In the article “New category of opioid-related death” in the February issue of Canadian Family Physician, I appreciate Dr Gallagher’s concern for the inadequate treatment of pain in our elderly patients, and I concur that the judicious use of opioid therapy can make a world of difference to patients suffering from chronic degenerative diseases, such as osteoarthritis and spinal stenosis. However, I take issue with her insinuation that medical assistance in dying (MAID) will become a de facto alternative to proper pain management.

Multiple studies have shown that most patients who seek MAID do so not because of unresolved symptoms, such as chronic pain, but because of more existential suffering, such as loss of autonomy and an inability to enjoy life. This is borne out by my clinical experience as a MAID provider, and many of my colleagues anecdotally report this as well. A substantial number of patients assess have already been receiving exemplary palliative care and symptom management, and in those few situations where unrelieved pain is the primary driver of a patient’s MAID request, it is most often the case that they have already tried multiple therapeutic strategies, including various opioid analgesics, to help ameliorate their suffering, without adequate success.

Untreated and undertreated pain in the elderly is a real and worrisome phenomenon, but it should not be conflated with unfounded fears and prejudices about MAID.

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Competing interests
Dr Weiss is a member of the Physicians Advisory Council for Dying with Dignity Canada and of the Canadian Association of MAID Assessors and Providers. He does not have any financial conflicts of interest.

References