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Commentary

There should always be hope

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Response

Professor Malhi and A. Hofstede describe research about eligibility for physician-assisted suicide (PAS) and the difficulty concerning depression as a confounder for capacity.[1] Depression is not the only issue involved in capacity assessment for people considering PAS or making end-of-life decisions. The presence or absence of hope, and also of a supportive network, can have a major impact on the person's views. This is clearly shown in the Author Declaration for A.H. She describes how she reversed her PAS decision after attending a retreat where she was treated as a human being needing support. This retreat or support course was mind-changing and shows that PAS is never the last word, and that people retain the hope of a better life which A.H. achieved – given the necessary timely supports. This experience has to question the entire premise of PAS – that there is no hope and no way out. Even in a person with capacity, the decision to go on living should be the sole option and how to accomplish this should be the next step. There always is hope, and people have a right to what is possible in palliation and patient support. Many will be heartened by A.H.'s recovery and her championing of advocacy for hope in patients with disabilities – when all seems gone. There are many people with chronic enduring illnesses and adverse life circumstances who must be disheartened by people accessing PAS and bearing witness to a despair that is infectious to the vulnerable. Many thanks to A.H. for her inspiring testimony. A nationwide programme to bring about hope and support for people in distress is what is needed, rather than PAS.

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Declaration of interest

None.

Reference

1 Malhi GS, Hofstede A. Physician-assisted suicide research: the importance of integrating lived experience and neural science. *Br J Psychiatry* 2025; **227**: 661–3.

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