## **LETTERS**

## What matters most

In what can certainly be considered another beat of a well-worn drum, Dr. Tanuseputro makes the case that "what matters most" with regard to end-of-life care is "increasing the reach of palliative care to prevent undue suffering and the excessive use of medical aid in dying [MAiD]."1 We have heard this argument time and again in the period leading up to and after the formal legalization of MAiD in Canada last year, and this latest salvo continues to perpetuate an unnecessary and potentially harmful dichotomy: that MAiD is a choice of last resort and an alternative to palliative care, rather than an integral part of what we can provide patients at the end of life.

Those in the MAiD-provider community in Canada would not hesitate to say that we have the deepest respect and admiration for the work done by family physicians, palliative care specialists, nurses and other health care staff who look after patients as death draws near, and we emphasize that their hard work and commitment does not simply vanish when a patient chooses to seek MAiD. Many patients who seek MAiD do not wish to hasten their death immediately; but wish to be comforted and reassured that should they reach a certain threshold of suffering, there will be an option that can bring them a peaceful and painless end to their distress. There are some aspects of suffering that no degree of counselling, therapy or symptom management can ameliorate, and it is both inhumane and paternalistic to force patients to try to find meaning and dignity where they feel there is none. It is past the time for all of us involved in endof-life care to work together to best serve our patients, rather than to silo ourselves into opposing camps in which each believes that we have the monopoly on doing the right thing.

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# Reference

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