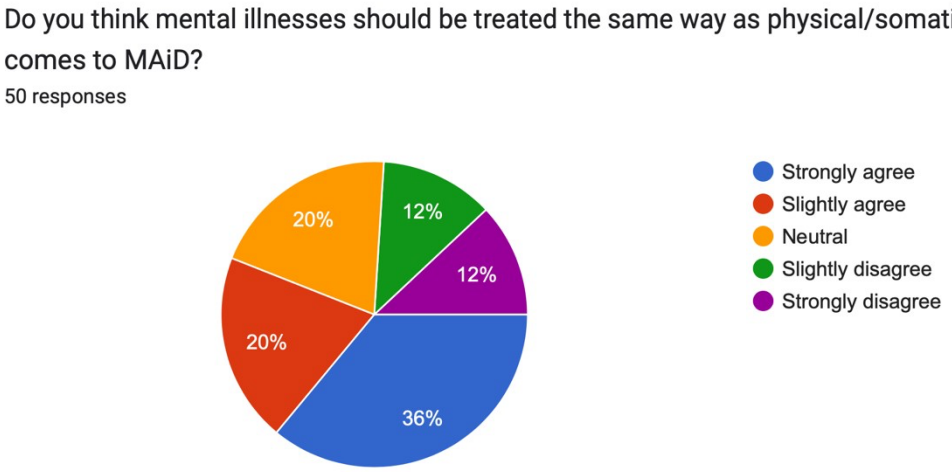

Figure 3 Perception of Equality between Mental and Physical Illnesses in MAiD

4. Accuracy of categorizing mental illnesses as untreatable:

29.4% of respondents agreed that a mental illness can be accurately categorized as untreatable .51 % of respondents disagreed that a mental illness can be accurately categorized as untreatable and 19.6% of respondents were neutral,(See Figure 4).

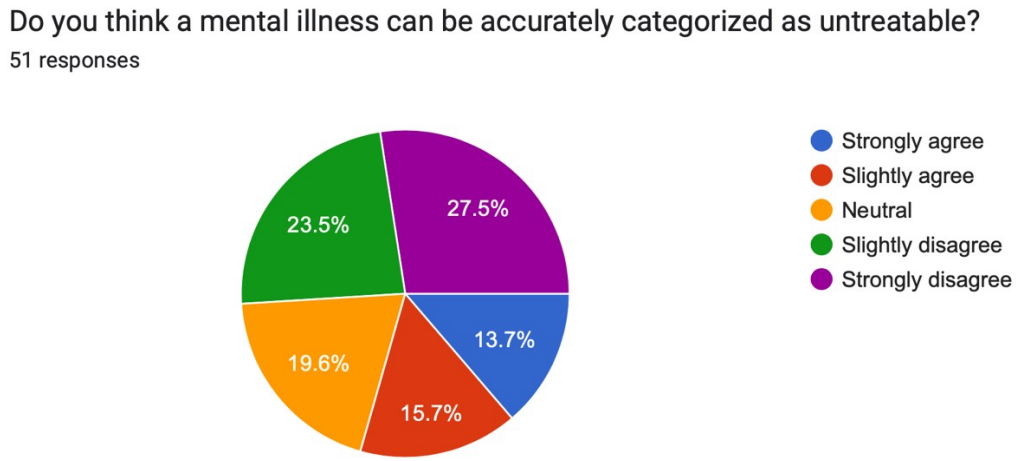

Figure 4 Results of Perception of Accuracy in Categorizing Mental Illness as Untreatable

5. Validity of Mental Illnesses as a Condition for Requesting MAiD:

The question of whether people with mental illnesses should be able to request MAiD received mixed responses. While 42% of respondents were against the idea, 36% of respondents supported it. Additionally, 22% of respondents were neutral on the issue, (See Figure 5).

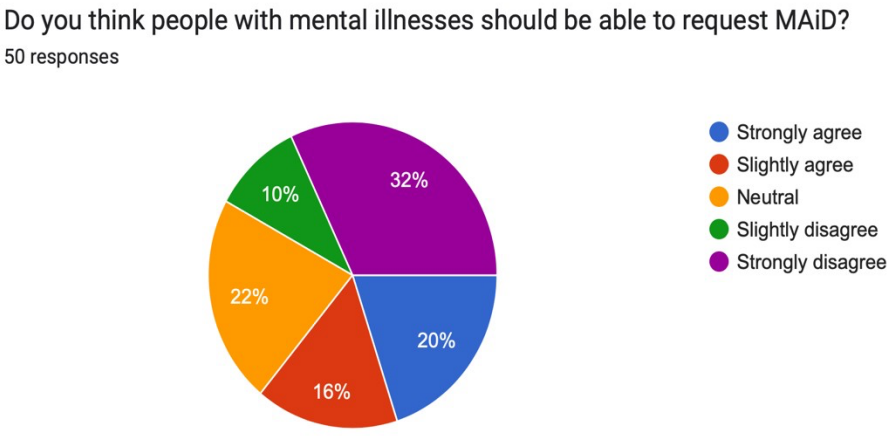

Figure 5 Perspectives on the Validity of Mental Illnesses as a Condition for Requesting MAiD

6: Eligibility criteria for MAiD:

According to the data provided, most of the participants (43.2%) agreed that individuals who have suffered for more than a decade without any signs of improvement should be allowed to request Medical Assistance in Dying (MAiD). Similarly, a similar percentage (38.6%) believes that those who attempted suicide multiple times but survived should also qualify for MAiD. A considerable number of respondents (27.3%) think that patients with psychological conditions posing a threat to their surroundings are eligible for MAiD. On the other hand, fewer people surveyed believe that individuals causing financial or emotional strain on their caregivers/loved ones could apply for MAID - 20.5% specifically hold this view, (See Figure 6).

