

## **Legalizing physician-assisted suicide and/or euthanasia: Pragmatic implications**

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### **ABSTRACT**

Objective: Despite the availability of palliative care in many countries, legalization of euthanasia and physician-assisted suicide (EAS) continues to be debated—particularly around ethical and legal issues—and the surrounding controversy shows no signs of abating.

Responding to EAS requests is considered one of the most difficult healthcare responsibilities.

In the present paper, we highlight some of the less frequently discussed practical implications for palliative care provision if EAS were to be legalized. Our aim was not to take an explicit anti-EAS stance or expand on findings from systematic reviews or philosophical and ethico-legal treatises, but rather to offer clinical perspectives and the potential pragmatic implications of legalized EAS for palliative care provision, patients and families, healthcare professionals, and the broader community.

Method: We provide insights from our multidisciplinary clinical experience, coupled with those from various jurisdictions where EAS is, or has been, legalized.

Results: We believe that these issues, many of which are encountered at the bedside, must be considered in detail so that the pragmatic implications of EAS can be comprehensively considered.

Significance of Results: Increased resources and effort must be directed toward training, research, community engagement, and ensuring adequate resourcing for palliative care before further consideration is given to allocating resources for legalizing euthanasia and physician assisted suicide.

### **STRENGTHS**

A very useful discussion (including relevant clinical examples) of the implications introducing EAS could have on patients, families and health care professionals.

### **WEAKNESSES**

Although the abstract includes a methods and results section, this is really a discussion paper citing some literature on the topic and what amounts to the collective argument and concerns of the authors based on their clinical experience. It does not in fact have a formal methodology or result **structure**.

### **RELEVANCE**

Given the recent Supreme Court decision the opinions and discussion in this manuscript are highly relevant to all health care professionals and will need to be considered as the issue of EAS evolves in Canada.

