**Author’s response to reviews**

**Title:** When is Hastened Death Considered Suicide? A Systematically Conducted Literature Review about Palliative Care Professionals’ Experiences Where Assisted Dying is Legal

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When is Hastened Death Considered Suicide? A Systematically Conducted Literature Review about Palliative Care Professionals’ Experiences Where Assisted Dying is Legal

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**Version:** 2

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Dear editor and reviewers,

Thank you for the effort invested in reviewing and commenting on the manuscript. We are glad the reviewers recognise the importance of this topic. A detailed list of responses to the comments and requests are available below.

Best wishes,

Sheri Mila Gerson

Reviewer 1:

"Dear Author, your review article on the rarely discussed subject is interesting."

Author's response:

Thank you for your comments and recognising the significance of this rarely discussed subject.

"However, because of no clear understanding of the subject, varieties of laws followed in different parts of the world, the studies included in your review collectively can not lead us to a firm conclusion or a better understanding which is mentioned in your conclusion"

Author's response:

An additional explanation has been added in the limitations section on pages 15, lines 21-25 and page 16, line 1-2.
Reviewer 2:

"The article is an excellent exploration of the terms and medical experience of assisted suicide, suicide, medical assistance in dying of patients in the purview of palliative care professionals in the larger context of legally permitted assisted dying. The patients who take unilateral action to hasten death do so in the knowledge that their death is foreseeable and imminent which immediately has added a significant qualifier to the description of suicide. This overview of the relevant research studies has carefully framed the scope of the study in terms of the physician and healthcare professional experience of these deaths but also in terms of assistance and non-assistance."

Author's response:

Thank you for your comments, and recognising the significance of the topic.

"A basic and central thematic question is: are these deaths experienced and conceptually defined as suicide? It is pointed out that suicide and physician assisted dying are often conflated, as well as the phrase medically assisted dying. In the U.S. legally prescribed lethal dosages are often termed 'suicide' in some form, whereas Voluntary Refusal of Food and Fluids can be referred to as an alternative to assisted dying and at other times and places VRFF and assisted dying are distinguished from suicide. The article provides myriad examples of difference configurations and inconsistencies; there is significant lack of clarity regarding the relationship of these terms, also there is strikingly clear ambivalence as well. What is missing in the research and not tracked is that there is conceptual evolution in some contexts where the language has made a paradigm shift from "assisted suicide" to "doctor assisted suicide" to "doctor assisted death" and then to "medically assisted death"."

Author's response:

I have added a statement accordingly in the introduction on page 3 lines 25-27, and page 4 lines 1-4. The statements specifically address how the word suicide is only in the content of some of the laws and how some may interpret these laws as a form of rational suicide. However, this is a review of the literature and not a historical overview of the topic. I agree that the evolution of the language of assisted dying laws is not tracked and this would be a very worthwhile follow-up study.
"Further research should look to view the evolution of the thinking and terminology in other jurisdictions in order to identify a mollification of the term suicide. The larger historical context is important for this discussion and exploration."

Author's response:

I also agree that the larger historical context is important but is worthy of a separate article and study. I have included a statement in the limitations to address this issue on page 15, lines 21-25 and page 16, lines 1-2.

"Many palliative programs internationally over the decades, prior to the rise of PAS, PAD, MAiD, medical assisted dying (MAD), emphasized that palliative care does not hasten death. This response was a counter to the perception and stigma that palliative care doctors were "death specialists" as opposed to comfort specialists. Such comfort can fortify, enhance and even prolong living was the response and message."

Author's response:

Page 11, lines 14-18. Added sentences regarding fear and frustration by physicians that may be influenced by the doctrine of double effect. Added references regarding history of palliative care commitment to not hasten death and doctrine of double effect.

"With this backdrop it is important to clarify the current discussion regarding the "fear and frustration" experienced by palliative care teams engaging patients contemplating assisted dying in some form. Also the "doctrine of double effect" was and is considered to be an ethical approach to palliative care recognizing that pain management is the primary intention of palliative care providers, not death. But with a change of focus for patients and by patients the conversation for patients is a both/and. Pain management is critical but also the assurance of assisted dying, if deemed necessary."

Author's response:

I have added a citation regarding this issue and included this as a limitation on page 15, lines 7-11.
"The article's value is that it shows the research strongly suggests that the definition of suicide depends on who and how the research is done. The recommendation to further explore the national/jurisdictional nuances on this issue is a critical and substantial point well made. A limitation identified in the study is that psychiatry was not included, and that is a critical gloss because the discussion of suicide also needs to be contextualized in terms of mental-medical health standards and public health concerns for prevention and assistance."

Author's response:

I have addressed this issue as important for future research that will also be addressed in a forthcoming research article. Thank you for reviewing the article and for your comments. I hope all of your concerns have been addressed.