

MAID

Doc, we've been through thick and thin together, and I need you to come through this one last time.”

In 2016 when Bill C-14 was enacted, allowing medical assistance in dying (MAID) for eligible adult Canadians whose death is reasonably foreseeable, I remember having mixed feelings. I was conflicted by an understanding for those suffering with a terminal illness who wanted this choice versus the thought that I didn't really want to be a part of the process. I don't think I was alone in feeling this way; no other recent medical issue has been so polarizing. Those for and against MAID have eloquently and at times passionately expressed their views about this issue in the pages of our journal.

Each year since MAID became law an increasing number of Canadians have decided to end their lives with the assistance of a health professional. The most up-to-date statistics I was able to find ending 31 October 2018 suggest that almost 7000 individuals have used MAID. British Columbia has been a bit of a MAID leader—only Ontario has a higher total number of recorded deaths, but a lower percentage if you consider population differences. Certain health regions in BC have well-organized MAID programs, which are reflected in their

high number of assisted deaths. In contrast my health region has struggled to find physician volunteers to meet the needs of individuals requesting MAID.

I can understand the reasoning of a patient with ALS or terminal cancer not wanting to prolong suffering, I just haven't wanted to be the individual on the other end of the syringe. I feel physicians have a duty to ease pain and suffering, but I entered this profession to save lives, not end them. I'm not sure how a patient taking their last breath due to my deliberate action would affect me. The emotional fallout experienced by physicians involved in MAID doesn't really get addressed, but I know that it weighs heavily on some.

As a result of the shortage of physicians for this program in the health region in which I practise, two of my close work colleagues became involved in MAID following earnest requests from patients with a terminal illness. Leading up to the procedure I could tell that both of them were under significant mental duress. They experienced a range of emotions and were sleeping poorly. Their stress was palpable

as they tried to focus on running their practices under the heavy weight of what was to come. I believe they were both thankful for being able to ease the patients' suffering, and one of them has continued to be involved in other assisted deaths. This physician's initial distress has evolved to a sense of compassion and feeling

honored to be involved in caring for these patients at this most vulnerable time in their lives. The gratitude expressed by patients and their families has had a profound positive impact on this individual.

I doubt I will be able to say “no” if a longtime patient asks me to do this one last thing for them. I have taken care of some families in my practice for

close to 30 years and think of many of them as friends. How can I turn my back when they need me the most? However, I also feel the anxiety developing in my chest when I think about performing MAID and can't help but wonder how my involvement will affect me. ■

—DRR

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Too close to home

It's interesting to me to think about the patients who have left an imprint on my life. What did they have in common that causes me to remember them? What part of our relationship is so memorable for me, and why?

During the early stages of medical school, I volunteered as an ambulance attendant in my home town. It was exhilarating work that brought me into contact with many memorable people who were far removed from my way of life—alcoholics, gangsters, and victims of violence were our usual clients. A memorable event was the night I was called on to deliver my first baby on the floor of a shack by kerosene lamp—before I had done my obstetrics rotation in medical school. The homes in the area had no address numbers, so when we got close to where we were meant to be, the neighbors responded to our flashing lights and blaring sirens

by coming out to direct us to the right shack. In my capacity as an ambulance attendant, I was only permitted to clamp the umbilical cord with a piece of string. The placenta was placed in a plastic bag and remained attached to the newborn until we reached the hospital.

Another call that I remember well involved us transporting a deceased man from his residence to the city morgue. He had been discharged from hospital after a myocardial infarction. Two aspects of that call make it memorable for me. The first was the sound he made when we moved him from his bed onto our stretcher. It was the first time that I had dealt with a lifeless body. I had never even been that close to someone who had died. He was heavier than we expected, so his landing on the stretcher was less than graceful, which is when air was expelled from his lungs through

his partially closed vocal cords. He made a loud groaning sound that scared the heck out of me. The second, and more memorable, was how old the man was: he was close in both age and appearance to my father, who was in his early 50s at the time.


After delivering the body to the city morgue, my partner and I stood outside and smoked a cigarette. I wasn't a smoker and didn't inhale, but I felt quite shaken up and it seemed like the right thing to do at the time. I recall arriving home after my shift as my parents were waking up and feeling very relieved that they were alive and well. At the time, that experience felt too close to home, although thankfully my father lived for another 30 years. It was his birthday in August.

There are patients from throughout my medical career who remain embedded in my memory for various reasons. Their impact on me usually stems from the good relationship that we shared, and the fact that they passed away too early in their lives. One man in particular stands out. We were close in age and life stage (he was slightly younger). He developed an aggressive cancer in his late 30s. He was a kind and generous man with a beautiful family. He had a mischievous sense of humor. He loved his wife and daughters, and they loved him. The anniversary of his untimely passing was also in August.


His journey, in some respects, is too close to home for me as well. Perhaps his illness and untimely passing brings up my existential angst. Why am I here? What is my purpose? What is the point? What is the meaning of life? Although I don't have all the answers, I continue on my life journey with faith and optimism. His words of optimism and hope are a comfort to me. ■

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