



Euthanasia and suicide

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Look at the world as though you were seeing it for the first time.

*[...] The light, colours, trees, birds, animals.
I felt the air flow through my nose ... and felt alive.
I shivered in pure joy.*

Éric-Emmanuel Schmitt, *Oscar and the Lady in Pink* (translation)

Medical assistance in dying (MAID) was legalized in Canada in 2016.¹⁻³ *Medical assistance in dying* refers to voluntary euthanasia, where a medical practitioner administers a lethal dose of medication to hasten the death of a patient at the end of life, and assisted suicide, where the lethal dose is administered by the patient. The situation differs in Quebec, where only voluntary euthanasia has been legalized.

The procedure has raised many questions since its legalization: Why do people request MAID? What are they suffering from when they decide to make their request? Among those who request MAID, how many have it granted? And what are the experiences of loved ones and caregivers?

This month, *Canadian Family Physician* is publishing several articles on the subject. It provides answers to some of these questions, particularly from the perspectives of patients, their loved ones, and physicians providing MAID.

Using semistructured interviews, Nuhn et al explore the wishes, fears, and beliefs of 23 Vancouverites who requested MAID in 2016 (page e380).⁴ The primary reasons given for requesting MAID were loss of autonomy and control, unacceptable quality of life, loss of independence, loss of physical abilities, incapacity or difficulty communicating, loss of pleasure, and suffering or fear of suffering. Interestingly, the authors mention that pain was very rarely cited as a cause of suffering.


In addition, Wiebe et al share the results of a retrospective study analyzing the records of patients referred to 1 of the 6 physicians providing MAID in British Columbia in 2016 (page 674).⁵ Among the 250 who submitted a request, 112 had it granted, 11 died of natural causes, and 127 were not approved; of those in the latter group, most were not ready to receive MAID or simply wanted to make sure they would eventually be able to access it, while 35 were found ineligible. Those who

request MAID mostly suffer from cancer, multiple organ failure (cardiac or respiratory failure), and neurologic diseases. These results are consistent with those found in other studies conducted on the topic in other countries where MAID has been legalized.

Regarding the experiences of loved ones, “Exploring the experience of supporting a loved one through a medically assisted death in Canada”⁶ revealed that most loved ones believed MAID respected the wishes of the person who had requested it, allowing them to put an end to their suffering, and that the procedure was conducted peacefully (page e387).

While these studies have provided answers to some questions regarding MAID, others yet remain. If, as in most of Canada, MAID consists of voluntary euthanasia and assisted suicide, it would be pertinent to discover the proportion of Canadians opting for one or the other and what led them to that choice. Also, some people afflicted by an incurable disease and pain that cannot be relieved might choose to end their lives by committing suicide alone and without assistance.

Another question to consider is whether people suffering from depression request MAID more than those without depression do. Nuhn et al cite a study demonstrating that those who request MAID suffer from a higher level of depression and despair.⁷ Should we, therefore, be providing MAID to people with depression presenting with incurable psychological suffering? This question is raised in my article “Léopold and his request for medical assistance in dying” (page e414).⁸

It certainly looks as though MAID continues to raise many questions and that the reasons people choose to opt for the procedure go far beyond the strict criteria established as acceptable by law. 

References

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Cet article se trouve aussi en français à la page 633.