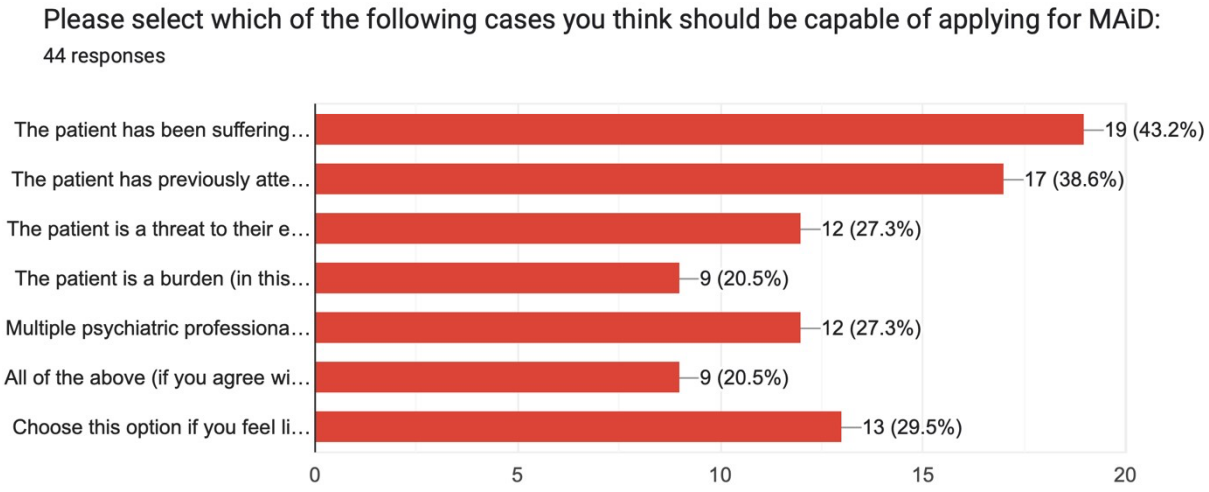

Figure 6: Eligibility Criteria for Medical Assistance in Dying (MAiD) Based on Survey Results.

7. Mental illnesses/conditions eligible for MAiD:

The survey asked respondents to identify which mental illnesses or conditions they believe should qualify for MAiD, with the highest percentage (45.5%) selecting for schizophrenia. Depression/chronic depression and personality disorders followed closely behind at 25% and

34.1% respectively. Interestingly, the highest percentage of votes went into the final option, which states that the participant(s) feels like they do not have enough information to choose. It is important to note that participants could choose multiple conditions resulting in percentages not equating to a total of 100%, (See Figure 7).

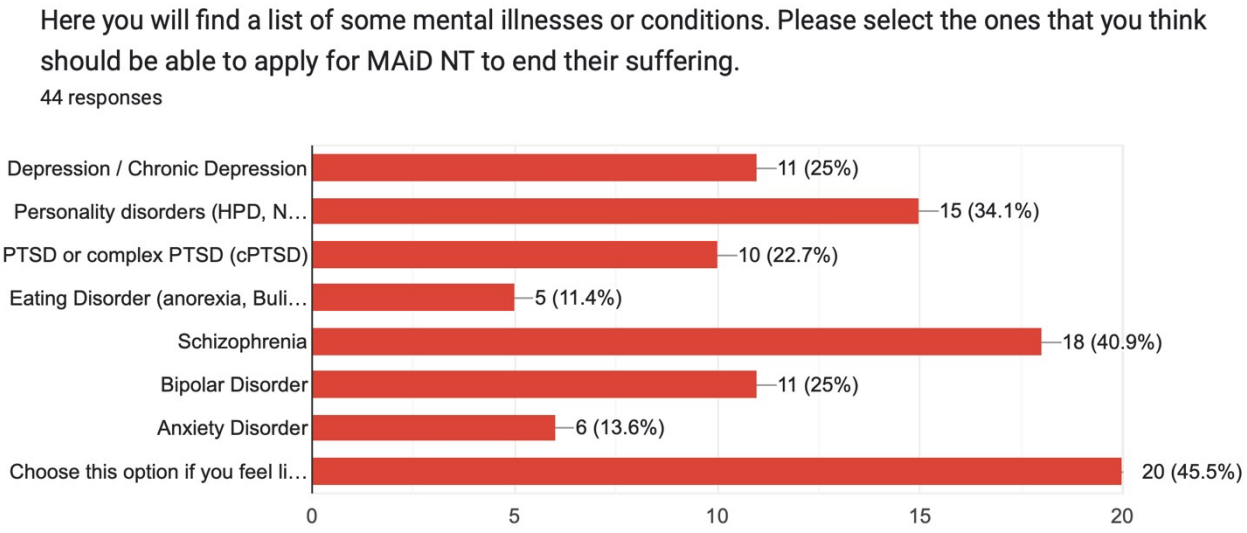

Figure 7 Public Opinion on Mental Illnesses Eligible for Medical Assistance in Dying (MAiD)

8. Diverse Perspectives on MAiD and Mental Health: Insights from the Open-Ended Question Responses:

In this question, we asked the participant if they have any questions, comments, ideas, or a personal story that they would like to share.

- Based on the survey responses, it is apparent that there exist diverse viewpoints concerning MAiD and mental disorders. Several participants feel that the general populace may not possess enough information to make accurate judgments regarding the relationship between MAiD and mental health

conditions by saying "*I do not feel like the general public has enough knowledge about mental illnesses to accurately judge things related to MAiD, and that includes me. I also feel like we should not judge people who are pro MAiD, especially the ones that suffer with mental conditions themselves.".* One participant voiced their belief in refraining from judging individuals with such illnesses who either support or oppose MAiD. On the other hand, some respondents were opposed to assisted death regardless of whether it was for physical or mental reasons. As per one participant's stance, once an individual undergoes a procedure like a MAiD, there can be no turning back, and survivors of suicide attempts often regret their decision afterward. This same respondent emphasized how situations could unexpectedly change despite medicine being perceived as an absolute factor by many people accurately saying *"I believe that neither MAiD nor MAiD NT should be applied to any condition whether physical or mental. Numerous amounts of people who survive their suicide attempt regret taking that decision. In the above case, there is no way back. The person will die for sure. I also believe situations can change and nothing is 100% sure, even medicine.".* These differing perspectives highlight the intricate nature and sensitivity surrounding issues about both euthanasia and assisted death relating specifically to persons grappling with mental health challenges.

