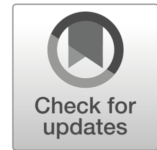
Letter to the Editor in Response to: Clayville K, Miller P. Sulmasy, et al.: Physician-Assisted Suicide: Against Medical Neutrality



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I read with interest the letters [1, 2] regarding Sulmasy et al.'s 2018 *JGIM* article, "Physician-Assisted Suicide: Why Neutrality by Organized Medicine Is Neither Neutral nor Appropriate." [3] I found them fascinating, as they reminded me of my 15 years practicing as a community-based physician in Oregon. There medical aid in dying (MAID)/physician-assisted suicide (PAS), depending on one's particular viewpoint, has been hotly debated before and since becoming a legally authorized medical intervention in 1997 [4].

What happened in Oregon was a needed response to a challenging question: how does a community of people—including but not limited to those in the medical profession—deal with the reality of impending death? The introduction of the Death with Dignity Act in Oregon thrust that question onto the political stage, especially in that it was enacted by citizens' initiative and reaffirmed by popular vote rather than determined by any religious, institutional, or professional opinion.

It also pushed me and many others in medicine and other health professions to examine such challenging topics as:

- How can we best express to our patients that death is a part of all human existence, and that our work as physicians is not blind to that certainty?
- What is the purpose of medicine, especially that part of it that speaks to caring at the end of life rather than cure?
- How do we engage with patients in order to hear their stories of suffering, expressions of emotion in the face of death, and outlooks on the meanings of life?

I admit I do not have picture perfect answers to all these questions; I honestly suspect that no one does. According to Sulmasy et al., I *qua* physician am not even able to "claim the expertise needed to evaluate such matters." [2, p. 1372]

However, I do know that, on numerous occasions, patients with terminal illnesses have brought to me as their personal physician such matters as pain, fear, anger, anxiety, cultural values, finances, and family histories, along with their biomedical concerns. It was then in Oregon, and is now in Arkansas, my job to listen, console, guide, and act as is jurisdictionally permissible, medically warranted, and genuinely healing as possible.

Anything else would be less than professional, regardless of the path we—my patients and I [5]—choose to explore and ultimately take, both in the best interests of the patient and appropriate to the context of the situation at hand.

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