Conclusion

Altruistic assisted suicide by non-physicians is legal in Switzerland. This has led to a unique situation. It has separated issues that are sometimes conflated. Whether assisted voluntary death should ever be allowed has been discussed without being exclusively linked to physicians. Physicians have separately debated their appropriate role at the end of life. They have a part to play in both debates.

Assisted suicide and euthanasia ask questions that cannot be answered from the perspective of medicine alone. An incompatibility between assisting voluntary death and the professional ethos of physicians may mean that physicians should not assist death, but it does not necessarily settle the argument of whether anyone ever should. The controversy has remained intense. Acceptance of assisted suicide seems to be growing, but support for palliative care is growing also, as end of life issues are kept in the public eye. Further empirical analysis of this situation is important. This debate could continue to yield insights into the issues around suffering at the end of life.

Note added in proof—Recently, the practice of one Zurich based right to die society that offers assisted suicide to non-resident foreigners has attracted a great deal of media attention and concern. This could eventually result in increased regulation, but a radical departure from Switzerland's unique stance on this issue seems unlikely.

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"I think I need a psychiatrist"

A substantial number of patients attending general neurology outpatient clinics have neurologically unexplained symptoms. Psychological and psychiatric factors may be implicated in the genesis and maintenance of many of these symptoms, but the patients are often unwilling either to accept such explanations or to contemplate therapeutic approaches based on them. It is therefore notable to hear a patient open a neurology consultation by stating, "I think I need a psychiatrist."

The man, in his 30s, complained of difficulty controlling his dominant hand. He first noticed this when playing darts: his arrows kept shooting off in unexpected directions and jeopardising the safety of bystanders. Involuntary supination of the hand also became evident when he tried using a knife or scissors and when writing. A diagnosis of focal dystonia was made, and injections of botulinum toxin were offered.

"I think I need a psychiatrist." It might be argued that this opening gambit reflected the patient's diffidence or anxiety, perhaps intended to forestall a perceived fear of wasting the neurologist's time. However, this was an intelligent person who had clearly thought about his symptoms and, in attempting to find an explanation for them, genuinely thought that a psychiatrist might be the most appropriate source of help. He had already consulted a hypnotist. In this context it is worth noting that until quite recent times neurologists considered dystonic syndromes to be of psychiatric, functional, or non-organic origin.

Just as neurologists are on the lookout for psychiatric illness presenting with somatic symptoms, the lesson I draw from this case is to look hard for neurological illness in those (admittedly rare) patients arriving in the neurology clinic professing a need for a psychiatrist.

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