Leo died the other day

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Leo died the other day. Not surprising. All my patients die. But what made this different was that Leo died by suicide. And I found it startling, because, in Canada, euthanasia can be legal.

Leo fit the criteria. He had cancer, metastatic at diagnosis and incurable. His death was reasonably foreseeable. He was suffering grievously from neuropathic pain that I had tried for 5 months to control. He would have been allowed medical assistance to die.

But he never raised the subject.

Should I have done so? In Canada, the current climate allows physicians to respond to a request for medical assistance in dying (MAiD), but there is no obligation to suggest it. The legislation is based on the laws around aiding and abetting a suicide: the MAiD legislation is an exemption to this law (www.canada.ca/en/health-canada/services/medical-assistance-dying.html). Bringing the topic up and offering Leo this option, without his suggesting it first, could be interpreted as creating undue pressure, or abetting suicide. A representative from my medical defence association isn't sure whether I should or should not. There is no current case law one way or the other (representative of The Canadian Medical Protective Association, Ottawa, Ont.: personal communication, 2018). My college's policy doesn't discuss bringing the topic up, only informs physicians of their duty to respond to a request (www.cpsnl.ca/web/files/2017-Mar-11%20-%20MAID.pdf). In Quebec, there may be some obligation to outline this option (Guide-aide-medicale-mourir-rev-201803018-fr.pdf, available to members of the Collège des médecins du Québec). Even in countries where euthanasia has been allowed for a lot longer, the general feeling is that physicians should respond, rather than suggest (Trudo Lemmens, University of Toronto, Toronto, Ont.: personal communication, 2018).

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So, Leo, a single, reclusive and intensely private man, took an overdose of his pain medication instead. His elderly mother found him. Panicked. Called 911. And Leo was transported to the local emergency department, his body invaded by tubes and drugs in a futile attempt to reverse what he had set in motion. He died surrounded by strangers. Naked. On a gurney. His personal business known by many people he would never have wanted intruding on his life.

His dignity broken.

I am conflicted. As a palliative care physician, my entire career is dedicated to reducing suffering. I worked hard with Leo to alleviate his torment; the best I achieved was a few hours a day during which his pain would reduce to 2/10 before it would escalate again. Increasing the dose of his fentanyl or hydromorphone or methadone (or any of the other medications I tried) resulted in unacceptable adverse effects. Blocks were not an option where I practise. Attempts at discussing nonphysical suffering had been challenging. He was so private that he cringed at exposing his internal world. He always replied gently that he was fine, he was grateful, not to worry. I twice arranged counselling with excellent social workers, but it didn't happen.

As the anorexia worsened, so did the pain. He was skin and bone. His mother fretted constantly, hovering around him, plying him with food and drink he could barely put past his lips. Despite my teaching them both about the pathophysiology, she couldn't get past her need to save her son. I can't blame her.

I literally begged Leo to come into our palliative care unit. I hoped that intensive manipulation of his medications might help with his pain and that a break from the constant ministrations of his mother might help with the psychological burden he carried. He came in to appease me. But he hated being out of his element, surrounded by strangers. He wasn't willing to engage in psychological therapy.

Leo left the palliative care unit early, with my consent. His performance status was good, he was still driving his car; palliative sedation wasn't really an option. He could easily have lived many more weeks. I had a business trip that coming week and was reluctant to be out of contact with him. He assured me all was fine, as he always did. Hugged me goodbye.

He took his overdose while I was gone.

As physicians, we know that reflective practice improves our care for the patients we serve. I reflect on this case now. Should I have broken the unspoken rules and offered MAiD to Leo? If not, should I have asked if he was thinking of suicide? I think our relationship was good enough that if I had spoken to him about it, offered to support him, he may have discussed it with me. Then again, remembering his intense privacy, maybe not. If he'd expressed to me a desire to take his own life, I could have offered to "find him" and spare his poor grieving mother the horror she experienced. But nothing in our conversations triggered this line of thought on my part. I don't raise the topic of suicide as routine. Perhaps I should.

What if he *had* told me? Would this have been "abetting"? Would I have been in contempt of the law? Would I have been obligated to force this man, dying on his feet from a horrible disease, to be committed to psychiatric care? Depression wasn't his problem — suffering was.

Some feel that clinicians have an obligation to explore all options with our patients, including MAiD (https://impactethics.ca/2018/07/03/can-nurse-practitioners-mention-maid-to-patients). But some of my patients will feel that I, as a physician, hold a position of power and my statements take on extra weight. Merely listing MAiD as one of a variety of options might be interpreted by the vulnerable as tacit encouragement. And all my patients are vulnerable. And desperate. And suffering.

So, what I say, how I say it, when I say it, can take on more life than I may mean it to. And doesn't that cause harm? Or is silence worse? And if I vary my practice to suit the different patients I see, is there any guarantee that I will not err? Say the wrong thing to the wrong person?

"Do no harm." That's part of the oath I took when I graduated. I try to live by it. But in this case, I think I failed.

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This is a true story. Leo's next-of-kin has given consent for this story to be told.