

Prevention by means of lifestyle education is of paramount importance.

Upon this point of view, I wonder why GPs do not get 'points' on the basis of the results achieved in controlling the BMI of the patients in their list.

#### Edoardo Cervoni

MD, 19 Saunders Street  
Southport, Merseyside, PR9 0HP  
E-mail: cervoni@yahoo.com

#### REFERENCE

1. Counterweight Project Team. The impact of obesity on drug prescribing in primary care. *Br J Gen Pract* 2005; 55: 743-749.

## The law on assisted dying

I would like to point out that an opposition to a change in the law on assisted dying simply perpetuates an injustice of great magnitude, that it effects a small minority of patients with terminal disease is no reason to shirk from the truth. Usually the courageous are those who struggle against the status quo rather than those maintaining it.<sup>1</sup> This is amply illustrated by two contrasting and well publicised judgements, that of Ms B,<sup>2</sup> a ventilator-dependent woman, the other of Diane Pretty,<sup>3</sup> the woman with motor neurone disease who wanted immunity from prosecution for her husband so he could assist in her suicide.

Two points can be drawn from these cases. The first arises when one asks why switching off a ventilator on a ventilator-dependent patient is not consistent with the offence of assisting a suicide? How can a patient request removal of a treatment where the inevitable consequence is death, and this not be regarded as a request for suicide? The answer, in law, lies in an unsupported statement made by Lord Goff in the Bland judgment, 'I wish to add ... there is no question of the patient having committed suicide nor therefore of the doctor having aided or abetted him in doing so'.<sup>4</sup>

The second point is that both these women were rendered disabled by, from their point of view, a random event. Why should one be allowed her desire for death when the other is discriminated against?

Insult can be added to injury for the family of Diane Pretty by a recent case involving a woman, also with an incurable degenerative neurological condition, who had an injunction preventing her leaving the country quashed by the court.<sup>5</sup> She needed her husband's help to get to Switzerland so she could be assisted by him in committing suicide. The judge admitted that her husband would be in breach of the Suicide Act by taking her, given that this constitutes aiding, abetting or procuring her suicide, but that he would not recommend prosecution as it would not be in the public interest.

Diane Pretty had no option but to suffer, there may be a lesson to be learnt from Clifts<sup>6</sup> mysterious value of suffering, but it will not be found by questioning the patient but in examining the unethical way the law decides who shall be granted their ultimate desire and whom shall not.

#### David Garwood

Full-time principal in general practice,  
The surgery, 37 Eastgate, Hornsea  
HU18 1LP  
E-mail: DavidGarwood@doctors.org.uk

#### REFERENCES

1. Gerrard J. Assisted suicide [letters]. *Br J Gen Pract* 2005; 55: 883.
2. Ms B v An NHS Hospital Trust (2002) 2 All ER 449.
3. Pretty v United Kingdom (2002) 35 EHRR 1.
4. Airedale NHS Trust v Bland (1993) 1 All ER 821 at p 866 f.
5. Re Z (An Adult: capacity) (2004) EWHC 2817 FAM.
6. Clift A. Assisted suicide [letters]. *Br J Gen Pract* 2005; 55: 883-884.

## Assisted suicide

Thank you for publishing the letter by F van Veen-Zwart in November's Journal.<sup>1</sup> We must learn from events like this. Questions are:

1. Why couldn't the hospital have given him a supply (say five) of sleeping tablets?
2. Why couldn't the hospital have arranged for a supply of oxygen to be delivered to his home?
3. Why couldn't the hospital have arranged a night sitter for the weekend?
4. Why was he told the Macmillan nurse would be with him on Monday when she only arrived on Wednesday?

5. Why couldn't the night sitter be arranged for 7 days a week?
6. Why was the night sitter not allowed to have anything to do with the medication?
7. Why was the medication not given correctly on the Friday night (no oramorph, no diazepam)?
8. Why was a syringe driver not forthcoming on the Saturday?
9. Why was there a problem with the diamorphine dose and why did it take so long to sort it out?

We need answers, though many can be guessed:

- 1, 5 & 6: Regulations applied needlessly and even callously;
- 2, 3 & 7: Regulations may need to be changed;
- 4 & 7: Liaison between different parts of the service is still poor;
- 8 & 9: Professional functioning needs to be tightened up (nurses 8, doctors 9).

Overall, things don't seem to have worked too well at weekends.

Do I have an interest? Of course I do, having spent a lifetime in general practice, and now having been retired 10 years and therefore nearer to needing these services myself. Things seem very similar to those I battled with. Fighting and ignoring or overturning needless and inhumane rules are an essential part of a GP's life. I still miss it!

#### DT PRICE

14 Hurst Lea Court, Brook Lane  
Alderley Edge SK9 7QF  
E-mail: DPrice1190@aol.com

#### REFERENCE

1. Van Veen-Zwart F. Assisted suicide [letters]. *Br J Gen Pract* 2005; 55: 883.

#### Note

Elwyn G, Lewis M, Hutchings H. Using a 'peer assessment questionnaire' in primary medical care. *Br J Gen Pract* 2005; 55: 690-695.

For readers trying to find the American Board of Internal Medicine (ABIM) peer questionnaire as mentioned in the article above, this is now available from <http://www.abim.org/resources/publications/>