LETTERS

The author responds to “What matters most”

In an ideal world, Canadians who may benefit from palliative care would have the option to access such care in a timely and well-coordinated manner. Nowhere in the beating of this so-called “well-worn drum” do I suggest a dichotomy between medical assistance in dying (MAiD) and palliative care.^{1,2} Rather the opposite: that there is common ground — unalleviated suffering — in which the collective efforts of palliative care and MAiD can work toward ameliorating. I point out that there are some who may remain resolute in their decision to seek out MAiD, despite effective palliative care. However, I do believe that MAiD should be viewed as a “choice of last resort.”¹ It is not simply

another treatment with risks and benefits that can be tried along the disease trajectory — it is an absolute decision, with no possibility of reversal. It should be pursued only when optimal care fails to alleviate undue suffering. In our current health care system, however, optimal palliative care does not reach most of those patients who need it.

It’s inhumane when we don’t provide patients with the care and environment that supports the journey to try to find meaning and dignity. Providing palliative care by alleviating symptoms, supporting family and caregivers, and guiding patients through the dying journey is not the equivalent of “forc[ing] patients to try to find meaning and dignity.”¹ This is the sort of rhetoric and judgment that, as the authors put it, “silo ourselves into oppos-

ing camps.”¹ The community providing palliative and end-of-life care should indeed work to find common ground, based on the desires of patients, and based on the desire to alleviate suffering.

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