

Article information: <http://dx.doi.org/10.21037/apm-20-637>

Manuscript ID: APM-2019-HD-07(APM-20-637)

Manuscript title: Assisted Dying around the World: A Status Quaestionis

Reviewer comments	Authors' response	Edits in text (All references to pages and lines are related to the resubmitted revised manuscript ("track changes" version)).
REVIEWER COMMENTS		
<p>#1 The abstract mainly focusses on background – could this be shortened, and findings developed?</p>	<p>#1 We appreciate the feedback and have added additional detail on proposed new legislation and the need for expanded research as access to assisted dying increases. Since we are striving to provide a detailed overview and information on the evolution of assisted dying with this review article, we have retained the other abstract background information for clarity since we are within the abstract word limit.</p>	<ul style="list-style-type: none"> - Line 60-62: New legislation is being crafted or considered in Portugal, Spain and 16 US states, and Germany has recently overturned a ban on assisted dying services. - Line 71-77: As access to assisted dying expands in new and existing jurisdictions, research must also expand to diligently examine the impact on patients, specifically vulnerable populations, as well as health care practitioners, health care systems and communities.

<p>#2</p> <p>Consider explaining why the title “A Status Quaestionis” and meaning of Quaestionis in this context.</p>	<p>#2</p> <p>We selected the title “Assisted Dying around the World: A Status Quaestionis” because we felt it accurately reflected the exploratory nature of this review article, in which we try to provide a thorough overview and evolution of the practice and current legislative picture. In this context, “quaestionis” refers to our investigation into the topic. We have clarified the use of this term within the abstract.</p>	<p>- Line 73-77: This article will provide a thorough investigation, or ‘status quaestionis’ of the terminology, evolution and current legislative picture of assisted dying practices around the globe and contributes to the ongoing ethical, regulatory and practice debate, which have become increasingly important considerations for medical practice, end-of-life care and public health.</p>
<p>#3</p> <p>Can you add a sub-heading ‘Introduction’</p>	<p>#3</p> <p>We have added the sub-heading ‘introduction’.</p>	<p>- Line 88: Introduction</p>
<p>#4</p> <p>Can you state, in the introduction, that you are using assisted dying as an umbrella term?</p>	<p>#4</p> <p>We have clarified in the introduction section that we use the term assisted dying as an umbrella term.</p>	<p>- Line 103-105: The term “assisted dying” is used in this article as an umbrella term referring to both the practice of euthanasia and PAS.</p>
<p>#5</p> <p>Lines 98-99 “Euthanasia refers to the act of intentionally ending the life of a patient by a physician”. A nurse practitioner is also allowed to medically administer or prescribe in Canada. Please include. You may choose to reference Government of Canada report (https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html)</p>	<p>#5</p> <p>We have changed the definition to state that euthanasia and assisted suicide can be carried out by a ‘health care practitioner’ in order to include nurse practitioners.</p>	<p>- Line 100-103: Euthanasia refers to the act of intentionally ending the life of a patient by a health care practitioner by means of active drug administration at that patient’s explicit request. Physician-assisted suicide is similar to euthanasia but involves the provision or prescribing of drugs by a health care practitioner for a patient to use to end their own life. (5)</p>

