<u>personal view</u>



Letters of less than 300 words are welcomed; they may be edited for clarity and length. Letters may be e-mailed (journal@doctors ofbc.ca), faxed (604 638-2917), or sent through the post.

Re: Assisted suicide vs end-of-life care

I am a retired physician in Vancouver (cardiology), and having worked here for just under 50 years—in hospital as well as a clinic-I have had to think about the end-of-life problem all too often. I am glad to see discussions on this thorny issue are finally beginning.

Without an accepted policy being in place, one encounters situations in hospitals where a patient with endstage chronic disease is repeatedly admitted to the ICU with the same problem and at some point requests that this be the final time. Often that patient is then given a dose of sedation that is perhaps too large for his or her weight. But this is not a solution. It is time we discuss this issue and develop a directive (with an option for palliative care—where beds are available). Seeing what Dr Lowe and many other people have had to go through, it is time to tackle and solve this difficult problem (to the best of our abilities in 2014).

And I believe the problem should be discussed with a broader group, not only with people who have an incurable disease or are in constant severe pain, which, despite pain clinics, is not always relieved. There are times when people are left to face a life that is not acceptable to them, and whether a person has the right, and help, to decide his or her fate should be decided and that decision should become accepted practice.

Many doctors agree with these ideas in theory but nevertheless are not prepared to help a person to end his or her life—it goes against what we have been taught and practised for so many years.

This discussion has been started in the April and May issues of the BC Medical Journal and that is an important first step. I think all physicians should take a few minutes to start a conversation with their patients regarding their wishes, encourage them to discuss this with their families, and follow up. I was encouraged to see Dr Cunningham's President's Comment on this subject, "The necessary discussion that's often hard to have" [BCMJ 2014;56:168]; we need to make it a general discussion for all doctors and as many people as possible. The time of treating people without their knowledge and wishes has passed.

> -C. Eve Rotem, MD Vancouver

Who are the doctors of BC?

The BC Medical Association, founded in 1900, recently changed its name to Doctors of BC. About 30 years ago the name Doctors BC was suggested (BCMJ 2014;56:170), at a time when complementary and alternative medicine practitioners were not allowed to have the title of doctor. I frequently see a full-page advertisement in the *Province* that is placed by a doctor for patients with neuropathy. A Google search for this doctor reveals him to

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have BSc and DC degrees. This individual has the legal right to be called a doctor; however, the public may misinterpret this individual as someone who belongs to Doctors of BC. In addition, any PhD has the right to use the title of doctor. The College of Physicians and Surgeons of British Columbia has a list of doctors of BC. However, not all of them are members of Doctors of BC. I also wonder if the Canadian Medical Association will hesitate to follow BC's lead and change its name to Doctors of Canada or Doctors Canada.

> -H.C. George Wong, MD Vancouver

Dr Cavers responds

While I appreciate the opinions expressed by Dr Wong, our name change was implemented to help our association and its members become more influential in promoting positive change in our health care system. This is what our members expressed they wanted us to be able to do.

To truly achieve influence, we needed to connect with the public (patients) whose support is essential to successfully advocate with government and health authorities. Through consultation with the public, we found we had low name recognition. Many people didn't know who we were or what we did. We also found that when someone says they're going to see their doctor they're not talking about their dentist or naturopath. This name change clarifies who the doctors of BC are and who we represent.

It's interesting to note that two other provinces are now using doctors in their name—Doctors Manitoba and Nova Scotia Doctors. In both cases, they tell us this is working well in terms of achieving their goals and in their engagement with members and the public.

I'm also pleased to say that at our recent annual general meeting, an overwhelming majority of members reaffirmed the name change. Please note that our legal name remains the BC Medical Association, and members still need to be medical doctors.

> -Bill Cavers, MD President, Doctors of BC

How long does it take?

I was recently reminded of the frailty and vulnerability of our allotted time. At the end of every day I enjoy a walk around Deer Lake to reflect on the challenges of work and to plan the next day. On one of my recent walks I noticed a toddler playing alone at the shoreline. Two young women were playing with several other children 50

metres away, and, after some prodding from me, one eventually sauntered off to retrieve him.

As I continued my route along the boardwalk my memory flashed back several decades. Our first daughter was 11/2 years old and full of unbridled energy. Standing waist deep in the ocean, she was playing tag with us as my wife and I stood 2 metres apart. At one point she tagged my wife, turned back toward me, lost her balance, fell forward, and rolled face up under water. She did not struggle. A stream of bubbles escaped her mouth and she began to sink to the bottom. In shocked disbelief I reached down and pulled her limp body to the surface. The time from healthy child to near death was exceedingly short. As we carried her to shore, water cleared from her lungs and she awoke from her brief nap. She appeared unfazed by her recent adventure, but we were not as calm.

It is worth remembering that water of any depth is a potential lifethreatening hazard to young children—supervised or not. There is an old aviation adage—learn from the mistakes of others as you will surely not live long enough to make them all yourself.

> —John Albrecht, MD **New Westminster**