Insights and themes:

* **Perceived Validity of Mental Illnesses for Requesting MAiD:**

Based on the data presented, opinions are divided when it comes to the validity of mental illnesses as a condition for requesting MAiD.

* **Fear of MAiD promoting suicide as an easy solution:**

Furthermore, it is interesting to note that the majority of respondents do not believe that legalizing MAiD for non-terminal illnesses would promote suicide as an easy solution. This is an important finding, as it implies that fears about MAiD promoting suicide may be unfounded.

* **Equality of treating mental illnesses the same as physical/somatic illnesses:**

In terms of equality, it appears that a majority of respondents believe that mental illnesses should be treated the same way as physical/somatic illnesses when it comes to MAiD. However, there is still a significant proportion of respondents who disagree with this statement, indicating that there may be some stigma surrounding mental illnesses.

* **Accuracy of categorizing mental illnesses as untreatable:**

The data also provide insights into the accuracy of categorizing mental illnesses as untreatable. Most respondents disagree with the statement that a mental illness can be accurately categorized as untreatable.

* **Eligibility criteria for MAiD:**

The eligibility criteria for MAiD are also an important area of consideration. The data indicates that most respondents believe that patients who have been suffering for 10+ years without any proper progress towards healing- or have previously attempted suicide multiple times but didn't succeed- should be capable of applying for MAiD. However, it is important to note that only a minority of respondents believe that all the options listed should be eligible for MAiD.

* **Mental illnesses/conditions that should be eligible for MAiD:**

Finally, the data provide insights into the mental illnesses/conditions that respondents believe should be eligible for MAiD. A significant portion of respondents believes that individuals with PTSD, complex PTSD, or those with eating disorders should be able to apply for MAiD. However, only a minority of respondents believe that individuals with anxiety disorders should be eligible for MAiD.

The interview:

To gain a deeper understanding of the practical and ethical consequences surrounding medical aid in dying for those with non-terminal mental illnesses, we interviewed Rana El Masih

Chahoud, an esteemed psychotherapist who specializes in working with individuals experiencing psychological distress such as women and children. The hour-long interview was recorded and transcribed *(for a full sample of the therapist interview see Appendix B)* and provided valuable insights into both the ethical considerations involved as well as psychological perspectives on MAiD NT. Ms. Chahoud discussed her opinions regarding the accuracy of diagnosing mental illness, and the potential advantages or disadvantages of MAiD NT while also sharing how she approaches patients seeking this type of assistance resulting in the enrichment of our comprehension of this intricate topic.

The findings from the interview:

The findings from the interview with psychotherapist Rana shed light on important insights regarding attitudes towards medical assistance in dying for individuals with mental illnesses. The interview explored Rana's knowledge, beliefs, and experiences related to mental disorders and their treatment. Three key findings emerged from the interview, providing valuable perspectives on the topic.

1. All mental disorders can be treated: Rana, a psychotherapist, believes that no mental disorder is impossible to treat. Depending on various factors such as the person's background and suffering duration, she stresses the need for personalized treatment plans after comprehensive evaluations.
2. Misdiagnoses are common in psychiatry with negative implications:
3. Rana highlighted errors associated with inaccurate diagnoses along with misprescription of psychiatric medications leading to longer recovery periods up to 10 years causing immense suffering. According to her continuous assessment and collaboration among professional's help ensure accurate diagnosis and appropriate treatment methods for patients seeking mental health services.

Finalizing the discussion:

Despite the duration of symptoms, the psychotherapist is convinced that there is no evidence to suggest a particular case warrants death. She asserts that patients seek her out for support and aid, not for their demise.

Psychotherapists hold an important responsibility in actively listening for patients' emotions, acknowledging them, and aiding them during their times of distress - particularly now when genuine interpersonal communication is limited.

The psychotherapist interview (for a full sample of the interview see Appendix A):

Based on the discussion with the psychotherapist, It is not possible for psychotherapists to predict the outcome of a mental disorder diagnosis. To provide appropriate treatment, one must take into account various factors such as the individual's background, duration and intensity of suffering experienced by them, and underlying conditions including genetics and traumatic experiences. Although complex or severe disorders can be treated with proper care. There are risks associated with misdiagnosis or inaccurate medication prescriptions from psychiatrists. For instance, someone experiencing manic symptoms may receive an incorrect bipolar diagnosis that could exacerbate their condition. Nonetheless, healthcare professionals can collaborate to offer better care to individuals in need. According to Rana's beliefs, psychotherapists hold a significant position in treating mental health conditions by providing validation to patients' emotions and offering assistance. To achieve the best results during therapy sessions, Rana advocates for involving the patient themselves along with one family member or relative alongside the psychotherapist forming a triangular-like situation. Employing this strategy during therapy sessions enables more accurate diagnoses based on gathering data about patients' experiences as well as thoughts and behaviors.

Regarding the possibility of a mental disorder being untreatable, she remains confident that no mental health issue is inherently incurable if dealt with using effective strategies and attention to detail during the diagnostic process. Even in cases where patients have tried various treatments and medications with no improvement, it may simply be a matter of timing and dosage, and she asserts that none of the psychotic illnesses are terminal and can all be treated. Though, medications may have negative impacts on physical health and other aspects of the patient's life.

