

professionals to their ethical, legal and professional duties to patients.

Bright² is particularly concerned that physician-assisted death would hinder the development of palliative care, citing a study from the Netherlands.⁸ We respectfully point out that the reference he cites says the opposite: “On the one hand, a legally codified practice of euthanasia has been established. On the other hand, there has been a strong development of palliative care.”

We appreciate the comments and feedback, but please read our article (and your references) more carefully.

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References

1. Newman NM. In plain English: No euthanasia please [letter]. *CMAJ* 2014;186:777.
2. Bright H. Premature closure of the debate [letter]. *CMAJ* 2014;186:777.
3. Downar J, Bailey TM, Kagan J, et al. Physician-assisted death: time to move beyond Yes or No. *CMAJ* 2014;186:567-8.
4. *Carter v. Canada* (Attorney General), 2012 BCSC 886 at para 39.
5. Onwuteaka-Philipsen BD, Brinkman-Stoppelenburg A, Penning C, et al. Trends in end-of-life practices before and after the enactment of the euthanasia law in the Netherlands from 1990 to 2010: a repeated cross-sectional survey. *Lancet* 2012;380:908-15.
6. Steck N, Junker C, Maessen M, et al. Suicide assisted by right-to-die associations: a population based cohort study. *Int J Epidemiol* 2014;43:614-22.
7. Loggers ET, Starks H, Shannon-Dudley M, et al. Implementing a death with dignity program at a comprehensive cancer center. *N Engl J Med* 2013;368:1417-24.
8. Gordijn B, Janssens R. Euthanasia and palliative care in the Netherlands: an analysis of the latest developments. *Health Care Anal* 2004;12:195-207.

CMAJ 2014. DOI:10.1503/cmaj.114-0051

Physician giving consent

This discussion must consider “how” as well as “whether.” One of the questions Downar and colleagues¹ set out for consideration contains the phrase “to consent to physician-assisted death.” This phrase assumes a physician-dominated framework for responding to a suffering

person’s request (even plea). It should be framed as the physician giving consent. The patient’s “complaint” has traditionally been the starting point in the doctor–patient relationship. The patient states the problem; the physician offers medical diagnosis and controls access to possible interventions. When the cure for the “complaint” is futile, one can turn to palliation and acceptance of dying. But when palliation proves futile and help to die is requested, where can a suffering person turn? The means of easy dying are tightly controlled and only in the hands of physicians. Who else could “consent?”

Precipitating death is repugnant to physicians, as to most people, but there are instances in which that act may be the only compassionate and acceptable response to a request for release from suffering.

Questions around the “how” of physician-assisted death must be framed as a response to a request. Framing discussion in terms of “consent” is an insult to a person’s desperate initiative to end suffering.

Paul Henteleff MD

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Reference

1. Downar J, Bailey TM, Kagan J, et al. Physician-assisted death: time to move beyond Yes or No. *CMAJ* 2014; 186: 567-568

CMAJ 2014. DOI:10.1503/cmaj.114-0052

Why physician-assisted death?

I am concerned that Downar and colleagues¹ don’t challenge the assumption that physicians would be the assistants in assisted death. Why assume that doctors could best safeguard and operationalize assisted death?

Causing death has been the antithesis of medicine to this point in history. Physicians have no greater training or particular skill set in this area (e.g., rating existential distress, judging capacity to choose death, living with potential personal distress from causing death) than philosophers, lawyers, soldiers or executioners. Why aren’t we asking whether legalized assisted death

would be best served by a new profession of licensed death assistants?

Allowing natural death, caring always, these are parts of the physician’s role. Add intentionally causing death to that and we risk altering the meaning of medicine and the fundamental trust and relationship between physicians and patients.

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Reference

1. Downar J, Bailey TM, Kagan J, et al. Physician-assisted death: time to move beyond Yes or No. *CMAJ* 2014;186:567-8.

CMAJ 2014. DOI:10.1503/cmaj.114-0047

The authors respond

Simon is correct.¹ In fact, we raised this question in our article (in Box 1).² Creating a new profession of “death assistants” would be one way to assuage the moral and ethical concerns of physicians who conscientiously object to assisting a death, or who are concerned that this will undermine the physician–patient relationship. However, we think there are good reasons for the medical profession to be involved, should assisted death become legal.

We note that four countries and five US states have made assisted death legal without creating a new profession. A 2013 Canadian Medical Association poll suggested that 16% to 20% of physicians would be willing to assist a death,³ which would likely be sufficient to meet the anticipated demand. Data from Oregon suggest that physicians who opposed legalization of assisted death were more than twice as likely to have a patient become upset or leave their practice than physicians who supported assisted death.⁴

We must always respect the right of individual physicians to conscientiously object. But assigning assisted death to another profession would be necessary only if physicians unanimously object, which is clearly not the case. Saying no to legal physician-assisted death as a professional body, rather than as individual conscientious objectors, would arguably fail to support the well-being of individual patients who would choose physician-assisted death as the primary ethical consideration.