

Shopping at the fountain of youth (common sense sold separately)

“Do you know anything about DNA?”

Retreating to my time-tested defence mechanism, “What?” I answered in a dumb voice.

“Well, your DNA and mine are exactly the same. The only difference is that I have stopped mine from aging. Would you like to hear more?”

Staying true to my original answer I repeated, “What?”

“For only \$300 this external device used twice a day will reverse the aging process of your DNA.”

“You mean I will look the same in 20 years?”

“You will look younger. Brad Pitt calls this device his lifesaver.”

At this point I wanted to point out that Brad Pitt, while still a good-looking man (he’s in my top five), has aged considerably in the last 20 years. Also that while our DNA base pairs are the same their order on our double helix is different, but then I would have given myself away.

This conversation took place at a wellness show I recently attended in Vancouver. I had expected exhibitors to encourage mental well-being, promote exercise, and discuss healthy eating. Instead, there were many demonstrators promoting food prod-

ucts not for what was in them but for what wasn’t—dairy free, fat free, sugar free, gluten free, soy free (I was waiting for the sign, *food free*). There were the usual promotions for various supplements—tea tree oil, oil of oregano, colloidal silver, etc. Olive leaf was something I hadn’t heard of before, and I noticed that 3, 6, and 9 are now passé; Omega 7 found in anchovies is now the bomb. I was offered detox flushes for my liver, lungs, kidneys, and colon. I received blank stares when I said, “No thanks, I already flushed this morning.”

My spiritual health was encouraged through meditation and yoga, which seems like a good idea. I came across a booth for the College of Medical Intuition. I wanted to ask if they knew that I was going to visit the booth. I talked to the PhD medical intuitive, who is also the CEO and registrar. She offered to unblock my energy and help me heal naturally. Next door the chiropractor was handing out pamphlets on how birth causes infant vertebral subluxations that need regular manipulations to prevent SIDS, ear infections, colic, and other illnesses. He was also going to cure attention deficit disorder through his magical touch. Around the corner

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I could purchase a device that would pulse sound vibrations through my bed, allowing my aggregated red blood cells to restore their natural state (I pictured some big, tough guy yelling at my teenage erythrocytes to stop hanging out at the mall). I discovered that pulsed magnetic field therapy is also critical to good health. You can purchase devices to stand on or to wear around your midsection or head, all of which improve immune function and circulation while healing injuries and fractures.

Many of the product promotions contained pseudoscience. Quotes about how to regulate, change, fix, and realign the DNA in your genome were commonplace. I would encourage our top scientists and geneticists to attend next year’s show as they are presently wasting valuable time and research money. Apparently all you have to do is take some supplements and pay a few hundred dollars and the world will be saved from disease.

Interestingly, of all the numerous booths only a few promoted exercise. I guess it wouldn’t be much of a show if the attendees were handed a pamphlet by a lone smiling exhibitor telling them to eat a well-balanced diet, not to smoke or drink excessively, to get adequate sleep, to exercise regularly, and to participate in activities that make them happy.

—DRR



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Final uncertainty

The February 2015 Supreme Court of Canada decision in *Carter v. Canada* will soon result in legal and regulatory changes to how we, as physicians can legally assist patients, who are experiencing “grievous and irremediable” pain and suffering with the process of dying. Many of us will applaud the fact that our terminal patients have been granted the right of self-determination to end life as an option to palliative care. For many patients, the knowledge of that option may be comfort enough. However, the decision does not limit physician-assisted dying to terminally ill patients, and here many of us will have a high degree of trepidation—despite arguments from public figures such as Stephen Hawking that “to keep someone alive against their wishes is the ultimate indignity.”

Physician-assisted dying has, until recently, been one of those unspeakable acts that could only be discussed with our closest colleagues, not for fear of being found in breach of the law or being labeled Kevorkian but because it is so contrary to the core of our professional practice, which is to preserve both the quality of life and life itself.

How many of us have sat with families by the bedside of our ter-

minally ill patients whispering the welcome of death? Until now it has only been acceptable to take a passive approach to the termination of life, either through withdrawal of treatment and life support or conscious over-palliation. One could argue that this amounts to nothing but moral refuge from an active physician-assisted

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dying process. However, at the time of writing, this process is still fraught with many uncertainties:

- What, precisely, is meant by “grievous and irremediable,” and who decides the threshold for physician-assisted dying eligibility?
- Could the term “adult” be interpreted to include mature minors?
- How and where will physician-assisted dying be delivered and what safeguards must a physician apply?
- Will standards be uniform across Canada?
- Will physician-assisted dying need to be recorded on the death certificate?


- Will the patient’s life insurance be protected?
- How will the rights of physicians who conscientiously object be protected?

In addition to answers to the questions set out above, many of us will be looking for associated assurances:

- Will the requirement for patients to remain mentally competent at all times accelerate requests for physician-assisted dying to preempt loss of competence?
- Will those who are ill and dying feel pressured to choose a physician-assisted death to lessen the burden on their families?
- Will there be assurance of good access to palliative care and that physician-assisted dying will not become a cheap and quick alternative?

This is one of the most controversial and professionally challenging issues of our careers and currently well beyond the skillset of individual practitioners. Its implementation will require a continuum of supports and services. Let’s hope these services and supports accompany regulations and guidance before the Supreme Court-imposed deadline of 6 June 2016.

—WRV



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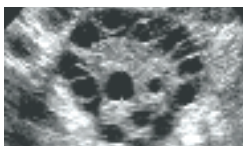
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