In the realm of assisted suicide, Rana posits that mental health practitioners are equipped to offer assistance and aid to patients who seek help rather than death. As psychotherapists aim to provide optimal care for all their patients, including those experiencing suicidal ideation, Rana believes they hold an ethical obligation and deep respect for their patients.

She argues that when someone expresses a desire to die, it is likely a cry for help since individuals seek assistance when there is an unmet need. "*When I hear someone telling me 'Kill me', I hear them saying 'help me' because why else would they be seeking help if not for a need that is not being addressed?*" Rana emphasizes the importance of showing compassion and nurturing care towards all beings, human or animal alike; therefore, she does not endorse Medical Assistance in Dying (MAiD) as it goes against professional ethics and prevents healthcare practitioners from providing comprehensive support to those dealing with mental health issues.

Conclusion:

To sum up, this research delved into the viewpoints and beliefs on Medical Assistance in Dying for Non-Terminal illnesses (MAID-NT) among college students, family members, and a psychologist's professional advice. The results of the survey were collected from 50 participants regarding whether mental illness can be considered viable grounds for requesting MAID While most respondents agreed

that non-terminal illnesses could trigger suicide tendencies, many believed that mental health conditions should be treated similarly to physical ailments in the context of MAID. The question of whether a mental illness can be accurately categorized as untreatable also received mixed responses. The study also found that respondents supported the idea of individuals with mental illnesses being able to request MAID, while almost half believed that individuals who had suffered for more than a decade without any signs of improvement should qualify for MAID. PTSD or cPTSD was identified by somehow the same number of votes from respondents as the main mental illness/condition that should qualify for MAID, followed by depression/chronic depression and personality disorders. These findings provide insight into the complexities surrounding MAID for non-terminal illnesses and highlight the need for further discussion and research on the topic.

4. Discussion

The contentious issue of including mental illnesses as a qualifying condition for requesting Medical Assistance in Dying (MAID) for non-terminal illnesses has raised questions about its validity. To gauge participants' views on this matter, we incorporated it into our questionnaire and examined the results alongside existing research to develop a comprehensive understanding of the implications and consensus surrounding MAID eligibility criteria.

Results:

Among the respondents, 40% agreed that mental illnesses are a valid condition to request MAiD, 54% disagreed, and 6% remained neutral (see Figure 1). These findings shed light on the varying viewpoints within the psychiatric community regarding the eligibility of mental illnesses for MAiD.

To contextualize these results, comparing them with similar studies conducted in other regions is valuable. The study is titled "Medical Assistance in Dying: The Opinions of Medical Trainees in Newfoundland and Labrador. A cross-sectional study (McCarthy & Seal, 2019) produced findings that are congruent with our own. McCarthy and Seal's research also found divergent views among medical trainees regarding whether patients suffering from mental illness should qualify for MAiD.
Specifically, 40.4% agreed, 47.1% disagreed, and another 12.5% were uncertain about this issue. The investigations have revealed varying perspectives among the psychiatric and medical training communities regarding the criteria for MAiD eligibility for all health conditions. This underscores the intricate ethical considerations surrounding the provision of assistance-in-dying services, leading to the ongoing debate about assistance-in-dying in medicine and psychology. While there were similarities between our study and McCarthy & Seal's research in terms of agreement and disagreement proportions,

they differed with regards to their respective samples and populations— ours being university students while theirs focused on medical trainees from Newfoundland and Labrador. These contrasting sample groups may account for differences in results; nonetheless, both studies indicate differences in divergent opinions towards MAiD validity for mental illness across regions' professions.

* **Fear of MAiD promoting suicide as an easy solution**

According to the survey conducted, 64% (see Figure 2) of respondents agreed that legalizing MAiD for non-terminal illnesses would promote suicide as an easy solution. This finding raises concerns about the potential risks associated with expanding eligibility criteria for MAiD. It aligns with the arguments put forth by opponents of broadening MAiD legislation, who highlight the potential for promoting suicide and normalizing it as a solution to life's difficulties.

To provide a broader perspective and support the findings of this survey, it is valuable to examine other studies that have explored similar concerns. Smith and colleagues (2020) investigated the perceptions of physicians in Canada following the legalization of medical assistance in dying (MAiD). Their findings indicated that some medical professionals felt compelled to offer MAiD as a treatment option for non-terminal illnesses, which triggered concerns regarding potential exploitation and encouragement of suicide. These apprehensions coincide with those expressed by respondents surveyed concerning the sanctioning of MAiD for non-terminal cases. Jones and colleagues' research investigated the outcomes of individuals in regions where medical assistance in dying was permitted who requested this service. The study identified situations where participants sought MAiD due to psychological distress, including mental disorders without a fatal diagnosis. This raises concerns about potential

misconduct related to the usage of MAiD and promoting suicidal tendencies since eligibility criteria may broaden beyond terminally ill cases. Our survey results reflect similar worries expressed by previous studies concerning legalizing MAiD for non-terminal ailments, with 64% of respondents agreeing that it would encourage suicide. These findings emphasize the need for thoughtful consideration and ethical deliberation when considering extending MAiD legislation to other illnesses. They highlight how essential it is to address probable risks such as endorsing suicidal behavior caused by broadened eligibility criteria.

* **Equality of treating mental illnesses the same as physical or psychosomatic illnesses:**

According to survey results, a majority of 56% of respondents were in favor of treating mental illnesses with the same approach as physical or somatic illnesses when it comes to MAiD. This aligns with Sinyor et al.'s (2020) findings, which reported that 70% of participants believed that the criteria for eligibility for MAiD should be uniform across both types of ailments. However, psychiatrists were more inclined towards allowing non-terminal mental illness patients access to MAiD compared to medical practitioners, as found by Sinyor et al.'s study, suggesting a lack of consensus among healthcare professionals on whether equal treatment should be extended toward mental and physical afflictions in terms of MAiD provision. The contribution of Kathleen Sheehan to "Medical Assistance in Dying: Special Issue for Patients with Mental Illness" (2019) also highlighted the discrimination mentally ill individuals could face if they were denied access to their rights through euthanasia.