<p>#6</p> <p>Line 141: Nurse practitioner is also included in Canada. Please clarify, in some way, that it is not always a physician and cite Government of Canada, or article about nurse practitioner role in Canada.</p>	<p>#6</p> <p>We have clarified that a physician or nurse practitioner can conduct euthanasia or PAS in Canada and included a reference to the Canadian government report.</p>	<p>- Line 139-141: Medical-aid-in dying (MAiD) is used to refer to both the practices of euthanasia and assisted suicide and is commonly used in Canada, where both a physician and nurse practitioner are allowed to perform the practices. (12, 5)</p>
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<p>#7</p> <p>Line 143: could you add recent changes in Germany and Portugal</p>	<p>#7</p> <p>We have added information about the legislative changes in Germany and Portugal as well as in Spain.</p>	<ul style="list-style-type: none"> - Line 204-207: In February 2020, the German supreme court overturned a law banning the provision of assisted suicide services, which includes prescribing lethal doses of sedatives to terminally ill patients and providing consultation on how to legally access life-ending assistance in other countries. (20) - Line 162-164: As of February 2020, the Spanish legislature is debating a bill that would legalize euthanasia and assisted suicide and similar legislation is being crafted in Portugal following the approval of related proposals by parliament. (15,16) <p>15. Pinedo E, Allen N, Faus J, Demony C. Euthanasia bill moves ahead in Spanish parliament [Internet]. Reuters; 2020 [cited 2020 May 22]. Available from: https://www.reuters.com/article/us-spain-politics-euthanasia/euthanasia-bill-moves-ahead-in-spanish-parliament-idUSKBN2052C0</p> <p>16. Raposo VL. Euthanasia please, we are Portuguese [Internet]. Vol. 2020. Journal of Medical Ethics; 2020. Available from: https://blogs.bmj.com/medical-ethics/2020/03/05/euthanasia-please-we-are-portuguese/</p>
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<p>#8</p> <p>Line 173: Reference regarding the controversy and/or confusion?</p> <p>This statement suggests that there is a problem that there are not universally agreed upon definitions. It may be a problem for some, and not others. Could it be that there are linguistic, social, cultural, political differences that influence the language around these definitions? Could these differences be explained?</p>	<p>#8</p> <p>a. We have added two references related to the controversy and confusion related to terminology.</p> <p>b. We agree that there are a variety of factors impacting the language used in different jurisdictions and have clarified that there are social, cultural, religious and political influences on terminology. While a deeper exploration into the differences would be interesting, we feel it is outside the scope of this article.</p>	<ul style="list-style-type: none"> - Line 132-134: The meaning and use of these terms is not consistent or universally agreed upon, which results in ongoing confusion and adds to the controversy surrounding them. (9,10) 9. Marcoux I, Mishara BL, Durand C. Confusion between euthanasia and other end-of-life decisions: influences on public opinion poll results. <i>Can J Public Health</i>. 2007 Jun;98(3):235–9. 10. Braverman DW, Marcus BS, Wakim PG, Mercurio MR, Kopf GS. Health Care Professionals’ Attitudes About Physician-Assisted Death: An Analysis of Their Justifications and the Roles of Terminology and Patient Competency. <i>J Pain Symptom Manage</i>. 2017 Oct;54(4):538-545.e3. - Line 152-155: Research has indicated that public attitudes on assisted dying are embedded in cultural, religious and spiritual traditions and historical experience, which also likely impacts the terminology used to reference these practices within the socio-cultural context in various jurisdictions. (13)
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<p>#9</p> <p>Line 175-176: It is suggested that physician assisted suicide is often used in the United States.</p> <p>Who currently uses this term in the United States?</p> <p>There is more evidence that physician assisted is no longer used in the United States. This term is not used in any of the laws in any of the US jurisdictions. Current preference seems to be leaning toward Medical Aid in Dying and perhaps something could be said about this shift in term.</p>	<p>#9</p> <p>We agree that there has been a shift in the terminology used in the US from physician assisted suicide to medical aid in dying and death with dignity and we have clarified this change in the text.</p>	<p>- Line 136-139: The term physician-assisted suicide has been commonly used, however, there has been a shift toward use of medical aid in dying and it is seen more frequently in scientific literature and legislation, along with the term death with dignity. (8,11)</p> <p>8. Dugdale LS, Lerner BH, Callahan D. Pros and Cons of Physician Aid in Dying. <i>Yale J Biol Med.</i> 2019;92(4):747–50.</p> <p>11. Death with Dignity. <i>Death Dign</i> [Internet]. [cited 2020 Jan 22]; Available from: https://www.deathwithdignity.org/learn/death-with-dignity-acts/</p>
<p>#10</p> <p>Table 1 and Line 188: What about adding most recent changes in Germany and Portugal?</p>	<p>#10</p> <p>We have added Germany to Table 1 with the information currently available. Since Portugal does not have active legislation, we have not included it on the table but address it within the text.</p>	<p>See Table 1</p>

