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Assisted suicide

The debate on assisted suicide will surely run for many months, if not years to come. Opinion may be divided but, as the *BJGP*'s recent letters, editorial,¹ and original article² demonstrate, the closer doctors are to the work of caring for the dying, the less they tend to support a change in the law. If we owe our dying patients any kind of debt, it is to afford them the same value and standard of care as those that live on.

Opinion polls may show a majority in favour of euthanasia or assisted suicide, but they also favour the death sentence, and our representative democracy allows us to reach a consensus in other ways than a simple head count.

As a GP for 13 years and a consultant in palliative medicine for the following 13, I am perfectly aware that the technology of controlling symptoms and alleviating distress still fails a few patients with severe terminal illness, as well as a few more whose illness will not be likely to kill them anytime soon. However, this should be a spur to a greater effort in researching, organising, and practising better terminal care.

Our duty to society is to do our best and clearly state the threat that legalised assisted suicide would bring to vulnerable and compliant patients, already so devalued by our society that many no longer benefit from the standards of care mandated in the state sector. Care of the old and chronically sick is likely to be further eroded and outsourced to commercial enterprise as economic and political conditions change. This is no time to introduce suicide as any kind of therapeutic choice. The Association for Palliative Medicine continues to oppose a change in the law.

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Persistent vegetative state

Mick Leach, commenting on David Jewell's editorial on assisted dying,¹ writes that 'we are part of a wider global society that is in many ways becoming more uniform ... that does not mean that we should necessarily always take the same route as other countries'.²

I would like to underline two key cases that happened in the UK and Italy that have been described in their different aspects by Paquita De Zulueta and myself.³ I'd invite you to read them.

In April 1989 in England, Tony Bland, aged 17, was trampled and crushed by a stampede at the Hillsborough football stadium — a disaster in which 95 people were killed. Nearly 3 years later, in January 1992 in Italy, Eluana Englaro, aged 21, lost control of her father's car while driving at night on an icy road and crashed into a lamp post fracturing her skull and neck. When these young people were admitted to hospital, both of them were found to have suffered devastating anoxic brain damage and both were later diagnosed as being in a permanent vegetative state. This situation lasted for many years.^{4,5}

We had two young people disastrously brain damaged and incapacitated provoking a painful and public debate regarding their future. In both cases the families wished treatment to end and were supported by the law, and in the UK case also the medical profession (but not the nursing profession). In Italy, the medical profession was divided and Italy appeared

to be in danger of sliding into a constitutional mayhem and theocracy. The religious stance, however, is relatively new (since 20 March 2004, when Pope John Paul delivered a papal allocution on the subject) and with the Catholic tradition in fact offering two competing viewpoints on the ethics of withholding or administering hydration.

Debates about permanent vegetative state vary greatly between countries, revealing the different visions of what constitutes the 'Good Life' and what it is to be human. In both cases mentioned some kind of legal compromise was reached: in Italy there was an acceptance that the individual's prior wishes are determinative, even though arguably, that person no longer exists, and in England a subjective quality-of-life assessment was made that permitted treatment to be discontinued in the full knowledge that death would follow. Both decisions aimed to reflect a compassionate and holistic view of what it means to be fully human.⁶

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Circumcision

In answer to the article's question — a religious obligation or the 'cruellest of cuts'? — neither.¹ No-one is obliged to be religious, and if they choose to be, there are plenty of religions where non-