



Medical assistance in dying

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Life is worth nothing, but nothing is worth life.¹

André Malraux

Changes to the criteria for medical assistance in dying (MAID) are currently being considered.²⁻⁴

Although the procedure has been authorized and practised for a few years now, I never had the opportunity to perform it, nor even to assist in the process. Like many other physicians and a good portion of the public, what I knew of it was largely theoretical. However, I recently received a formal request from a patient. An elderly man with a terminal, incurable disease causing physical and, especially, psychological suffering asked that we end his life. His request was reasonable, considered, and repeated. As I did not have any previous experience with the procedure, I asked a colleague to take the lead. It was my first time assisting in the MAID process.

It shocked me. It was incredibly simple.

The man requested that he spend his final days at home. His entire family and all his close friends were there. When the time came, he went to his room and lay on his bed. Each person present approached to give his or her love. Then his wife lay beside him. After confirming that this was, indeed, what he wanted—his final wish—the procedure began. He removed his glasses. The physician began the injection in the PICC line. It was 11:00 AM. Everyone was crying. Even the caregivers were on the verge of tears. It all happened very peacefully. After the midazolam, the man was barely breathing. Administering the other medications—the lidocaine, the propofol, and the neuromuscular blocking agent—was a mere formality. At 11:05 AM the man was dead. He had already passed away, gone to the hereafter or to oblivion—I do not know which—in a state of astounding calm.

It was incredibly simple. It was almost mesmerising.

Watching this man pass away, I thought to myself: Wow! How easy it is to die. So easy! Why endure years of suffering? Why desperately cling to life? No need to think about ending it on your own anymore. No need to rifle through your shed to find a rope and stool, or a gun; gather enough pills; or throw yourself off who knows what. No need to hide. Someone else will take care of it for you, in a professional manner, without risk, without suffering, without disastrous consequences, without judgment, without interrogation, without uncertainty. And with the same end result, had we done it ourselves. Infallibly. Peacefully. Dying like a baby chick, as we say in French.

So much so that it frightened me.

No, not because I am against MAID. In reality, I am neither for nor against it. I only have questions. Always the same questions: What is life? Is life itself sacred? Can we dispose of it at will? Yes, always these same never-ending questions without any answers. Where do we come from? Why are we here? Where do we go after death? Is there an afterlife? Does life have meaning? And what about death?

Regardless, the decisions are made over our heads. Parliamentary commissions, representatives from the public and from professional orders, right-minded people, eminent lawyers, and legislators all task themselves with reflecting and deciding. And we physicians (and more specifically family physicians), who will be the first called upon, are merely those who put these decisions into practice. Nothing more. And we will volunteer by the thousands to provide “relief.”

What frightens me is how simple it is to die now. Once we are old, once we are sick, once we are suffering, once we feel we cannot take any more—and believe me, many of us will suffer a debilitating disease, a degenerative disease, an incurable cancer, dementia—all we will need to do is ask for death. And death will come gently to gather us in its embrace and end our torment. We might even express our wishes ahead of time and they will have to be respected. As though we can know now what we will want in 10, 20, or 30 years!

We were always taught that life is precious. Throughout the course of our existence, we strive to preserve and maintain it. Now we are told that we can dispose of it as we please, as long as we meet certain criteria that are becoming broader by the day. Now we are being told that we can dispose of life at the cost of a few vials of sedatives, barbiturates, anesthetics, and neuromuscular blocking agents.

Medical assistance in dying definitively changes things: What is the value of life? And what is it worth when it becomes unbearable?



References

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