

Response to Letter to the Editor

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To the Editor:

We would like to thank you for the opportunity to respond to the issues raised in Ms. Campbell and Dr. Lees' letter and to clarify information in relation to these concerns.

Table 1 of our manuscript¹ correctly listed the causes of intolerable suffering identified by individuals who received MAiD, as reported the Health Canada First Annual Report on MAiD.² Our text listed and correctly quantified causes of suffering that could be addressed via palliative care and social supports. We also synthesized survey results from a study in British Columbia.³ The phrase, "the most commonly cited reasons" should read "commonly cited reasons".

Of the 2223 MAiD recipients requiring disability supports, 89.8% received them according to the Health Canada First Annual Report on MAiD.² Our interpretation was that the remainder (10.2%) did not receive supports, but in fact, 10.2% either had no documentation of receiving supports (6.3%) or did not receive them (3.9%).

As referenced within our text, the stat palliative care statistics were based on an analysis of the Health Canada First Annual Report on MAiD.⁴ According to this report, of the 5389 patients who received MAiD, only 82.1% received palliative care. The rest (17.9%) either did not receive any palliative care (16.2%) or had no documentation of receiving palliative care (1.7%). Among those who received palliative care, 19.3% received it less than 2 weeks before they chose to die, which many would argue is inadequate.⁴ While we agree with the authors that a proportion of people may have declined palliative care, it is also true that an unacceptably large proportion of people receiving MAiD either did not receive any palliative care or received it only in the last days of life, arguably inadequate.⁴

Our call for equitable access to compassionate and high-quality care is a counterpoint to paternalism. It is meant to ensure that all patients, including those who are historically marginalized in our healthcare system, receive medical therapies and health services to enhance their quality of life. Meaningful autonomy in decisions about ending

life requires, at a minimum, the availability of reasonable alternatives. As recent media reports have all-too powerfully exemplified, when the state offers fast-track access to death without sufficient support for a dignified life, the core conditions for autonomous choice are lacking.⁵⁻⁸

We thank the authors for their thoughtful comments.

Sincerely,

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