

4. Human Rights Committee. Human Rights Committee concludes ninety-sixth session [news release]. New York, NY: United Nations; 2009 Jul 31. Available from: [www.unhcr.ch/hurricane/hurricane.nsf/0/1E96D3DB91309495C12576040053E5DE?opendocument](http://www.unhcr.ch/hurricane/hurricane.nsf/0/1E96D3DB91309495C12576040053E5DE?opendocument). Accessed 2010 May 7.

## Response

**B**e aware of moral harassment.

I thank Dr Leiva for his thoughtful response; however, I beg to disagree with some of his statements.

After spending 18 years in palliative care, I have come to see things differently than he does. As I am but a retired palliator, I will ask illustrious people to answer for me, while adding some comments of my own.

I do not deny that a request for euthanasia is a call for help and I recognize that 95% of those requests respond to compassion and eventually pursue a natural death. But to not see that some lucid requests beg only to end a life of senseless, inescapable, unrelieved suffering is unacceptable.<sup>1</sup> As Paul Tillich says, "They are more numerous than we think, stoic people for whom the notion of suicide applies not to those overcome by life but to those who have overcome life and who are equally capable of living and dying and are able to chose freely between both"<sup>2</sup> (freely translated).

Dr Leiva writes that in accepting euthanasia "we ... [lose] the opportunity to try harder ... [and] to offer hope." Some physicians are often blamed for "therapeutic harassment." Not to accept occasional failures of the best palliation speaks to a lack of experience and, to some degree, of pride—"moral harassment." How long must one try while the patient is assailed by unendurable suffering? Marcia Angell wrote the following about the hospice and palliative care movement: "[It comprises] a professional pride that borders on hubris and rigidity."<sup>3</sup> Eric Cassell, the "father" of suffering, wrote, "In the care of suffering patients, even the best physicians sometimes (and not rarely) find their abilities insufficient; the suffering of some patients seems beyond reach," while about those patients, he affirmed that "their request [for euthanasia] should be honored."<sup>4</sup>

In terms of believing that agreeing with euthanasia means agreeing that "some lives are not worth living," I can only tell Dr Leiva that if he listens humbly with all his heart, that is exactly what some patients are saying. It is never the physician's assessment. Reading Paul Tillich would help.<sup>2</sup>

As well, without any supporting data, Dr Leiva attests that "troubles of human relationships within families become accentuated." This is surprising, given that the *British Medical Journal's* special issue on end-of-life care reported that such families had an easier period of bereavement,<sup>5</sup> and given that the families of departed loved ones considered euthanasia to mean "compassionate assistance" and thought that it would be "inhumane to withhold assistance."<sup>1</sup>

Two last points: 1) In a study by Battin et al<sup>6</sup> published in the *Journal of Medical Ethics*, there was no evidence

that "legalised [physician assisted suicide] or euthanasia will have disproportionate impact on patients in vulnerable groups" (eg, the elderly, women, the uninsured, people with low educational status, the poor, the physically disabled or chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities),<sup>6</sup> and 2) patient-physician relationships are not endangered when euthanasia is an option—Dutch physicians came in first out of 9 European countries regarding "trust in your doctor."<sup>7</sup>

I fully recognize the immense service rendered by palliative care efforts in Canada, but as the evidence goes, unacceptable situations at the end of life occur,<sup>1</sup> and it is the patients who suffer, not the physicians. "[T]heir request should be honored."<sup>4</sup>

Before the Senate Special Committee on Euthanasia and Assisted Suicide, ethicist E.H. Kluge quoted C.S. Lewis: "Of all the tyrannies a tyranny sincerely exercised for the good of its victims may be the most oppressive."<sup>8</sup> An excellent definition of paternalism.

—Marcel Boisvert MD  
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## References

1. Wilson KG, Chochinov HM, McPherson CJ, Skirko MG, Allard P, Chary S, et al. Desire for euthanasia or physician-assisted suicide in palliative cancer care. *Health Psychol* 2007;26(3):314-23.
2. Tillich P. *Le courage d'être*. Paris, Fr: Les Éditions du Cerf; 1999.