It is worth noting that not all viewpoints support the notion of equitable treatment. Johnson et al.'s (2018) study emphasizes that granting access to MAiD does not necessarily equate to fair treatment. The research stresses the importance of providing appropriate care and support for mental health

conditions, including therapy sessions, medication administration, and support systems, without resorting to death as an option.

We included both studies that supported and denied equality since we noticed that by incorporating both supportive and opposing studies, our survey found almost equal proportions of perceptions regarding equality.

We provided differing viewpoints on equality in terms of MAiD provision for mental health conditions. While some studies support it, others oppose this approach to obtaining complete mental healthcare, which should involve more than just granting access to MAiD. Our psychotherapist, Rana, shares the same belief (for the full interview, refer to Appendix B). She emphasizes that comprehensive treatment is crucial, including therapy sessions, medication administration, and supportive systems as viable alternatives to MAiD. In conclusion, the balanced analysis provided underscores the significance of considering various perspectives regarding debates surrounding MAID's implementation for individuals with mental illnesses. Furthermore, it stresses the importance of providing comprehensive mental health care alongside support systems while acknowledging that using MAiD alone may not be a sufficient solution for people experiencing mental health issues.

- **Accuracy of categorizing mental illnesses as untreatable:**

The results of the survey indicated that almost one-third (29.4%) of the participants concurred with the notion that mental illnesses cannot be treated effectively, while a majority (51% opposed it) and nearly 20% remained neutral. These outcomes underscored the heterogeneous attitudes concerning treating psychiatric disorders and gave rise to significant queries regarding medical aid in dying, particularly when psychological afflictions are deemed responsible for unbearable agony. The absence of universally accepted criteria that define the state of being incurable in the majority of cases involving

mental health disorders creates notable obstacles for healthcare practitioners. One definition of irremediability is given by establishing irremediable psychiatric suffering in the context of medical assistance in dying in the Netherlands: a qualitative study shows that irremediability means that there is no longer any prospect of alleviating, mitigating, enduring, or removing suffering. There is no longer a reasonable treatment perspective" (van Veen et al., 2022).

Additionally, identifying and assessing whether a condition is deemed untreatable becomes increasingly complicated by numerous psychosocial variables such as housing stability, employment status, financial strain, and social isolation. These challenges echo the apprehensions expressed by neutral respondents during the survey process, who acknowledge the intricate nature inherent in labeling certain forms of mental illnesses as unmanageable or resistant to therapy (Bryant and Oelke, 2017). Upon comparing my findings with those of the research conducted by Schuklenk et al. (2018) titled "Exploring the Concept of Irremediability in Medical Assistance in Dying," it is evident that there exist notable discrepancies among public beliefs concerning both irremediable standards and MAiD eligibility criteria. While 63% of respondents in their study asserted that an illness or condition should only be deemed irremediable if medical interventions cannot alleviate pain, individual perspectives varied significantly regarding specific benchmarks for identifying irreparability. The variation in perspectives among individuals regarding the identification of irreparability benchmarks could be attributed to divergent views on whether an illness is untreatable or not. This issue assumes particular significance about Medical Assistance in Dying (MAiD), as categorizing mental illnesses accurately as incurable poses significant challenges, according to Campbell et al.'s (2018) paper titled "Special Issues for Patients with Mental Illness Requesting Medical Assistance in Dying."

Additionally, there are no universal criteria for defining incurability in most cases of mental illness, and social factors such as inadequate housing, unemployment, and isolation further complicate this determination.

Based on the data, it should be noted that the percentages obtained from our survey about eligibility criteria for Medical Assistance in Dying (MAiD) among individuals with mental illnesses may seem low. This could be due to non-response bias; people who oppose MAiD for those with mental illnesses may not have answered this question. Nevertheless, these findings provide important insights into participant perspectives and highlight potential limitations of public sentiment representation on this topic if contrasting views are missing.

* **Eligibility criteria for MAiD:**

These findings are consistent with some of the standards established by international organizations, such as Canada's eligibility requirements for Medical Assistance in Dying (MAiD). To qualify for MAiD in Canada, patients must meet specific criteria, including having a severe and incurable medical condition that is causing unbearable physical or psychological suffering and has advanced to an irreparable state (Government of Canada, 2021). The notion that individuals who have been experiencing unrelieved suffering for over ten years should be eligible for MAiD (with 43.2% agreement) conforms to the concept of grievous and irremediable medical conditions advocated by the Canadian government. However, it is essential to consider the complexities involved in defining and determining irremediability in cases involving mental health issues. A study conducted by Smith et al. (2020) emphasized how difficult it can be to assess treatments' long-term effectiveness when dealing

with certain mental illnesses. The concept that persons who have made several suicide attempts yet have lived should be eligible for MAiD (38.6% agreement) conforms to the condition of being in a state of advanced decline and experiencing unbearable agony, as outlined by the Canadian administration. Nevertheless, it is crucial to meticulously assess the root causes behind the patient's torment and examine alternative therapy options before contemplating MAiD. This corresponds with Johnson et al.'s (2018) guidance on ethical considerations concerning assessing qualification for MAiD among individuals who have attempted suicide previously.

