

Reviewer's report

Title: Voluntary stopping of eating and drinking: Is medical support ethically justified?

Version: 0 **Date:** 05 Jun 2017

Reviewer: Ben White

Reviewer's report:

1. Does the Debate article present a novel argument, or a novel insight into existing work?
2. Does the Debate address an important problem of interest to a broad biomedical audience?

Voluntary stopping of eating and drinking (VSED) is an under-researched issue both clinically and also from an ethical/legal/policy perspective. It is increasingly been seen as an end-of-life option and further examination of the practice is needed. Hence this paper is very timely.

The paper proposes that medical participation in VSED (or at least some forms of it) should be considered as equivalent to assisting a suicide. This is significant because there is a growing consensus (but this is not universal) that VSED does not constitute assisted dying and can be appropriate. As such, this paper challenges assumptions broadly made about the lawful and ethical nature of VSED.

I would add that the paper is contextualised within wider assisted dying debates and so has appeal on that basis.

3. Is the piece well-argued and referenced?
4. Has the author used logical arguments and sound reasoning?

Major comments

The authors clearly outline a case for saying that VSED (or some forms of it) should be regarded as assisted suicide (or at least equivalent to it). I raise two main queries for consideration by the authors.

1. The first is whether the arguments advanced to suggest VSED is suicide could also apply to withholding or withdrawing life-sustaining treatment (WWLST). Using the authors' definition of suicide, there are at least some instances where refusing treatment could be argued to be intentionally taking one's own life with an intention to die.

If so, does this present impediments to questioning the legal and ethical basis of VSED? WWLST is almost universally accepted as lawful and ethical in some circumstances. So if the

arguments used to claim VSED is assisted suicide also apply to WWLST, it may be worth explaining why these two cases are different.

It is worth thinking about the scenarios of A-C outlined on page 6 of the manuscript and applying them to WWLST. For example, if a patient will only refuse life-sustaining treatment because they are reassured that any pain and symptoms associated with that refusal would be managed through palliative care, then would agreeing to provide that palliative care be counted as assisting suicide? It may be that the authors would treat these cases the same and consider that both involved assisting suicide but if so, it would be helpful to explain that. Or it may be necessary to explain why the established legal and ethical support for WWLST can remain intact and be distinguished from VSED.

On a related point, an analogy is drawn between nutrients/water with oxygen to conclude that VSED can be taking one's own life (p4 line18-19). What about the analogy between nutrients/water and that provided through artificial nutrition and hydration? I wondered whether the latter analogy was worth considering as well.

2. In scenarios A-C, there is an assumption that the doctor in participating in VSED must share the patient's intention to die. While this could be the case, must it always be so? Taking scenario C as an example, would it not be possible for a doctor to not intend the patient to die but foresee this would happen. Double effect is subject to critique of course, but at least a form of it seems to be implicitly relied upon earlier in the paper. Why could this not apply here? In scenario D it is accepted that the doctor may not have the sole intention that the patient die - why is that precluded in the earlier scenarios? The authors' reasoning for this would be good to explain further.

I should note that these comments do not detract from one of the authors' key claims: that VSED needs further analysis from a legal and ethical perspective. Indeed, I agree that some instances of VSED could fall foul of local laws governing assisted suicide. Rather, these queries are raised to facilitate that discussion about where the boundaries of lawful and ethical behaviour in this area are/should be located.

Minor comments

* The basis for grounding what counts as suicide is primarily the WHO definition. If this is being used at the basis for making a case that behaviour is potentially contrary to current law and ethical norms, it would be better to ground what counts as suicide in sources from those disciplines. I understand this will necessarily need to be at a high level of abstraction (e.g. the law across a range of jurisdictions will have different terminology and meaning for assisting, aiding, abetting, encouraging etc suicide).

* P4 lines 24-25 - I found the wording of 'indirect euthanasia' unusual but that may be due to jurisdictional differences.

5. Is the piece written well enough for publication?

The paper is engaging and well written. The flow of argument is clear and the paper is well situated within wider debates. It benefits from being written by an interdisciplinary team with legal, ethical and clinical expertise.

Quality of written English

Please indicate the quality of language in the manuscript:

Acceptable

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