When and how to die

I am concerned with the statement in the *CMAJ* editorial on "therapeutic homicide," that the euthanasia debate has been theoretical because of the "tacit assumption that doctors do not kill people."[1] This is a less than forceful description of medicine's mandate.

That doctors do not purposefully take lives is far from a tacit thing. This constraint has been an invariant truth for millennia. The *Hippocratic Oath* includes the injunction, "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect."[2] An 1826 manuscript states, "How can it be permitted that he who is by law required to preserve life be the originator of, or partner in, its destruction?"[3] Innumerable examples exist where doctors are admonished not to kill. Qualifying this long-standing ethical interdiction as "tacit" saps its intellectual rigour and opens it to questioning. If it is to be disregarded, let it be on the basis of persuasive counter-arguments rather than on the notion that it is not explicit.

I am deeply concerned about potential damage to the medical profession were it to accept assisted suicide as a medical act. I have suggested elsewhere that responsibility for implementing assisted suicide could be mandated to a nonphysician group.[4] This would respond to legislative demands while enabling doctors to fulfill the ancient mandate of healing. Euthanizing and healing are not miscible, nor can they be 2 sides of 1 coin. This is not a tacit assumption; it is the expression of a reverberating imperative.

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I am a cancer doctor in Oregon, where physician-assisted suicide is legal, and I wish to respond to the editorial by Flegel and Fletcher.[1]

In Oregon, the combination of the legalization of assisted suicide and prioritized medical care based on prognosis has created a danger for my patients on the government-run Oregon Health Plan (Medicaid).

The plan limits medical care and treatment for patients with a 5% or less likelihood of 5-year survival.[2] Patients in that category, who may have a good chance of living another 3 years and who want to live, cannot receive surgery, chemotherapy or radiotherapy to obtain that goal.[2] The plan guidelines state that the plan will not cover "chemotherapy or surgical interventions with the primary intent to prolong life or alter disease progression."[2] The plan will cover the cost of the patient's suicide.[2]

Under Oregon law, a patient is not supposed to be eligible for voluntary suicide until he or she is deemed to have 6 months or less to live. In the well-publicized cases of Barbara Wagner[3,4] and Randy Stroup,[5] neither of them had such diagnoses, nor had they asked for suicide. The plan, nonetheless, offered them suicide.

In Oregon, the mere presence of legal assisted suicide steers patients to suicide even when there is not an issue of coverage. One of my patients was adamant she would use the law. I convinced her to be treated. Now 12 years later she is thrilled to be alive.[6] I hope that others can avoid making the same mistake Oregon has.

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In their editorial in *CMAJ*, Flegel and Fletcher asked, "Are we ready to perform therapeutic homicide?"[1]

As the professional body representing more than 300 physicians practising palliative medicine, the Canadian Society of Palliative Care Physicians answers with an emphatic, "No!" Physician-assisted dying is not part of the continuum of end-of-life care, nor has it been part of 2500 years of Hippocratic tradition.

We were encouraged by the *CMAJ* authors' 2 important observations about palliative care, specifically that it "has come of age and is adequate to meet the needs of most dying people," and more important, that "it is underprovided, particularly in remote and rural areas." The Canadian Hospice Palliative Care Association has determined that only 30% of Canadians have access to palliative care.[2,3]

Regarding the call to "speak up now, and with conviction," our 2011 member survey found 83.3% of respondents were against legalization or decriminalization of euthanasia, and 90.6% would not participate in it; 80.6% opposed physician-assisted suicide, and 83.6% would not aid in it.[4] We also applaud the Conservative government's appeal of the British Columbia decision allowing physician-assisted suicide.

We are concerned that liberalizing euthanasia laws in other countries has led to its being performed without appropriate consent — and not always for terminal illness. We oppose any suggestion