Canada to legalise physician-assisted dying

In a decision noting that physicians currently legally assist patients who wish to die in Belgium, Colombia, Luxembourg, the Netherlands, Switzerland, and three US states, on February 6, Canada’s Supreme Court set the stage for Canadian doctors to soon join their ranks.

Apparently, all nine judges in Canada’s Supreme Court agreed in this ruling—a rare unanimity in such a controversial subject. The current law against physician-assisted dying will remain in place for another 12 months.

In the meantime, it falls to the colleges of Canadian medical professionals, the Canadian Parliament, and possibly provincial legislatures to respond with laws or regulations that respect the Constitutional rights of patients and providers.

Lancet 2015;385:678.

Type 2 diabetes and cancer

Many studies have examined the association between type 2 diabetes and risk of developing cancer and cancer mortality and strong claims of significance exist for most of the studied associations.

This report is a review of 27 meta-analyses which have studied these associations. The reviewers used stringent criteria and report that only 26% of the meta-analysis demonstrated a true association. In their opinion, evidence could be substantiated only for the associations between type 2 diabetes and risk of breast, intrahepatic cholangiocarcinoma, colorectal and endometrial cancer.

BMJ 2015;350:g7607.

Intraarterial treatment for acute ischemic stroke

In patients with acute ischemic stroke caused by a proximal intracranial arterial occlusion, intraarterial treatment is highly effective for emergency revascularisation. However, proof of a beneficial effect on functional outcome is lacking.

This randomised trial carried out in 16 medical centres in the Netherlands aimed to elucidate.

500 patients (mean age 65 years) were randomised to either intraarterial treatment plus usual care or usual care alone. 89% of the patients were treated with intravenous alteplase before randomisation. Retrievable stents were used in 81.5% of the intraarterial group.

The researchers concluded that intraarterial treatment within 6 hours after stroke onset was effective and safe. There was a 13.5% difference in the rate of functional independence of the intervention group at 90 days.