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Evidence Before Action: The Essential Search for Evidence-Based Principles in France's Assisted Dying Legislation

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We read the article titled 'Medical Assistance in Dying, Palliative Care, Safety, and Structural Vulnerability' with keen interest, delving into the associated comments (1, 2, 3). Beyond their varying conclusions, these articles underscore the pivotal role played by the palliative medical community in providing the necessary evidence for meaningful public discourse on the topic of assisted dying (AD).

Various interpretations represent an indispensable component of scientific dialogue, contributing significantly to its enrichment. The relevance of this debate expands beyond borders, finding resonance in the ongoing deliberations within France concerning a proposed AD bill slated for presentation to the national assembly in 2024. The proposed law originates from a new form of direct democracy introduced in France, founded upon a 'citizens' convention.' This assembly brought together 184 randomly selected citizens from the French

population, who, after conducting hearings and discussions, issued a favorable opinion on the use of AD.

The debate in France has also been markedly influenced by public surveys, albeit ones fraught with methodological flaws and potentially biased questions, as highlighted by Alain Garrigou, a professor of political science at the University Paris Ouest Nanterre (4). We markedly observe that the legal procedure has not established an official body involving experts in relevant medical fields, notably palliative care or medical ethics, to ensure a balanced public debate and conduct a thorough examination of the existing evidence, especially on the critical issue of structural vulnerability.

Academic research conducted in countries with established AD laws, as well as studies in France regarding healthcare professionals' perceptions of AD (5, 6), have not received the rigorous and balanced consideration they warrant. This oversight is particularly surprising given the existence of evaluation bodies in France, such as the Health Authority (*Haute Autorité de Santé*), which, through interdisciplinary efforts and methodological guidelines, is tasked with guiding public health policies.

While the decision to legalize AD must be democratic, relying solely on opinions and expert testimonies is fundamentally flawed (7). Therefore, we emphasize the pressing requirement for a methodologically sound and rigorous evaluation of the AD issue, involving medical specialties, notably palliative medicine, before any legislation is enacted in France. This step is crucial, as it has the potential to significantly influence medical practice, policies, and public health. We should concern ourselves with making changes in a thoughtful, scientifically rigorous way, as reversing laws hastily conceived or incompletely considered will be challenging for lawmakers and the public.

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