

Quinn and Detsky [1] seem to offer to the reader the rationale of mercy to explain why they unexpectedly and jointly slid into participating in euthanasia of their patient with advanced cancer, Mr Chubb, through Medical Assistance in Dying (MAID). Indeed, euthanasia is often referred to as a form of 'mercy killing', seemingly because it claims to cut short the duration of a person's present suffering and avoid that which is feared. Even with the likelihood of intense suffering during dying by lethal medication [2], incomplete understanding of mercy as being only compassion and relieving suffering certainly can position euthanasia as excusable, desirable or even necessary. Yet mercy for Mr Chubb from his physicians required more than to have deeply felt his suffering and even more again than acting to relieve him of it. A truly merciful act would have resulted in Mr Chubb becoming more accepting, hopeful and peaceful than he expected in his very difficult circumstances. Mercy would have restored his sense of dignity and worth for the duration of his natural life, which was possible even though his physical illness was not curable. The euthanasia death of Mr Chubb on the part of his doctors may have been inspired by their compassion and performed to relieve his suffering, but deliberately killing him (or giving him "medical assistance in dying") in no way helped to restore him to the truth of his inherent worth. Neither did his right to autonomy turn euthanasia, an irremediable harm, into something merciful simply because he requested it. Autonomy required Mr Chubb's physicians to listen to him and understand and respect his informed choices about his healthcare, without erroneously elevating it to the right to an act which was manifestly harmful and degrading, whether legal or not. His autonomy did not negate the responsibility of his physicians to have employed their relative strengths and enlisted the whole team and family to do everything possible to ensure Mr Chubb's well-being and fulfil the purpose of medicine to restore his human dignity and integrity during his great vulnerability in terminal illness. True mercy results in good for both the giver and receiver [3].

1. Quinn KL, Detsky AS., Medical Assistance in Dying: Our Lessons Learned

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2. Groenewoud, J.H., et al., Clinical Problems with the Performance of Euthanasia and Physician-Assisted Suicide in the Netherlands. *New England Journal of Medicine*, 2000. 342(8): p. 551-556

3. Shakespeare, W. *The Merchant of Venice*, Act 4, Scene 1. 16th century [cited 2017 July 17]