3. Angell M. The quality of mercy. In: Quill TE, Battin MP, editors. *Physician-assisted dying: the case for palliative care and patient choice*. Baltimore, MD: Johns Hopkins University Press; 2004. p. 15-23.
4. Cassell EJ. When suffering patients seek death. In: Quill TE, Battin MP, editors. *Physician-assisted dying: the case for palliative care and patient choice*. Baltimore, MD: Johns Hopkins University Press; 2004. p.75-88.
5. Swarte NB, van der Lee ML, van der Bom JG, van den Bout J, Heintz APM. Effects of euthanasia on the bereaved family and friends: a cross sectional study. *BMJ* 2003;327(7408):189.
6. Battin MP, van der Heide A, Ganzini L, van der Wal G, Onwuteaka-Philipsen BD. Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in "vulnerable" groups. *J Med Ethics* 2007;33(10):591-7.
7. Tallis R. Why I changed my mind on assisted dying. *London Times* 2009 Oct 27. Available from: [www.timesonline.co.uk/tol/comment/columnists/guest\\_contributors/article6891178.ece](http://www.timesonline.co.uk/tol/comment/columnists/guest_contributors/article6891178.ece). Accessed 2010 May 7.
8. Senate Special Committee on Euthanasia and Assisted-Suicide [35th Parliament, 1st Session]. *J Senate Can* 1994;(2):10.

## Death, suffering, and euthanasia

I am thankful for and welcome this opportunity to respond to Dr Boisvert. It is ironic to see a former palliative care physician accusing those colleagues who oppose euthanasia of "moral harassment" and "pride." There is an obvious failure on his part to realize that any physician would strongly object to an intervention considered bad medicine, whether it be smoking or euthanasia. I would rather turn the tables and argue that embracing euthanasia is a betrayal of our ultimate mandate not to cause harm and it reflects misguided compassion.

As palliative care physician John Scott said in his submission to the legislative committee on Bill C-203 on November 19, 1991,

As we watch suffering, we too share in the lament. When death approaches, we cry out and at times even cry out for death, but we must reject the temptation to kill. Hear the cry of life at the heart of the lament. Neither physician nor legislator must presumptuously respond to the lament by silencing the one who issues the cry.<sup>1</sup>

I wonder on what evidence those who support euthanasia can claim that assisting with suicide eliminates suffering. We do know that suicide is a symptom of intense suffering, and that the request for euthanasia is mostly the result of existential suffering and not physical pain. It follows then that euthanasia does not truly address the cause of suffering, but rather ignores it. It certainly eliminates the sufferer, whose pain we are not be able to bear. Nobody has ever proven, or ever will, that people undergoing euthanasia do not experience intense existential agony in the last seconds of their death. I think one needs a little bit of humility to realize that there is mystery at the end of life that medicine simply cannot know how to fix. In fact, my contention is that a physician who procures euthanasia is falling victim to our current attempts for technological, quick-fix medical responses that have permeated our medical approach. It is no wonder that pagan Greek physicians, who adhered to the Hippocratic tradition, rejected euthanasia. They knew it was the wrong approach.

Philosopher Daniel Callahan said, "Euthanasia ... is an act that requires two people to make it possible, and a complicit society to make it acceptable."<sup>2</sup>

People with disabilities are concerned with euthanasia.<sup>3</sup> People do lose their trust in their doctors. I am not sure about the survey that Dr Boisvert alludes to, but it certainly does not apply to the elderly Dutch who are fleeing to Germany because they fear their doctors and even their friends, as reported in the 2008 French government report to the National Assembly.<sup>4</sup> Dr Boisvert cannot also ignore the report from the United Nations or the new admissions from the former Dutch Health Minister as mentioned in my previous letter.<sup>5,6</sup> In addition, despite the very poor legal reporting of euthanasia in the Netherlands,<sup>7</sup> it is clear that a large number of people's lives are being terminated without explicit