Reviewer's report
Title: Advice and care for patients who die by voluntarily stopping eating and drinking is not assisted suicide

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Reviewer: Timothy Quill

Reviewer's report:
You have written an interesting article exploring whether voluntarily stopping eating and drinking should be considered a form of suicide ethically and legally, and whether advising or caring for a patient choosing VSED constitutes assisted suicide. You argue that VSED is a form of suicide that a competent person might engage in, and you distinguish it from other "conventional" forms suicide which include intentional overdoses of medications or slashing of wrists presumably stimulated by mental illness which should be prevented by physicians.

You then address whether physician participation in a competent patient's decision to pursue VSED would legally and ethically constitute assisting in a suicide. You identify the conundrum whether advising or providing comfort for a patient who is rationally initiating VSED constitutes assisting in suicide, and you argue that the physician role is to respect the patient's choice and then to provide comfort. The physician does not provide the means, and to interfere in this process would constitute battery which would potentially be a crime.

I agree with and understand the arguments so far, but I found the case example that you used to be very difficult. The patient had taken antifreeze in a suicide attempt, and then "competently refused physician help to reverse it." Your paper does not make clear the motivation underlying the initial suicide attempt, but it seemed in the realm of "conventional" suicide which ordinarily should be aggressively prevented and/or treated if possible after it is initiated. Not treating in this circumstance would potentially constitute assisting in an irrational suicide, and would seem to violate a physician's responsibilities both ethically and possibly legally in my opinion. The initial act would not be autonomous, and therefore not reversing the consequences if reasonably feasible would seem unethical if not illegal. I am not sure why you choose to use this example here, so please clarify further the key points you are making or change the example.
You suggest that a patient who is inquiring about PAS or about a means to hasten death but does not know about VSED might ethically be informed about the possibility of VSED. It would seem unfair to have to discover it on one's own. You should also address whether a physician who is morally opposed to VSED has a right to not inform such a patient about the possibility of VSED as a way out of their dilemma, or to not participate in VSED with a competent patient who is choosing to initiate it.

A few line by line suggestions:

1) In your background you assert that "...since VSED is already a legal option, it is unnecessary to legalize PAS." This is a complex assertion that you do not address very much in the subsequent article. Candidates for VSED may be significantly different from candidates for PAS from a practical standpoint. This is an interesting albeit complex assertion, but it is not central to this paper, and I would suggest leaving it out (or expanding the paper to explore it further).

2) Page 2: Line 13-15 - I wonder if you could make the distinction clearer by labeling "rational" vs "irrational" suicide, or as they do in the Netherlands where they have different words distinguishing between rational suicide, suicide from mental illness, and heroic suicide (jumping on a bomb to save ones colleagues.) Peg Battin has written about this.

3) Page 3: line 7-8 - Can physicians choose not to inform or to not participate if a patient is choosing this option? Would there be other obligations?

4) Page 3: line 15 - Would the physician be obligated to interfere with VSED if it were "conventional" or "irrational" as discussed above?

Quality of written English

Please indicate the quality of language in the manuscript:

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I have written papers on the subject of VSED, but have no financial conflicts of interest

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