

The Right Honourable Mark Carney, P.C., M.P.  
Prime Minister of Canada  
Office of the Prime Minister  
80 Wellington Street,  
Ottawa, ON  
K1A0A2

The Honourable Marjorie Michel, P.C., M.P.  
Minister of Health  
House of Commons  
Ottawa, ON  
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The Honourable Sean Fraser, P.C., M.P.  
Minister of Justice and Attorney General  
House of Commons  
Ottawa, ON  
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May 14, 2026

Dear Prime Minister Carney, and Ministers Michel and Fraser,

**Re: The forthcoming legalization of MAiD for mental illness**

As representatives of the below signed organizations, we urge you not to legalize MAiD for mental illness (short for medical assistance in dying in cases where mental illness is the sole underlying medical condition) in March of 2027. Instead, repeal the section of Canada’s MAiD law that sets a timeline for the legalization of MAiD for mental illness, commonly known as the “sunset clause.”

People with a mental illness can be eligible for MAiD under the current law provided they have a co-occurring illness, disease, or disability and otherwise meet the eligibility criteria. By expanding the current law to include MAiD for mental illness, you would be making assisted suicide available to Canadians with a mental illness, who do not have a co-occurring condition, and whose natural deaths are not reasonably foreseeable. This would be a significant and misguided expansion.

Further, experts have suggested “mental illness” will, in practice, be considered any mental disorder in the DSM-5. One third of Canadians will meet the criteria for a mental disorder in their lifetimes<sup>1</sup> and suicidality is a symptom of many of these diagnoses.

Although some argue that MAiD is distinct from suicide, Health Canada defines suicide as “the intentional act of ending one’s life,<sup>ii</sup> and MAiD for mental illness clearly falls under this umbrella.

Your predecessors twice delayed legalizing MAiD for mental illness, first in 2023, and then in 2024. Their concerns remain relevant today. Action by Parliament, to block MAiD for mental illness, continues to be justified.

Mental health related disability is still the fastest growing disability in Canada.<sup>iii</sup> Mental health care remains underfunded.<sup>iv</sup> Wait times for psychiatric treatment are still unreasonably long.<sup>v</sup> Emergency departments remain a main entry-point for care.<sup>vi</sup> The majority of people with a mental illness continue to have unmet needs for therapies and services.<sup>vii</sup> Multiply- marginalized people continue to experience high rates of mental illness and added barriers to mental health care and support.<sup>viii</sup> And, death by despair (due to suicide, overdose, and alcoholism) is becoming more common.<sup>ix</sup>

These facts are not readiness gaps to be resolved before proceeding. They are indicators of systemic inequality. To legalize MAiD for mental illness - particularly in this context - would raise clear issues with respect to the equality rights guaranteed under section 15 of the *Canadian Charter of Rights and Freedoms*.

In 2023, at the time of the first delay, Canada had begun to collect more comprehensive data related to Track 2 MAiD cases (where natural death is not reasonably foreseeable). This data first became publicly available in 2024, 10 months after the second delay.

The data is conclusive. Those who are dying by Track 2 MAiD are more likely than those dying by Track 1 MAiD (where natural death is reasonably foreseeable) to be women, live in low-income neighbourhoods, self-identify as Indigenous, be in long-term care, experience isolation or loneliness, perceive themselves to be a burden on others, face residential instability, and access psychosocial support. These are red flags for marginalization in the context of assisted suicide.

Unlike your predecessors, you are the first cohort of Parliamentarians to consider whether to expand access to assisted suicide knowing - undeniably - the full extent of the risk to marginalized people.

To ensure adherence with the Convention on the Rights of Persons with Disabilities (CRPD), in 2025, the United Nations’ CRPD committee called on Canada to repeal Track 2 MAiD, including the planned extension to mental illness. This is Canada’s binding obligation under international human rights law.

We urge you to recommend that the mental illness “exclusion” be made permanent. People with mental illness should be provided with the supports and health care that they need to live dignified lives – not state facilitated access to suicide.

Signed,

1. Inclusion Canada
2. Indigenous Disability Canada
3. Disability Without Poverty
4. People First of Canada
5. DAWN Canada
6. Race and Disability Canada
7. Canadian Council on Rehabilitation and Work
8. Canada FASD Research Network
9. Alliance for Equality of Blind Canadians
10. Autism Alliance of Canada
11. Council of Canadians with Disabilities
12. Neil Squire Society
13. Schizophrenia Society of Canada
14. Communication Disabilities Access Canada
15. Environmental Health Association of Canada
16. Canadian Feminist Alliance for International Action
17. Canadian Institute for Inclusion and Citizenship
18. National Educational Association of Disabled Students
19. March of Dimes Canada
20. L’Arche Canada
21. Independent Living Canada
22. Canadian Association of the Deaf
23. The National Institute for Equity, Equality and Inclusion of Persons with Disabilities
24. ARCH Disability Law Centre
25. New Society Institute
26. Plan Institute
27. Body Brave
28. Living with Dignity Canada
29. Planned Lifetime Advocacy Network
30. Corbrook Awakening Abilities
31. The HOME Society
32. Partners for Planning
33. Family Support Institute
34. Living with Dignity Citizen Network

