[The author responds:]

Dr. Gutowski is troubled with Amy's story, and that was exactly the purpose of publishing it. He is appreciating some of the feelings we experienced at the time. Amy was a singular woman. She presented us with substantial challenges that evoked considerable soul-searching.

It is fair to suggest that the patient really had a deep longing for assistance and that her first suicide attempt was a cry for help. However, careful examination of the details makes this appear unlikely. She was repeatedly offered aggressive medical treatment, palliative care and psychiatric help, all of which she unequivocally refused.

Gutowski refers to my "superficial" knowledge of the patient. As hospital department chief, I participated in many of the deliberations. I reviewed the records and spent hours interviewing those who cared for her, including the family physician who had established a good relationship with her. Almost all of the principals mentioned in the story reviewed the manuscript, checked it for accuracy and offered supplemental material. I can therefore assure Gutowski that my understanding of the details is not superficial. I also suggest that a family physician with a continuing relationship with a patient can have as deep an understanding of patients and their social context as a consultant psychiatrist can gain from even several sessions.

Gutowski implies that Amy's death was somehow facilitated by her physicians and that her care was managed in a cavalier fashion. The article makes clear the extent of advice, assistance and support offered to her. Although it may be desirable to "ally ourselves with life" when possible, we do not have the right to overrule the wishes of competent people, even if we feel they have made a bad decision. Although it is appropriate for a professional caregiver to suspect that a wish to die is not rational and must therefore be based on a mental illness, it remains our belief that this was not the case with Amy.

The details around Amy's last days were reviewed by our hospital's ethics committee at the time, and it felt the decision to release her was reasonable. More recently, her case was formally discussed during an interdisciplinary rounds. Her caregivers, the ethics committee, 2 medical bioethicists and a representative from the coroner's office were present. We reviewed details not covered in the article or available at the time of her death, including a "psychological autopsy" from the medical examiner. There was again no suggestion that her treatment was wanting. Although we continue to debate the issues and wonder "what if," I am convinced that Amy received compassionate and appropriate care to the fullest extent possible.

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The CPP and mental disabilities

I congratulate Nicole Baer on her article "Disability payments continue to climb: 'Tell us what you see, not what you think,' CPP tells MDs" (*Can Med Assoc J* 1997;156:61-4). Canada Pension Plan (CPP) disability benefits are a very complex issue. I appreciate the final comment attributed to CPP administrators, "just tell us what you see — don't tell us what you think."

However, I am alarmed by the accompanying article, "Too much money wasted on frivolous applications for CPP disability benefits" (*Can Med Assoc J* 1997;156:65-6), by Dr. Samuel Shortt. He focused too much on physical disability and appeared to ignore mental illness and resulting handicaps. Further, one of his comments — "there are also applicants who have no medical disability but rather social handicaps such as substance abuse" — displays an ignorance that could be dangerous to his patients. Physicians' lack of appreciation for problems related to substance abuse and dependence leads to a lot of patient abuse. Not every patient suffering from substance dependence requires CPP disability benefits, but there are patients with a primary diagnosis of substance dependence who have other concurrent problems such as chronic pain or anxiety disorders that prevent them from obtaining gainful employment. There are some substance-dependent patients who suffer recurrent relapses because of inability to handle day-to-day life and work stressors. I encourage Shortt to approach his patients in a more open manner and to appreciate the biopsychosocial and spiritual aspects of the illness. Focusing too much on biophysiology leads to shortsightedness.

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[The author responds:]

It is gratifying that Dr. Hajela found my article on CPP disability payments so thought provoking. However, I am puzzled by both the eccentric interpretation he has given it and the strangely sanctimonious tone of his letter.

Let me clarify the points he has raised: I drew no distinction between physical and mental disability nor did I accord priority to either, and I made no statement to suggest that significant substance dependence is not a