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FACING OUR OWN DYING: EXPLORING CONFLICTS BETWEEN OUR INDIVIDUAL PROFESSIONAL STANCE AND OUR OWN PERSONAL VIEWS ON MAID

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Physician-administered euthanasia (Medical-Aid-in-Dying or MAiD) has been legally available in Canada since 2016, with ever-widening indications. Most palliative care physicians in Canada do not provide MAiD themselves but will refer to colleagues who provide this procedure. The author was involved in a qualitative research project on MAiD, looking at the views of Montreal-based palliative care physicians regarding their role. One interesting finding from that project is that our own individual personal views (i.e., what I would want for myself when I will inevitably face my own death) versus my professional views as a palliative care physician (i.e., the kind of end-of-life care that I am ready to provide, or what I think patients should receive) may radically differ.

We teach our trainees (and the community beyond) that dying can have meaning up to the end of one's natural life. Patients facing terminal illness commonly express a fear of becoming a burden to others. Yet we teach that this sentiment is often not well-founded, based on the expressed views of the patient's loved ones. And yet dying can be difficult, even when patients receive the best available palliative care. Our

professional view of what constitutes a dignified end-of-life and what patients and families (and I, eventually) will experience may be different.

This presentation will spark reflection regarding this dichotomy. What feelings might this inner split provoke, when our professional and personal views conflict with each other? Am I being a dishonest physician? And yet... ■