



Medical Aid in Dying (MAID) for Persons Living with Mental Illness

A one-day colloquium sponsored by the *Journal of Ethics in Mental Health* and the Faculty of Law, University of Toronto.

Attend in person or via webinar. Date: Sunday, January 29, 2017

Location: Jackman Law Building, Faculty of Law, University of Toronto,

78 Queen's Park, Toronto, Ontario (next to the Museum Subway Station)

9:00-9:45 Mona Gupta MD PhD FRCPC

University of Montreal "The Quebec Story"

9:45-10:30 Jocelyn Downie LLM SJD FRSC FCAHS

Dalhousie University, Halifax

"How we Got Here and What Should Come Next"

10:45-11:45 Mark Komrad MD

Ethicist-in-Residence, Sheppard Pratt Faculty of Psychiatry, Johns Hopkins &

University of Maryland, USA

"PAS and Euthanasia for Psychiatric Patients in Europe

and the U.S.: How the Slope Slips"

11:45-1:00 Lunch provided

1:00-1:45 Michael Bay JD

McMaster University, Hamilton

"Here's what I think..."

1:45-2:30 Louis Charland PhD

Kyoko Wada MD PhD

University of Western Ontario, London

"Capacity to Consent to MAID"

2:45-3:30 Trudo Lemmens LicJur LLM DCL

University of Toronto

"Physician-Hastened Death for Mental Health Disorders: What Euthanasia Practice in the Low Countries Tells us about its Reality"

3:30-4:30 Panel discussion (all presenters)





REGISTRATION FORM:

Colloquium on MAID: January 29, 2017 Toronto, Ontario, Canada

Amount paid for in person a Individual \$95	ttendance:	
Consumer or Senior\$8	0 (no proof requir	red)
Full-time Student\$50 (
Group of 4 or more (indicate other registrants must still s	e number of regist submit a registration	trants) X \$85 each = ion form and indicate who has paid their fee
Amount paid for webinar: Individual\$50 (webinar access details will	be provided with	your confirmation of registration)
Total amount:		
Payments may be made by	credit card, bank	draft, or cheque.
Please make your bank dra	ft or cheque payal	ble to: Journal of Ethics in Mental Health
Mail your bank draft or ched John Maher 21 Bradford St. Barrie, Ontario L4N 1W2	lue and your regis	stration form to:
If paying by credit card you	may fax or e-mail	your registration form to:
Fax: 705-726-4887	E-mail : jmah	er@cmhastarttalking.ca
Name [.]		Title [.]
Hospital/Agency/Affiliation	 า:	Title:
Address:		
Telephone:		E-mail:
Fax:		L-maii
Bank draft or cheque enclos (or) Being sent under separ		<u>.</u>
Credit Card: VISA Card Number		· ———
Expiry:	Signature:	

Thank you!