Reviewer’s report

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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Reviewer: Philip Crowell

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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.

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 differences 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". 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. 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. 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.

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. The study show the "paucity" of evidence related directly and consistently to the research question. Palliative care doctors and teams need to better understand this collective and yet individual experience of assisted suicide or medical assisted dying in the light of the various cultural definitions of suicide. If suicide is considered unethical and yet exempted from criminal scrutiny, then what are the emerging linguistic usages implying regarding assisted suicide and in the context where medical assisted suicide is permitted? The article has further this critical discussion and exploration.
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