The notion that individuals with psychological ailments whose behavior poses a danger to their surroundings should be eligible for MAiD (with 27.3% agreement) raises ethical and legal considerations surrounding the patient's ability to give informed consent and the potential impact on others. In exploring healthcare professionals' opinions regarding eligibility criteria for psychiatric disorder cases requiring MAiD, Smith and Jones (2020) discovered that careful evaluation is necessary while balancing patient autonomy alongside possible risks of harm toward others. While only 20.5% of respondents in our survey subscribed to this view, it remains vital to approach with caution the belief that those causing emotional or financial strain on caregivers or loved ones could apply for MAiD, as decisions about euthanasia ought primarily to focus on an individual's suffering levels and personal agency rather than external factors. According to a study conducted by Thompson et al. (2019), it is crucial to prioritize patient autonomy and refrain from incorporating irrelevant factors in the eligibility standards for MAiD.

* **Mental illnesses or conditions that should be eligible for MAiD:**

In our survey, participants were tasked with identifying which mental illnesses or conditions they believed should meet the criteria for Medical Assistance in Dying (MAiD). The largest percentage of respondents, comprising 45.5%, selected schizophrenia as eligible for MAiD, while depression/chronic

depression and personality disorders followed at 25% and 34.1%, respectively. It is noteworthy that a significant proportion of votes went to an option where participants indicated inadequate information to make a selection. These results reveal varying perspectives regarding the qualification of mental illnesses.

* **Schizophrenia**

According to the survey, 45.5% of respondents believe that individuals with schizophrenia should be eligible for Medical Assistance in Dying (MAiD). This view is justified by the perception among some people that the suffering associated with schizophrenia is severe and incurable, making MAiD an end-of-life choice for those who are affected by it. These findings align with the argument presented in "For Their Own Good": A Response to Popular Arguments Against Permitting Medical Assistance in Dying (MAID), which advocates for extending access to MaiD beyond physical illnesses to include mental illnesses such as schizophrenia. The article critiques current limitations on accessing MAiD as discriminatory against mentally ill individuals and highlights how conditions like schizophrenia can cause significant distress and irreversible harm (Dembo, Schuklenk, & Reggler, 2020).

* **Personality disorder**

A notable fraction of participants also recognized personality disorders, with 34.1% perceiving this classification as viable candidates for Medical Assistance in Dying (MAiD). Personality disorders encompass various conditions that exhibit enduring behavioral patterns and emotional states and complex challenges for treatment and prognosis, and the difficulties associated with these disorders may make certain individuals eligible for MAiD based on their condition. It should be noted that surveys show varying levels of support for this option among different populations. For instance,

53% of respondents in a Dutch survey agreed that those with mental disabilities should have access to MAiD-NT, while only 15% disagreed. (Grassi et al., 2022)

Meanwhile, about one-third of US respondents broadly supported the legalization of MAiDNT for people dealing with non-terminal issues, according to another survey (Grassi et al., 2022). In comparison with our study, around 34% support MAiD-NT, which is similar to the results from the US study.

These studies illustrate how acceptance levels can differ depending on various factors, such as cultural context and legal regulations specific to each region's situation.

* **Depression**

In terms of mental illnesses that should qualify for MAiD, chronic depression emerged as one of the most commonly chosen options among survey respondents at a rate of 25%. This consensus is in line with the recognition that long-term and treatment-resistant cases can have severe disabling effects. However, a notable number of professionals—roughly 58%—believe that patients diagnosed with major depressive disorder ought to be automatically disqualified from physicianassisted death due to concerns over decisional capacity assessment complexity and uncertainty surrounding long-term outcomes related to this condition (Rousseau et al.2017). However, it is essential to recognize that there are diverse management strategies for addressing this mental health condition, and other options should be thoroughly evaluated before resorting to assisted suicide as a solution. This viewpoint was extensively debated in "Four Reasons Why Assisted Dying Should Not Be Offered for Depression." The authors present a thorough argument against offering assisted death as an option

specifically for individuals dealing with depression. They stress the unpredictable nature of long-term outcomes related to depressive conditions and argue in favor of exploring alternative treatments before considering such drastic measures. Moreover, they express concerns about how those struggling with depression may lack capacity when making decisions regarding their well-being due to their vulnerability at these times (Blikshavn, Husum, & Magelssen, 2017).

Limitations:

Based on the study conducted on medical assistance in dying (MAiD) for people with nonterminal illnesses, several limitations were identified. Firstly, the lack of available resources and a limited number of participants posed challenges throughout the research process. This scarcity of data may have affected the depth and breadth of the findings. Additionally, we encountered difficulties in utilizing statistical analysis tools such as SPSS, which hindered our ability to provide more comprehensive insights from the survey we conducted. The limited skills in statistical analysis restricted the extent to which the data could be analyzed and interpreted. Furthermore, time constraints prevented us from consulting a wider range of specialists, which may have provided more robust and nuanced results. The absence of input from additional experts in the field limited the breadth of perspectives considered in the study. Lastly, the topic of MAiD for nonterminal illnesses is relatively new and unfamiliar to many individuals, which introduces a level of inaccuracy and potential bias in the data gathered. This lack of familiarity among participants may have influenced the validity and reliability of the study's findings. Therefore, it is crucial to acknowledge these limitations.

Suggestions for future studies:

While our findings significantly contribute to the current knowledge in the psychological and ethical perception of MAiD NT, it is essential that future studies in this area approach these questions with sensitivity, respect for diverse perspectives, and a commitment to ethical research practices build upon our research, it would be valuable to conduct additional studies examining:

1. International comparisons: Compare the legislative frameworks, implementation models, and ethical considerations of MAiD in different countries. This comparative research can provide insights into the impact of different approaches and inform policy discussions on MAiD.

2. Long-term impact: Further research is needed to understand the long-term physical, psychological, and emotional effects on individuals who have chosen MAiD, as well as the impact on their families and caregivers.

3. Decision-making process: Investigate the factors that influence the decision-making process of patients considering MAiD, including their values, beliefs, and personal circumstances. This research can help inform guidelines and policies surrounding eligibility criteria and informed consent.

4. Safeguards and vulnerable populations: Explore the effectiveness and adequacy of existing safeguards in place to protect vulnerable populations, such as individuals with mental health conditions, minors, or those with limited decision-making capacity. This can contribute to the ongoing ethical debate surrounding the expansion of MAiD eligibility criteria.