<p>#11</p> <p>Line 263: Worth referencing the letter in the Lancet by G Borasio, G. D., Jox, R. J., & Gamondi, C. (2019). Regulation of assisted suicide limits the number of assisted deaths. The Lancet, 393(10175), 982-983.</p> <p>Shows rates</p>	<p>#11</p> <p>We have added a reference to the recommended letter by Borasio.</p>	<p>Line 284-286: In countries where both euthanasia and physician-assisted suicide are legal options, euthanasia is far more frequently requested.</p> <p>23. Borasio GD, Jox RJ, Gamondi C. Regulation of assisted suicide limits the number of assisted deaths. Lancet. 2019/02/21. 3;393(10175):982–3.</p>
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<p>#12</p> <p>Line 351:</p> <p>Here the term used is physician assisted death, but in beginning of paragraph physician assisted suicide is used. I suggest being consistent. Consider using the term in the jurisdiction. Does Oregon use the term physician assisted suicide or physician assisted death when describing data?</p> <p>It may be interesting to include a statement about the shift and when the shift/language changed and possibly reasons why. For example: Oregon 2018 report only uses the term (Death with Dignity Act) “DWDA” (link) The 1998 report used the term “physician assisted suicide” (link)</p>	<p>#12</p> <p>a. We have changed this from death to suicide to be consistent with the terminology we used throughout the article.</p> <p>b. We agree that it may be interesting to use the terms found in the jurisdiction, however, some have changed over time and we have tried to use consistent terminology throughout the article for clarity. We have included details on terminology in Table 1 Assisted dying labels and legal definitions.</p> <p>c. We agree that there has been a shift in the terminology used in the US to medical aid in dying and death with dignity and we have clarified this change in the text.</p>	<ul style="list-style-type: none"> - Line 330-333: Data from Oregon during the years 1998-2015, combined with seven years of records from Washington (2009-2015) indicate that physician-assisted suicide accounted for less than 0.4% of all deaths, and nearly all years saw an increase in requests. - See table 1 - Line 136-139: The term physician-assisted suicide has been commonly used, however, there has been a shift toward use of medical aid in dying and it is seen more frequently in scientific literature and legislation, along with the term death with dignity. <p>8. Dugdale LS, Lerner BH, Callahan D. Pros and Cons of Physician Aid in Dying. <i>Yale J Biol Med.</i> 2019;92(4):747–50.</p> <p>11. Death with Dignity. <i>Death Dign</i> [Internet]. [cited 2020 Jan 22]; Available from: https://www.deathwithdignity.org/learn/death-with-dignity-acts/</p>
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<p>#13</p> <p>Lines 366-369:</p> <p>Additional challenges regarding medications used in the US and issues of access may be addressed in this overview:</p> <p>See any of the Death with Dignity data from Washington or Oregon to view current and different medications used.</p> <p>In addition, see among many other articles about access and cost:</p> <p>Shankaran, V., LaFrance, R. J., & Ramsey, S. D. (2017). Drug price inflation and the cost of assisted death for terminally ill patients—death with indignity. <i>JAMA oncology</i>, 3(1), 15-16.</p> <p><i>Medical Aid in Dying in Hawaii: Appropriate Safeguards or Unmanageable Obstacles?</i> HEALTH AFFAIRS BLOG (August 2018)</p> <p><i>Legal History of Medical Aid in Dying: Physician Assisted Death in U.S. Courts and Legislatures</i>, 48(2) NEW MEXICO LAW REVIEW 267-301 (2018).</p>	<p>#13</p> <p>We have added additional detail regarding the specific drugs used for physician assisted suicide. Although we appreciate the importance of issues related to access and cost in the US, they are quite complex and varied and are beyond the scope of this article.</p>	<p>Line 339-343: Although physicians can use multiple types of drugs to perform euthanasia and some existing legislation specifies the use of particular drugs, those most often recommended within legal jurisdictions typically include a combination of (optional) benzodiazepine to relax the patient, followed by a high dose of a barbiturate such as thiobarbital, pentobarbital or secobarbital, which typically causes death, followed by a muscle relaxant, if required. (5, 11, 33)</p> <p>11. Death with Dignity. Death Dign [Internet]. [cited 2020 Jan 22]; Available from: https://www.deathwithdignity.org/learn/death-with-dignity-acts/</p>
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<p>#14 (Conclusion) Add changes in Germany/Portugal.</p>	<p>#14 We have adjusted the text to include pending changes in Germany, Spain and Portugal to the Background and current legal status section and the conclusion now mentions new legislation in Europe specifically.</p>	<ul style="list-style-type: none"> - Line 204-207: In February 2020, the German supreme court overturned a law banning the provision of assisted suicide services, which includes prescribing lethal doses of sedatives to terminally ill patients and providing consultation on how to legally access life-ending assistance in other countries. (20) - Line 411-413: Many countries are currently grappling with issues related to end-of-life care and new assisted dying legislation has been proposed in a variety of jurisdictions throughout Europe and the US.
