

LETTERS

Concern about quality of palliative care

In their article in *CMAJ*, Downar and colleagues draw conclusions that could have a far-reaching impact on the public's perception of medical assistance in dying (MAiD), based on potentially misleading data.¹ According to an article in the *Globe and Mail*, "The authors of the new Ontario research say its findings — which are based on reviews of every assisted-dying case in the province over 2 years — counter fears that the procedure would become a final refuge for patients too poor and vulnerable to access high-quality health services, including palliative care. Instead, the opposite has proved true: It is the affluent, not the marginalized, who most often avail themselves of the assisted-dying law that Canada enacted nearly four years ago."²

The data for this study were based on self-reporting of the MAiD provider, and

not by the patient. Evidence by self-reporting is often biased toward compliance with regulations. Case in point: a review of anonymous questionnaires from Belgium reveals that self-reporting led to only 1 in 2 cases being actually reported to authorities as euthanasia. Those not formally reported were correlated with decreased adherence to guidelines and lacking in palliative care involvement.³

Given we are on the brink of MAiD expansion in Canada without a foreseeable death clause, a study prematurely declaring no concerns for the vulnerable is alarming and reckless.

It is also important to consider whether being affluent precludes vulnerability. Is financial abuse of older adults a nonissue in Canada?⁴ Could poor clinical acumen in helping patients adjust to loss of power or function and high rates of depression still be hidden in these figures?

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