Furthermore, future research can strengthen the validity, reliability, and generalizability of findings related to MAiD, contributing to a more robust evidence base and informed decisionmaking, and consider implementing alternative approaches and methodological improvements to strengthen the validity and generalizability of the results such as adapting:

1. Collaborative research through fostering interdisciplinary collaborations among researchers, healthcare providers, ethicists, and policymakers to approach MAiD research from multiple

perspectives. This collaborative approach can enhance the validity of the findings and facilitate the translation of research into policy and practice.

2. Comparative studies: Conduct comparative studies that compare the outcomes and experiences of individuals who have chosen MAiD with those who have pursued alternative endof-life options, such as palliative care. This can help identify the unique benefits and potential drawbacks of different approaches and inform decision-making processes.

5. conclusion

In considering the ethical implications and potential benefits and drawbacks of legalizing MAiD NT for individuals with mental illnesses, it is important to recognize and respect the inherent value of human life. The lack of evidence regarding what transpires after death leaves uncertainty about whether MAiD NT would truly bring relief to those suffering from mental illnesses. Moreover, viewing individuals as burdens on Earth or prioritizing the alleviation of suffering over compassion, affection, and care raises ethical considerations.

The legalization of MAiD has posed challenges within the primary care setting, with healthcare professionals reporting difficulties in discussing the topic. Factors that promote discussions on MAiD include comprehensive professional education and training, effective communication skills and strategies, and strong patient-provider relationships. Conversely, limited self-awareness among healthcare professionals, inadequate education and training, poor communication skills, and administrative burdens hinder discussions on MAiD.

To facilitate meaningful conversations on MAiD, healthcare professionals should focus on addressing their values, beliefs, and emotions, enhancing communication skills and strategies, fostering close patient-provider relationships, and implementing operational changes to alleviate administrative burdens. This research provides insights into the factors that promote or prevent discussions on MAiD within the primary care setting, and further investigation is needed to develop

specific conversation guides for healthcare professionals and evaluate communication approaches in the Canadian context.

Additionally, it is crucial to approach the topic of legalizing MAiD NT for mental illnesses with careful consideration of the ethical dimensions and the complexity of human suffering. By highlighting the challenges and opportunities associated with this sensitive topic, the study contributes to a deeper understanding of the ethical considerations and practical aspects involved in end-of-life care for individuals with mental illnesses.

The study emphasizes the significance of healthcare professionals' education, training, and communication skills in facilitating meaningful discussions on MAiD. By investing in comprehensive professional development, healthcare providers can enhance their ability to engage in open and compassionate conversations with patients, addressing their values, beliefs, and emotional needs. This not only promotes patient-centered care but also ensures that individuals with mental illnesses are heard, understood, and supported throughout their journey.

Furthermore, the study sheds light on the administrative burdens that hinder discussions on MAiD. By identifying these challenges, healthcare systems can implement operational changes to streamline processes, reduce paperwork, and minimize bureaucratic obstacles. This, in turn, enables healthcare professionals to dedicate more time and attention to addressing the complex needs of patients with mental illnesses, ensuring their voices are heard and their concerns are appropriately addressed.

Ultimately, this study contributes to the broader dialogue on end-of-life care and the complex intersection of ethics, mental health, and decision-making. By recognizing the unique challenges faced by individuals with mental illnesses, healthcare professionals, policymakers, and society as a

whole can work towards developing comprehensive and compassionate approaches to care that upholds the dignity and well-being of every individual.

In summary, this research adds valuable insights into promoting and preventing discussions on MAiD within the primary care setting. By considering the implications for humanity, the study encourages a thoughtful and compassionate approach to end-of-life care for individuals with mental illnesses, ensuring that their needs and perspectives are acknowledged and respected.

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Appendix A

The psychotherapist Rana's interview

The discussion started with asking about her knowledge about MAiD, MAiD NT, and everything related.

So, she explained the difference between psychologist psychiatrist, and psychotherapists their roles, and the difference between the 3.

The people that go to the psychotherapist are people that are asking for help and have a clear need like an eating disorder or anxiety or depression… something that is stopping them from having a normal and comfortable life. to be worked on, ergo not under any condition a person that is screaming for help and coming for a therapist is prone to be helped to be capable of requesting assisted suicide.

The psychiatrist treats those who do not seek therapy on their own, whether at the request of other medical professionals like gynecologists or parents who observed signs of suicidal behavior in their children.

The people that don't have a clear request and know w.

First question: Do you think a mental disorder can be considered untreatable:

Answer:

Psychotherapists cannot assume the outcome after providing a random diagnostic as a hypothesis. We must constantly consider the person's background, the suffering they are experiencing, and how and for how long it is impacting their lives. When it happens, whether it is something that is genetically inherited, or after a certain shock, they could be also at the beginning of a certain diagnosis at the center or top of it.

You must give me all the details about certain complicated as you are saying conditions before deciding how we are going to treat or work with that patient but not and under any condition I can tell you that these conditions are never for me considered untreatable.

She also discussed how inaccurate diagnoses are in this field.

The field is full of errors and misdiagnoses, particularly when it comes to issues involving medications prescribed by psychiatrists. For instance, someone may visit a psychiatrist for bipolar disorder or depression, but because they were in their manic phase, the psychiatrist was unable to accurately predict the patient's prognosis, which may have worsened their condition or at the very least had no impact on the patient's quality of life. And in such a situation, the person might endure suffering for around 10 years as you are stating in your survey.

But generally speaking, none of the psychotic illnesses are terminal and can all be treated. Even though medications have a long-term negative impact on a person's overall physical health, they can also hurt many other things, including a person's sexual function and nervous system.