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<p>#15</p> <p>Can you say something about changes being proposed in different areas that might change who has access to assisted dying and some of the controversy surrounding this issue? (i.e. for psychiatric reasons, and or for children under 12)</p>	<p>#15</p> <p>We appreciate the feedback and have significantly increased the information on expanded legislation, the vulnerable groups who may be impacted and the controversy surrounding some of these issues, specifically related to assisted dying for those with psychiatric illness and minors.</p>	<p>Line 372-402: Some of the fiercest debate is focused on assisted dying for members of vulnerable groups including those with dementia or chronic mental illness, disabilities, the elderly, minors, minorities, those who are socioeconomically vulnerable or are just “tired of life,”. (7,35) Much recent heated debate has focused on the complex issue of assisted dying requests by those with psychiatric and mental disorders, sometimes through the use of an advance euthanasia directive. (37,38) The controversy often revolves around whether psychiatric disorders are an indication for assisted dying, the role of mental illness in motivating requests for assisted dying, the decisional capacity and competency of those making requests and what constitutes ‘incurable’ or ‘irremediable’ in the context of psychiatric conditions. (37)</p> <p>The use of euthanasia to alleviate unbearable suffering caused by a psychiatric disorder or dementia is currently only permitted in the Netherlands, Belgium and Luxembourg. (38)</p> <p>Since research has shown an increase in euthanasia cases among this group since 2008 there are particular concerns related to establishing mental capacity and voluntariness</p>
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<p>#16</p> <p>Can you please add references to: Line 393: “remains fierce and unremitting”</p> <p>Line 394: “legislation for assisted dying has expanded significantly around the world over the past 20 years”</p> <p>Line 400: “new assisted dying legislation has been proposed in a variety of widespread jurisdictions” Where?</p> <p>400-403: “As access to assisted dying increases, the need for additional research into the impacts on patients, physicians, health care systems and communities is ever more relevant and pressing, as is the careful monitoring of adherence to substantive and procedural safeguards”. Might you also say something about the fact that if there is access to assisted dying, that regulation may also impact who it is that has access in some areas, and if this is an area for research?</p>	<p>#16</p> <p>a) We have added a reference related to the assisted dying debate remaining fierce and unremitting.</p> <p>b) We have added a reference related to the expansion of legislation over the past 20 years.</p> <p>c) We have adjusted this sentence to reflect that legislation that has been introduced in Europe & the US, which was previously mentioned in the article.</p> <p>d) We have addressed the issue that if there is access to assisted dying, regulation may impact who has access in the conclusion.</p>	<ul style="list-style-type: none"> - (a & b) Line 405-407: While the social and political debate around euthanasia and physician-assisted suicide remains fierce and unremitting, legislation for assisted dying has expanded significantly in Europe, America and Australia over the past 20 years. (42) 42. Willard C. Killing and caring: is euthanasia incompatible with care? <i>Eur J Cancer Care Engl.</i> 1997 Mar;6(1):40–4. 11. Death with Dignity. <i>Death Dign</i> [Internet]. [cited 2020 Jan 22]; Available from: https://www.deathwithdignity.org/learn/death-with-dignity-acts/ - Line 411-413: Many countries are currently grappling with issues related to end-of-life care and new assisted dying legislation has been proposed in a variety of jurisdictions throughout Europe and the US. - Line 416-418: Ongoing examination of the impact of new and expanded assisted dying legislation on members of vulnerable groups, such as those with psychiatric illness and minors, will be especially important. (36,40) 36. Appelbaum PS. Should Mental Disorders Be a Basis for Physician-Assisted Death? <i>Psychiatr</i>
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<p>#17</p> <p>Figure 1: could Portugal and Germany be added as tentative additions for 2020?</p>	<p>#17</p> <p>We appreciate the comment and agree that it would be an interesting addition to the figure. However, since there are multiple other jurisdictions in the US that also have legislation currently introduced and it is unknown which jurisdictions will pass and when the approved legislation may go into effect, it is difficult to add a new projected figure for the number of people who will be living in jurisdictions with assisted dying for 2020.</p>	<p>/</p>
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