

Response

We appreciate your response to our article on overtesting.¹ Like in Saskatchewan, British Columbia physicians receive annual print-outs of the costs generated per patient and their rank scores in relation to their peers. Sadly, like in Saskatchewan, few British Columbia physicians seem to look at these reports. Even fewer physicians discuss their results with their peers or with those who collect the metrics. This absence of interest is perhaps a reflection of the current delivery model of primary care, in which family doctors receive public funding to deliver health care as a small, privately run business. In this model, the accountability is to both professional integrity and running the business. Broader system accountability is far less on the radar. Such reports are an interesting potential focus for collective self-appraisal, and we appreciate you pointing out their existence.

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Competing interests

None declared

Reference

1. McGregor MJ, Martin D. Testing 1, 2, 3. Is overtesting undermining patient and system health? *Can Fam Physician* 2012;58:1191-3 (Eng), e615-7 (Fr).

Ethics of physician-assisted death

Dr Buchman, thank you for your reflections, which highlight the need for all family physicians to consider the ethical implications of physician-assisted death.¹ You speak of feeling anxious when thinking about this dilemma. I would venture to say that most physicians share this sentiment. Surely this anxiety stems from a disconnect between our consciences as physicians and a perceived request made by patients and society as a whole. Historically, physicians have promised never to kill their patients. This promise protects the relationship between physicians and patients that is paramount to our ability to provide care. Where will the trust be if we break this promise? Many of my dying patients have communicated the suffering that accompanies feeling burdensome to others. I see it as part of my job to communicate back to them their worth, even in frailty. How can we be sure that these vulnerable patients will be making a truly free choice to die without the influence of family, depression, or health care administration? Our response to the request for physician-assisted death should be more than anxious hesitation. It should be a firm and clear commitment to our patients that we will care for them to the best of our ability until the end, and that we will never take their lives.

—Julia M. Bright MD CCFP
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Competing interests

None declared

Reference

1. Buchman S. Physician-assisted dying. Bringing the family physician perspective to the table. *Can Fam Physician* 2012;58:1169 (Eng), 1170 (Fr).

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