The case for neutrality on assisted dying — a personal view

Dr Gerada’s article provoked an almost unprecedented mailbag at the BJGP, and many other responses have been posted on our discussion forum.

Roger Jones, Editor

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Dr Gerada is to be congratulated for her proposal that the Royal College of General Practitioners should adopt a position of neutrality over the issue of assisted dying.1 As she points out, Parliament should decide on whether the law should be changed, and the role of the College should be a resource of expert opinion on issues such as prognosis, safeguards, and the practicalities of helping terminally ill patients who wish to die.

By being neutral the College can foster reasonable rational debates, allowing the voices of all to be heard with equal respect, and will set an example for other Colleges to follow.

Sarah Wookey, West Bar Surgery, South Bar House, 6 Oxford Road, Banbury, OX16 9AD.
E-mail: sarah.wookey@nhs.net

REFERENCE
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I have read Dr Gerada’s article in which she recommends that decisions on end of life be made by Parliament and suggests that doctors ought not to have an input in such matters.1

However, within the article Lord Falconer’s report is quoted as if it were a fair assessment of the ‘assisted dying’ debate, when the membership of his committee was composed almost completely of supporters of euthanasia. The fact that Lord Falconer intends to reintroduce a further debate in 2013 suggests that he represents a pressure group and cannot by any stretch of the imagination be assumed to be a neutral observer.

Also quoted with approval was the introduction of the ‘Abortion Act’ when Lord Steele fronted the campaign but innocently had not perceived the floodgate he was helping to open. As a consequence, despite the protestations at its introduction that a conscience clause would protect nurses and doctors who had moral objections to being involved, there now exists a specialty area of medicine from which individuals are being excluded.

Doctors have every right to be involved. They will be the ones who will be asked to supply the drugs or to insert the venflon or needle. When opposing euthanasia, we are asking not to be given an increased power to kill, but to be given protection from pressures from individuals, relatives, administrators, and the State, who may desire the ending of lives prematurely.

Quoting bad cases as done in this article, is not conducive to producing good law.

Dr Gerada retires with well-earned credit from a time of challenge and difficult leadership. I deeply regret that she should as a final act, use her position to sway opinion in our College in a particular direction.

Eric J Mackay, 4 Conifer Place, Lenzie, Glasgow, G66 4EJ.
E-mail: mack305@tiscali.co.uk

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Clare Gerada has done a lot of good things since becoming Chair of Council at the RCGP: her regular e-mail updates are very good. Unfortunately her ill-judged article on assisted dying and changing the College position on the issue is unhelpful and deeply flawed.1

She makes the common mistake of giving weight to the Falconer commission. It is well recognised that the Falconer commission was a propaganda vehicle for Dignity in Dying, the pro-euthanasia pressure group. The commission was chaired by Lord Falconer, a member of Dignity in Dying and a prominent advocate of euthanasia and assisted suicide, the commission was by Dignity in Dying, it was funded by Terry Pratchett, a celebrity member of Dignity in Dying, and 12 out of 13 of the commission members were known supporters of assisted suicide and euthanasia. So the Falconer commission was in no way an unbiased and neutral observer on the issue, but a strongly pro-euthanasia and pro-assisted suicide report. Clare Gerada is either being naive or economical with the truth if she believes that the Falconer commission provides an unbiased and fair opinion.

Although advocating neutrality on the issue sounds very reasonable, it does in fact shift the College position towards legalising assisted suicide and euthanasia, so it is not a ‘neutral’ position to advocate this change. Repeated polls have shown the majority of
doctors to be opposed to assisted suicide and euthanasia, and despite repeated efforts by the pro-euthanasia lobby at BMA conferences, the BMA retains its opposition to assisted suicide and euthanasia.

The answer to suffering in terminal illness situations is not to kill the sufferer, or to aid them in killing themselves, but is in practising good palliative care. We are very fortunate in the UK in having a very good palliative care system, and improving overall standards of palliative care is the right way forward. It is interesting that the Netherlands has historically had very poor palliative care service, and their answer to much terminal suffering has been to kill patients rather than provide palliative care.

Finally it is questionable whether Clare Gerada has the right to use her position of authority to publicly express a personal view. I also trust that, in the interests of fairness, that the BJGP will be publishing in due course a viewpoint from an opponent of legalising assisted suicide, in order to give a balanced view.

Christopher Wayte, 
GP, Bath. 
E-mail: chrisallywayte@btinternet.com

REFERENCE

As a retired GP in his 80s [and therefore aware that assisted dying may be a practical and personal issue in the not too distant future] I greatly welcome Clare Gerada’s personal plea for strong general practice support for the case for neutrality.1 For many years I was a practice colleague of Ann McPherson. In spite of her personal suffering for several years from breast and then pancreatic cancer she found the energy to campaign on behalf of patients on many issues, finally, assisted dying. As her daughter Tess and husband Klim have said, her own pleas for personal assistance near the end were frustrated by the continuing failure to tackle this issue.

As a young GP in the 1960s, I remember the misery experienced by some young patients caused by resistance in the medical profession to abortion reform. As Clare Gerada says, this story is being repeated in relation to assisted dying.

Godfrey Fowler, 
Retired GP and Emeritus Professor of General Practice, Oxford University, 13 Squitche Lane, Oxford, OX2 7LD. 
E-mail: godfrey.fowler@balliol.ox.ac.uk

REFERENCE

Clare Gerada suggests that medical bodies should take a neutral stance on the issue of assisted dying and should not be publicly opposed to or support any change in legislation that may allow assisted dying for terminally ill, mentally competent adults. At the heart of the case for neutrality is the principle that the decriminalisation of assisted dying should be a matter for society as a whole to decide, using parliamentary processes. No particular group within it should have a disproportionate influence on this decision. On the other hand, individual healthcare professionals, as responsible citizens, are entitled, perhaps obliged, to express their views about the ethical and clinical case for a law allowing assisted dying for the terminally ill.

Two striking cases, one from the UK2 and one from Italy, were recently described by Paquita De Zulueta and myself, and illustrate both the differences and similarities in the debate about assisted dying in different countries, and illuminate the different visions of what constitutes the Good Life and what it is to be human. The increasing secularisation of British society has not yet led to the legalisation of voluntary or involuntary euthanasia, despite the greater emphasis on individual autonomy. Conversely, in Italy, where the Church occupies a more influential position, the law enshrines the doctrine of self-determination, but in practice this is hard to implement.

In both cases some kind of legal compromise was reached: in Italy there was an acceptance that an 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.3,4

Francesco Carelli, 
Professor, GP, University of Milan and Rome, Italy. E-mail: carfra@tin.it

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