pangs of conscience. If the duty to treat derives from the right to life, then it evaporates when those rights are not exercised. Where the person himself cannot express a wish, in practice it is extremely difficult to generate any valid proxy, and the dangers loom of the slippery slope of xenophobic euthanasia. It would seem wise to err on the side of caution.

In the religious world, too, there are other voices. Although life is indeed the gift of God, it is not merely a biological gift, and morally neutral. Its holiness is to be defined not by its origins but by its dedication to the ends it was intended for — the service of man and God. If a life cannot be used for its intended purpose, it is not a sanctified life. This is the basis for the death penalty in religious legal systems, for otherwise the penalty would be sacrilegious. The life of a deliberate murderer, whose actions negate the very nature of God's purpose in the world, loses its protected status. Judaism, a religion that delights in encapsulating everything possible in codes and laws, specifies two more categories of sin where the duty to maintain life is suspended —incest and adopting pagan rituals and beliefs.[4] A life essentially contradictory to God's wishes is not a holy life. There is no intrinsic sanctity of life, rather life is given by God to man in order to sanctify it.

So here we arrive at another convergence of the secular and the religious. In both systems there are circumstances where the duty to save life is not absolute, but contingent on the value of that life. In secular terms, where the sane and competent patient ceases to value his own life, the doctor is relieved of the duty to maintain it. In religious terms, where it is not possible to use the life for its God-given purpose, it loses its status of holiness. This convergence is in marked contrast to the sanctity-of-life/right-to-life coalition which typifies the fundamentalist periphery of religious thinking, as well as the more conservative and narrowly scientific sections of secular society.

I suggest that the term 'sanctity of life' confuses rather than clarifies the debate. It should be replaced by 'value of life', which exposes the individual case to critical scrutiny. Medicine can better cope with its current and future ethical dilemmas by a case-by-case approach[5] rather than by adopting a series of dogmas, such as the sanctity of life.

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REFERENCES

1. Kuhse H. *The sanctity of life doctrine: a critique.* Oxford: Clarendon, 1987.
2. McMahan J. *The ethics of killing: problems at the margin of life.* Oxford: Oxford University Press, 2002.
3. Weingarten MA. Sanctity of life: a critical reassessment of Jewish medical ethics. In: Twohig P, Kalitzkus V (eds). *Interdisciplinary perspectives on health, illness and disease.* Amsterdam and New York: Rodopi, 2004: 1.
4. Dorff EN. *Matters of life and death: a Jewish approach to modern medical ethics.* Philadelphia and Jerusalem: The Jewish Publication Society, 1998.
5. Brody B. A historical introduction to Jewish casuistry on suicide and euthanasia. In: Brody B (ed.). *Suicide and euthanasia.* Dordrecht: Kluwer, 1989: 39–75.

Neville Goodman

SCHADENFREUDE

English has many imports. Many of our words have evolved from or are related to words in other languages, especially from Latin via French, or from German and Old Norse. Some, though, are more or less direct imports. One of my favourite words is serendipity, which comes from the old name for Sri Lanka. It's such a jolly word, and means such a jolly thing: something nice that happens by accident. Which, until we understood the exact structure of drug receptors, is how many of our drugs were discovered. Pethidine was intended as an atropine-like compound, until someone noticed that it made mice's tails stick up in the air — the Straub tail response, indicative of what we now call opioids.

Other imports are darker. Schadenfreude sounds dark, and it is. My dictionary defines it as 'the malicious enjoyment of another's misfortunes'. The Barefoot Doctor sullied the pages of the *Observer* for some years with his mixture of touchy-feely psychobabble, which was annoying but harmless, and irrational explanations of medical problems, which was infuriating and possibly dangerous. My correspondence with Barefoot was unsatisfactory, and soon ignored. The *Observer* was concerned only with his popularity which, judging from the books and potions sold under his name, was considerable.

Imagine my malicious enjoyment then, on reading a front page story in the *Observer* (the very same) titled 'Crackdown on the therapists who abuse vulnerable', and discovering that Barefoot was the subject of allegations of sexual misconduct, highlighted by an investigation by the *Observer* (the very same). The allegations are not without foundation: Barefoot has admitted to having sex with ex-patients, and now no longer practises.

So I was looking in the wrong direction. It was his nonsensical explanation of physical illness ('the ears are the flowers of the kidney') that most perturbed me, but it was the touchy-feely stuff that got him into trouble, when vulnerable women came to him for help. On his website, he wrote that his relationship with one woman whom he had met at a healing workshop was 'not as a healer … but as a man in great need of solace'.

His columns — more correctly, that his columns appeared in a serious newspaper — annoyed me. But I cannot help feeling a little sad. In my first piece about Barefoot (January 2001) I said that, judging from his general statements about health, he wrote sensibly, had a good sense of humour, and probably helped many people. It turns out that he did indeed know, first hand, about the weaknesses of human flesh.