

Table 1. Toxicity encountered in patients with BTC undergoing chemotherapy with MMC and 5-FU + FA.

Grade	I	II	III	IV
Leukopenia	–	4	I	–
Thrombocytopenia	–	4	I	–
Anemia	–	2	I	–
Stomatis	–	8	5	–
Diarrhoea	5	5	3	–

Additional toxicity included a mild syndrome of micro-angiopathic anaemia seen in blood smear in one case.

a 40% RR [4]. In the second study, from Gustave Roussy, 19 patients with BTC were treated with 5-FU C.I. × 5 days combined with cisplatin. A 32% RR with tolerable toxicity was reported [5]. In summary, although definitive conclusions as to the efficacy of the regimen employed in the present study cannot be drawn, we suggest that further studies in BTC with 5-FU biologically modulated by FA or other agents are warranted.

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## References

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## Palliative care *versus* euthanasia?

In the otherwise admirable paper 'Palliative and supportive care: At the frontier of medical omnipotence', I found the following statement unsettling: "Another consequence could be that their alienation would lead them to indoctrination by extreme groups who oppose the present medical system. In some countries, such as Switzerland, proponents of physician-assisted suicide have tried to open independent 'health care' structures to pursue their goals. An increased empowerment of these movements by traditional health care providers would have considerable and dangerous consequences

for the care and the rights of the weak and incapacitated members of our societies" [1].

Do the authors mean that doctors (and in particular oncologists) who are in favor of "physician-assisted-suicide" or even euthanasia, are dangerous people? If so, for whom? Perhaps only for those who are specialized in palliative care, who seem increasingly to be creating artificial contention between improvement in palliative care and the right of patients to opt for euthanasia, perhaps since they tend to view a patient's desire for death as a demonstration of their own failure. I am struck by how the authors, like other specialists in palliative care, tend to avoid discussion and confrontation with ethicists, who have clearly stated why patients have a right to claim euthanasia and why morally it is difficult to justify a denial of this right [2].

Discussion of this highly sensitive topic should be based on philosophical and ethical considerations, and not on prejudice or competitive impulses.

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## References

1. Stiefel F, Guex P. Palliative and supportive care: At the frontier of medical omnipotence. *Ann Oncol* 1996; 7(2): 135–8.
2. Dupuis HM. Euthanasia in The Netherlands: Factors and moral arguments. *Ann Oncol* 1993; 4(6): 447–50.

## This letter was referred to the authors, who respond as follows:

We agree that our sentences cited by C. Sessa are somehow detached from the topic of the manuscript and that any discussion of this highly sensitive topic should be placed in a broader context that includes philosophical and ethical considerations. We do not consider doctors who are in favor of physician-assisted suicide *per se* as dangerous people. We only stated in the manuscript, that extreme groups exist outside the medical community who's only goal is to spread the ideas of physician-assisted suicide and active euthanasia. Most of these people are not physicians and some of them have never been exposed to patients. In fact, we consider such groups that are removed from any comprehensive view of a medical patient as dangerous. We hope that the readers did not share the opinion of Sessa, that we tend to conceptualize a patient's desire for death as a demonstration of our own failure. In contrary, in the whole manuscript we tried to illustrate how important a reflection of our own medical limitations is. We believe that mutual reproaches and insinuations will not advance the discussion to a deeper understanding of this topic. Both 'camps', those who are in favor and those who are opposed to physician-assisted suicide and/or active euthanasia, claim to respect the dignity of mankind; we hope that this respect will also find an expression in future discussions of the topic.

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