## Quinine and leg cramps

We would like to respond to Hogan's commentary,[1] which states that quinine is not a safe drug in the treatment of muscle cramps. Hogan points out that nonpharmacologic and other pharmacologic options should be tried before prescribing quinine sulphate.[1] But, it is important to note that our previously published recommendations and guidelines[2] maintain a clear role for quinine when prescribed by physicians, and when adequate counselling is given to patients and adequate monitoring is in place. Simply calling a drug unsafe may lead to bans similar to those enacted in the United States, which severely limit options for neuromuscular clinicians who care for patients with disabling and terminal conditions such as amyotrophic lateral sclerosis.

**Hans D. Katzberg MD MSc, Ari Breiner MD MSc**
Division of Neurology (Katzberg, Breiner)
University of Toronto, Toronto, Ont.

### References

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### The author responds

I thank Katzberg and Breiner for their letter.[1] I do not believe that the use of quinine for muscle cramps should be banned, and I concur with the conclusion of the systematic review that Katzberg coauthored: "quinine derivatives for the treatment of muscle cramps should be avoided for routine treatment." Quinine derivatives should only be prescribed to patients who have been informed of the potentially serious adverse effects and "when cramps are very disabling, no other agents relieve symptoms, and there is careful monitoring of side effects."[2]

Our intent was to voice caution about the indiscriminate use of quinine for idiopathic muscle cramps in older patients, not to limit its use for patients with conditions such as amyotrophic lateral sclerosis, who were excluded from the study by Garrison and colleagues.[3]

**David B. Hogan MD**
University of Calgary, Calgary, Alta.

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## We need a moral compass

Downie's commentary on physician-assisted suicide states that "as a profession we must ensure that there are physicians willing and able" to further this end once it is legal and regulated.[1] Over two millennia ago, the Hippocratic Oath described how the push to end our patients' lives was evident even back then: "I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan."[2] Hippocratic medicine represented the dawn of principled practice, which is widely seen as the basis for Western medicine. Even then, they could see that just because they could do something didn't mean they should.

Modern medicine has not stopped searching for a solution to this timeless challenge. Modern palliative and psychiatric care and novel symptom management are among such endeavours. Even when faced with severe physical symptoms, doctors have ethical approaches at their disposition such as the use of sedatives for refractory symptoms at the end of life. Patients should always be comforted and doctors should not feel obliged to medicalize suffering by making use of euthanasia, which corrupts end-of-life care[3] and the treatment of hopelessness and mental illness.[4]

Many patients are searching for hope. This can be found in a therapeutic relationship that is genuinely caring and respects the value of a person's life, not only at the end of life, but also in conditions like depression and dementia. How can we as a society and a medical profession prevent suicide on the one hand and promote it with the other?

Conscientious doctors who do not want to betray their moral obligation to first do no harm nor to kill should not be complicit with the act of euthanasia by referring for it. Jurisdictions where euthanasia and assisted suicide are legal have acknowledged and respected the rights of doctors to act according to their consciences. Patients may transfer their files to another physician whom they have designated to carry out their wishes. As evidenced by legislation in Oregon, Washington, Vermont, Luxembourg, Belgium and The Netherlands, however, no legal obligation exists for a physician to perform euthanasia or to refer the patient to another physician. Patients cannot demand euthanasia.

How can we as a society and a medical profession prevent suicide on the one hand and promote it with the other?

Faced with the spectre of forced participation in euthanasia and assisted suicide, Canada should enact similar legislation. Although this may result in travelling death clinics,[5] the integrity of medicine could be preserved if we permit physicians the option to act ethically and first do no harm.

**Tim Lau MD MSc, Rene Leiva MD CM**
Departments of Psychiatry (Lau) and Family Medicine (Leiva), Faculty of Medicine, University of Ottawa, Ottawa Ont.

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1. Downie J. *Carter* v. *Canada*: What's next for physicians? *CMAJ* 2015;187:481-2.