

Physician-assisted suicide from a patient's perspective

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I am a family physician and for the past 8 years I have been living with the debilitating terminal neurologic disease amyotrophic lateral sclerosis (ALS).

I was an active 41-year-old when diagnosed with ALS. Now, 8 years later, I cannot move my arms and I can only extend my legs minimally. I cannot walk, eat, drink, or speak. I can think, write, talk, and explore the world through the movement of my eyes and an alternative augmentative communication device.

In August of last year I had a chance to choose death over life as I made a decision to undergo tracheotomy and make use of a ventilator full time. I have chosen to live within the terribly restrictive confines of my disease.

I am really lucky to be able to live with ALS; lucky because I have a loving and supportive wife with whom to make this journey. I have the financial resources to be able to support my family. I live debt free and my financial resources enable my living not to be a drain on my family. I have friends who treat me like I am disease free; my social sphere is as large as I choose it to be. I am free of mental disease that people associate with my level of disability.

It is a luxury to have the circumstances in my life in which I can choose to live. Not a lot of people have the same circumstances. Others who are faced with a degenerative disease or terminal diagnosis will have to see their families endure the hardships associated with their dying. Although I choose life, I appreciate the ability of others to make their own decision regarding life or death.


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I applaud the Supreme Court of Canada for its decision to strike down the ban on physician-assisted suicide.¹ Now it is time for physicians to assist in providing leadership to develop protocols that enable physician-assisted suicide to become a reality in Canada. The need to protect the physician who is morally against this has to be acknowledged and legitimized as well.

The protection of those not mentally capable has to be part of any protocols developed.

I do not see this decision as delegitimizing my choice to live.

I have been with families through births and deaths. I like to think my involvement in palliative care has helped ease the suffering of my patients. If I were still practising medicine, I do not know if I would be able to participate in a physician-assisted death. However, when I was active and healthy, I would not have thought that I could live within the confines in which I currently do. I think positions change with experiences. The Hippocratic Oath that we all recited upon graduation tells us to do no harm to our patients. I think that sometimes inaction while a patient is suffering with a terminal illness is to do harm.

Should my circumstances change, I find comfort in the fact that I can now choose a gentle and humane death surrounded by loved ones on my own terms. 

Dr Sutherland was a practising family physician in Georgetown, Ont.

Competing interests

None declared

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The opinions expressed in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

Reference

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