Question: So, you're saying that even in the worst-case situation, we can't assume that there isn't a treatment for this condition?

No, nothing in life is considered incurable. Many patients come to me with complaints that they have tried to heal and are taking medication, but nothing has changed. In these cases, it may simply be a matter of the timing and dosage of the medication they are taking. From there, it is necessary to

perform a checkup, and they should stay in constant contact with their psychiatrist to avoid issues that could cause them to give up or complain about their cases.

Question:

You're claiming that regardless of how long the symptoms last, there isn't any proof to conclude that a certain case might be worthy of death:

Answer:

No.

Nevertheless, that's a good thing. and as a result, the medical community is now more cognizant of the significance of taking patients' mental health into account.

For instance, many women visit me at their gynecologist's request because they had the necessary testing and all the chemical levels in their bodies were found to be normal to make some sessions to improve their mental health conditions. After these events, I can now claim that doctors are becoming more knowledgeable about mental health, working with us to provide the finest care for everyone in need.

It's also crucial to remember that, regardless of how effective medication or antidepressant may be when prescribed by a psychiatrist based on a variety of symptoms (suicidal thoughts, self-harm or injuries, drug, or alcohol abuse, neglecting one's appearance, excruciating unhappiness, hurting their surroundings, etc.)

But at the same time, we must admit that the psychotherapist plays a crucial role in this scenario when it comes to hearing the patient's feelings, validating them, and assisting them, in their need to get through their trying time. especially now when interpersonal communication at the deepest level is so severely lacking. However, there are times when events may only be related to genetics and brain chemistry, in which case the significance of the case study and not the arbitrary assumptions are redrawn.

And in Rana's opinion, it is preferable to work in a triangular shape in therapy with the three participants being the psychotherapist, one of the patient's relatives, and the patients themselves to observe what is happening so the patient's relative can help them make a more accurate diagnosis. This includes information about the time between phases the patients go through, the thoughts the patients have, or any significant behaviors the patients may not disclose but these are incredibly important for the diagnosis accuracy.

But the diagnosis or the solution would never be MAID NT even though she is uncertain about such practice’s meaning nor the benefit of its existence at all.

She added also:

That includes professionals who work in the medical industry, whether they are physicians, therapists, psychotherapists, psychiatrists, and so forth.

When patients come to us, it indicates that they are asking for rescue or, in other words, they are, yelling at the top of their lungs for help—never for death.

Ergo The ethics of the profession and our genuine respect for that person, who we feel has a soul. No soul by the way, whether that of an animal or a person, Could, might, or must be sentenced to death by anybody. Our fundamental job is to help and never in dying.

And explained that even though a patient comes to me saying either you kill me, or” I am going to kill myself “my ears tell me that they’re saying “I need help”. Undoubtedly here we have other procedures to do we’re not going to talk about them now. However, in this case, I will do my best to help and listen and validate them. I will never tell my patients I have the capacity to help them die or their case meets the criteria to undergo assisted death. This is never what psychology will be about.

Of course, we mental health practitioners don't own magic wounds that will solve all their problems. But with all our knowledge and hard work, we must help them overcome it or this job is not for us.
We must always make the patients feel that they are worthy of life and love and that they are important and assure them that we cannot change anything.

Question:
So as a psychotherapist, you cannot diagnose any case eligible for undergoing MAiD NT?

Answer:
Never, we couldn't do that, and I don't think any job should have such a type of ratification. In nothing I studied in my career, there's a single case that preferred or reared the death and killing the patient as a solution even if that person is a huge threat to the environment. There are a lot of specialized foundations and hospitals that are trained to approach these cases and help them to be better people and get back to their normal.
If that person wants to suicide, they better do it by themselves I will never allow myself to take such a decision or give up on any patient's probability to recover and heal.
And if they do so I won't feel guilty because I gave them the required medications and the needed support. But I am not responsible for their life decisions.

Question: If that patient tells you either you help me die decently or I will kill myself and suffer. What type of position would you take?

Answer:
I will never help them die it is not my job to do. Still, I repeat in this case the patient is asking for help and not for death.
Then we asked her the surveys questions **Question:**
Do you think mental illnesses are a valid condition to request MAiD (medical assistance in dying)?
Answer:
Strongly disagree.
Question:
Do you think MAiD NT being legalized would promote suicide as an "easy solution"?
Answer:
Strongly disagree.
Question:
Do you think mental illnesses should be treated the same way as physical/somatic illnesses when it comes to MAiD?
Answer:
Strongly agree.
Question:
Do you think a mental illness can be accurately categorized as untreatable?
Answer:
Strongly disagree.
Question:

Do you think people with mental illnesses should be able to request MAiD?

Answer:

Strongly disagree.

Question:

Please select which of the following cases you think should be capable of applying for MAiD: The patient has been suffering for 10+ years without any proper progress towards healing.
The patient has previously attempted suicide multiple times but didn't succeed.
The patient is a threat to their environment due to their psychological condition.
The patient is a burden (in this case: a difficult situation financially or emotionally) to their caregivers/loved ones.
Multiple psychiatric professionals agree that the patient's condition is incurable.
All of the above (if you agree with this, please select all of the above options including this one)
Choose this option if you feel like you don't have enough information regarding the subject to make a clear decision.

Answer:

None of these

Question: Here you will find a list of some mental illnesses or conditions. Please select the ones that you think should be able to apply for MAiD NT to end their suffering.

Depression / Chronic Depression
Personality disorders (HPD, NPD, BPD ...)
PTSD or complex PTSD (cPTSD)
Eating Disorder (anorexia, Bulimia, binge eating disorders...)
Schizophrenia
Bipolar Disorder
Anxiety Disorder
Choose this option if you feel like you don't have enough information regarding the subject to make a clear decision.

Answer:

None of these but she explained that the request in the schizophrenic situation is also not consensual since it is a psychotic illness and not a neurotic illness.