

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 a *BJGP* article to express her personal view. As a doctor she is not allowed to let her personal views affect how she looks after patients, and it is questionable whether she should be allowed 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.

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REFERENCE

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Clare Gerada tells us that the collective view of GPs 'should be confined to speaking on those issues where we have an expertise that goes beyond that of the public'.¹ It would appear she does not believe 'assisted dying' to be one of these. I would be all in favour of the medical profession standing back from this issue provided 'assisted dying' isn't placed on the shoulders of doctors; as the campaigners want. They cannot be allowed to have it both ways: to insist that doctors should carry out 'assisted dying' but tell them they must stand back as a profession on the question of whether such practices should be legalised. Dr Gerada says that 'Parliament, not the profession, must decide this issue'. Parliament has

decided this issue on at least two occasions in recent years: the answer was No. The trouble is that pro-euthanasia campaigners will not accept the will of Parliament.

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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.

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Clare Gerada¹ 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,³ 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.^{4,5}

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