Notes from the Guest Editor

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Death and taxes – two things that we all inevitably face. We all have our experiences with taxes frequently, but our experience with death fortunately comes less often. However, both experiences can be quite miserable. While it may be difficult to make the experience of paying taxes better, there does seem to be no doubt that the experiences with death could be better. Whether it is the individual facing death, his or her family and friends or caregivers – everyone involved could benefit from better experiences.

Our lead essay makes a compelling case, told with very personal stories, for improving the experience of death in Canada. The commentaries provide a range of perspectives. While there is intense debate on the topic, there is one thing that is clear, the status quo is not acceptable for patients facing death or their families.

Fundamentally, we must do more to improve supportive and palliative care services. Much of what is necessary centres around enhancing communications between patients and families and caregivers. In an era of constrained resources, investing in such services or in the time that effective communications requires is difficult. But done well, this will not only improve the quality of care and experiences, there is tremendous potential to reduce the costs of inappropriate and ineffective care at the end of life. There is no controversy about this, just the usual challenges we face across healthcare settings and administrative silos in creating the types of coordinated systems that would enable the efficient and effective delivery of such services and communications.

Far more controversial is the topic of how people's lives end and whether there is any role for euthanasia or physician-assisted death. The preparation of this issue has evinced some of the strongest variety of perspectives ever seen in a topic for this journal. Even the process of soliciting commentaries elicited some of the fiercest worded emails I have ever witnessed. The community working on this topic has become quite divided. Some experts would not participate given how vitriolic and ad hominem the debate has become – and some of those declining also engaged in their own ad hominem perspectives.

Health professionals and the academic community are continuing to engage in debate, and legal challenges of various types wind their way through the courts. But the sands on this topic are shifting around us. The passage of the Quebec legislation, an Act respecting end-of-life care, is a landmark. We can no longer approach this topic in hypothetical terms. The issues raised have to be addressed and debated in a respectful manner, based on appropriate scholarly evidence and respecting the perspectives of patients, their families and all Canadians.

As our lead authors outline in their closing comments, the landscape on this topic is changing very quickly. The Quebec legislation passed after they drafted their essay and while the commentaries were being submitted. Between when we prepare this issue for the presses and its publication date, the Supreme Court of Canada will likely begin its hearings on a constitutional challenge regarding the Criminal Code provisions against aiding suicide. This is not a topic we can run and hide from. We need to engage in a timely manner in the type of dialogue that this issue requires.