35. Disability Justice Network of Ontario
36. Community Living Manitoba
37. NWT Disabilities Council
38. Inclusion Alberta
39. Prince Edward Island Association for Community Living
40. Ontario Disability Coalition
41. Community Living Ontario
42. Inclusion Canada Newfoundland and Labrador
43. Family Alliance Ontario
44. Inclusion New Brunswick
45. Inclusion BC
46. Nova Scotia League for Equal Opportunities
47. Inclusion NWT
48. Inclusion Nova Scotia
49. EmpowerNL, The Disability Resource Centre
50. Inclusion Saskatchewan
51. posAbilities
52. Community Living Access
53. Community Ventures Society
54. UNITI
55. GTA Disability Coalition
56. SURJ Toronto
57. Vancouver Rape Relief & Women's Shelter
58. Community Living Thunder Bay
59. Kamloops Society for Community Inclusion
60. Community Living & Respite Northumberland
61. Durham Association for Family Resources and Support
62. Inclusion West Niagara
63. Inclusion Foothills
64. Community Living North Perth
65. Inclusion Wetaskiwin
66. Inclusion Grande Prairie
67. Inclusion Selkirk
68. Inclusion Chilliwack Society
69. Burnaby Association for Community Inclusion
70. Aspire Richmond Support Society
71. Community Living Huntsville
72. Canadian Physicians for Life
73. Euthanasia Prevention Coalition
74. British Columbia Aboriginal Network on Disability Society

75. BC Complex Kids Society
76. Easter Seals Canada
77. CMHA Across Manitoba
78. Canadian Mental Health Association of New Brunswick
79. Canadian Mental Health Association, Alberta Division and Centre for Suicide Prevention
80. Canadian Down Syndrome Society
81. The Physicians' Alliance Against Euthanasia
82. Canadian Muslim Health Network
83. Canadian Council of Imams
84. Autistics for Autistics Canada
85. Canadian Mental Health Association, National
86. Quebec Intellectual Disability Society
87. DEEN Support Services
88. Ruh Care
89. Nanavummi Disabilities Makinnasuaqtiit Society
90. Inclusion Yukon

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<sup>i</sup> Canadian Institute for Health Information. 2025. *Mental health and substance use services, 2025*. <https://www.cihi.ca/en/taking-the-pulse-measuring-shared-priorities-for-canadian-health-care-2025/mental-health-and-substance-use-services-2025>

<sup>ii</sup> Health Canada. *About Suicide*. Accessed March 2026: <https://www.canada.ca/en/public-health/services/suicide-prevention/about-suicide.html#a1>

<sup>iii</sup> Statistics Canada. 2023. *Canadian Survey on Disability, 2017 to 2022*. <https://www150.statcan.gc.ca/n1/daily-quotidien/231201/dq231201b-eng.htm>

<sup>iv</sup> Canadian Mental Health Association. 2024. *The State of Mental Health in Canada 2024*. <https://cmha.ca/wp-content/uploads/2024/11/CMHA-State-of-Mental-Health-2024-report.pdf>

<sup>v</sup> Fraser Institute. 2025. *Waiting Your Turn: Wait Times for Health Care in Canada, 2025 Report*. <https://www.fraserinstitute.org/sites/default/files/2025-12/waiting-your-turn-2025-17913.pdf>

<sup>vi</sup> Tang, K. H. M., & Li, H. 2025. *Frequent Mental health and Addiction related Emergency Department Visits: Perspectives from Healthcare Providers*. *Canadian Journal of Emergency Nursing*, 48(1), 12–30. <https://doi.org/10.29173/cjen233>

<sup>vii</sup> Statistics Canada. 2025. *Mental Health-Related Disabilities, 2022*. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2025010-eng.htm>

<sup>viii</sup> Canadian Mental Health Association. 2024. *The State of Mental Health in Canada 2024*. <https://cmha.ca/wp-content/uploads/2024/11/CMHA-State-of-Mental-Health-2024-report.pdf>

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<sup>x</sup> Loverock, Alexandra et al. 2024. *Income inequality and deaths of despair risk in Canada, identifying possible mechanism*. *Social Science & Medicine* (344). <https://www.sciencedirect.com/science/article/pii/S0277953624000674>