

The work I do

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I work as a family physician. For close to two decades now, I have done the basics: routine check-ups, medication renewals, chronic disease management. My work also includes mental health counselling, goals-of-care discussions and end-of-life care. I round at the nursing home and teach family medicine residents. At the small hospital across the street, I do seven-day hospitalist stints and assist in the operating room. Over my years of practice, I have proudly delivered babies and spent sleepless nights on duty in the emergency room. I do all the traditional work of caring for a group of patients in this small community I have made my home.

But that is not all I do.

There is a part of my work I hold back from disclosing when I introduce myself to trainees, colleagues and patients. If I happen to mention it, I use an acronym or mumble through, minimizing. Recently, a colleague was updating our clinic website and sent me a text: *I assume you don't want me to mention MAiD? Or do you?*

I didn't.

I provided medical assistance in dying for the first time in 2016. I was scared someone in my community would find out about that first provision — that it would come back to my family. I catastrophized and imagined my young children being targeted with “Your mom’s a murderer.” Early on, I confided to very few in my professional and personal circles. I wondered what my religious colleagues would think of me. Despite

MAiD being legal in Canada and the need for acceptance and accessibility for patients who wish to access it, I struggled with being open about it. I worried about conscientious objectors, about making them uncomfortable. I told myself I was protecting my Catholic in-laws. Perhaps I was mostly protecting myself from conversations I didn't want to have. I feared judgment.

Over the years, I have continued to provide assessments and provisions for those seeking medically assisted death. It is important, often tricky and deeply meaningful patient- and family-centred work. Unfortunately, it remains poorly supported in terms of educational and mentorship opportunities, financial remuneration and collegial support for assessors and providers. Articles in mainstream media often appear highly biased about MAiD. Is it any wonder, then, that I am often conflicted? Proud but feeling I am harbouring a “dirty little secret.”

I feel responsible, in part, for perpetuating this tension. Normally, I am an open book, vulnerable to a fault. As such, it feels strange to hold back about sharing this part of my work. It has become part of me, who I am and how I approach the world and my life. I am still sorting out how I feel about this. I liken myself to those who provide medical and surgical abortion and wonder how open they are about their work.

In seven years, I have made progress. A few years ago, I allowed the wife of a patient to whom I'd provided MAiD to

reference my name in a supportive article in our local magazine. I read, my heart in my mouth, the few critical comments that were published afterward. Overall, there were no major negative repercussions, and the experience did push me to be more public. Writing helps me process my thoughts and feelings, and sharing that writing with others is one way I am opening up. I am not at the “shouting it from the rooftops” stage, but I am standing taller.

Family medicine allows me to treat people at all stages of life, from the womb to the grave and in all sorts of environments. I am so proud to be a family doctor. As time goes on, I expect my MAiD work to become a more significant part of my practice. I hope that I can continue to grow with it, proudly and confidently. After all, it's the work I do.

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