Euthanasia debate

Pro-euthanasia lobby represents the minority view in Britain

EDITOR,—The TV film "Death on Request" and the subsequent discussions have made a timely and important contribution to the current and inevitably continuing debate on the subject of euthanasia and related issues of care at the end of life.¹

In the United Kingdom we are pursuing a quite different path from that being followed in Holland and are well advanced on it. We favour a multi-disciplinary team approach developed and led by the hospice model of total and supportive care to patient, family, and professionals. This is quite different from the Dutch model as shown in the film, in which the intense loneliness and isolation of the three main players was so starkly portrayed, particularly that of the general practitioner.

We are all aware that we still have much progress to make, and adequate resources must be made available to enable us to maintain and develop our model of terminal care, which is so far in advance of many other countries. We should certainly not allow it to be put at risk by examples and arguments based on other cultures.

The arguments and examples deployed by the pro-euthanasia lobby will always be powerful and emotionally challenging but they are still the articulations of a minority of professionals and people in Britain. Individual examples, however compelling, should not be allowed to outweigh the need for strong advocacy on behalf of the numerically greater numbers in vulnerable groups such as elderly, mentally incapacitated, and disabled people. They would inexorably be pressured, put at greater risk, and subjected to further disadvantage by any change in our present law and therefore in end of life care and management.

No civilised society should have to contemplate terminating life as a substitute for caring and supporting, even at the very end. As a doctor actively involved in these day to day problems I found the film "Death on Request" helpful and enlightening. I am now even more certain, having watched it and listened to the arguments, that we have got it more right than wrong on behalf of our patients in Britain.

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1 Millard PH. Public deaths, private doubts . . . *BMJ* 1995;310: 746-7. (18 March.)

Euthanasia is still a criminal offence in the Netherlands

EDITOR,—Recently an act of euthanasia was performed in Holland and publicly screened on Dutch and British television.¹ The programme did not give the complete story about euthanasia in Holland, and your readers should be aware of the following points.

Firstly, euthanasia remains a criminal offence in the Netherlands under section 293 of their criminal code.

Secondly, despite attempted controls by the Dutch medical and legal profession, over 1000 patients a year have their lives terminated without

their specific consent. Unrequested non-voluntary euthanasia is creeping into Dutch medical practice—the "slippery slope" described by moral philosophers.

Thirdly, the hospice system is almost non-existent in the Netherlands—there are about 10 small hospices for a population of 14 million (Britain has more than 200 hospices with over 300 inpatient beds for a population of 50 million).

Fourthly, the patient portrayed on this television programme had a diagnosis of motor neurone disease, and most hospices in Britain are now expert in the physical, psychological, and social care of this and most other advanced neurological disorders.

Fifthly, in a debate that has become increasingly polemical, let us remember the compassionate ideals that obviously motivated Dr Wilfrid Van Oljen in performing this deed. Perhaps in other circumstances he might have been a general practitioner and clinical assistant in a British hospice.

Finally and most importantly, while maintaining a strong and principled stand against euthanasia the hospice movement needs to improve palliative care facilities where they are underdeveloped in the United Kingdom and where they are practically non-existent (many parts of eastern Europe, the Middle East, and the developing world). With this specific purpose a national multidisciplinary group of palliative care professionals has founded British Aid for Hospices Abroad (BAHA) to provide practical advice and support for those developing hospice care programmes.

Good palliative care is a potent antidote against the temptation to provide euthanasia.

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1 Millard PH. Public deaths, private doubts . . . *BMJ* 1995;310: 746-7. (18 March.)

Doctors may be ignorant of treatments for intractable symptoms

EDITOR,—In his review of "Death on Request," in which a Dutch patient with motor neurone disease was shown being given euthanasia by his general practitioner, Peter Millard was critical of the "vanity" which the doctor showed.¹ I felt that he showed great compassion and sincerity; what he did lack (and this was confirmed later in discussion on *The Late Show* the same evening) were the knowledge and skills to alleviate the pain the patient was already experiencing and the breathlessness and suffocation that were anticipated.

The proponents of euthanasia say that having this option is giving patients choice. More often, euthanasia is seriously considered because of ignorance on the part of the patient's medical adviser of other ways of dealing with apparently intractable physical or psychological symptoms. Without training and experience in palliative care, I too would have little else to offer. I would not have known of the effective treatments (opiates, benzodiazepines, hyoscine, etc) to alleviate the respiratory problems so feared by both patient and doctor.

Much of this knowledge is relatively new. General practitioners or hospital doctors cannot be expected to know it all instantly. What is required

is ongoing education of the professionals (hence of the public) of the developments in palliative care and the scope of specialist advice already available. Only then will patients have real choice.

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1 Millard PH. Public deaths, private doubts . . . *BMJ* 1995;310: 746-7. (18 March.)

Can society deny the right to die?

EDITOR,—I read Peter Millard's account of the programme "Death on Request"¹ with as much alarm as he had watching the programme. As a full time hospital doctor, perhaps he cannot relate to the more deeply attached and involved attitude of a general practitioner.

Having spent 40 years working as a general practitioner, I was as guilty as a high proportion of caring doctors who have helped terminally ill patients to a more speedy end. Hopefully for his patients' sake Professor Millard has done the same.

If one were to take a more detached view of euthanasia, perhaps it would be possible to accept another concept. On what grounds can it be argued that society should deny any human the right to die? It is unfortunate that nowadays in this politically correct world with a "do good philosophy" there is a determination to override the basic right of choosing when to die. There is no greater arrogance than acting in the belief that society knows best how one should conduct one's life and death. There is no need to involve the medical profession in euthanasia if this is deemed best. However, should doctors be involved, then as in the case of abortion those against euthanasia can opt out.

In view of the complexities, perhaps humility would be a good starting point for us all.

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1 Millard PH. Public deaths, private doubts . . . *BMJ* 1995;310: 746-7. (18 March.)

Death from motor neurone disease can be peaceful

EDITOR,—Peter Millard's review of "Death on Request"¹ raises several questions about the illness of Cees Van Werder de Joode and its "management" by euthanasia. From the film it appears that Cees was offered euthanasia as the alternative to a death from motor neurone disease when he would "probably suffocate" and "suffer terribly." However, palliative care offers an alternative to these extremes, and symptoms can be controlled so that death can be peaceful. A large survey of patients with motor neurone disease at St Christopher's Hospice showed that choking and suffocation do not occur.² A patient with motor neurone disease and his family can be helped to find the positive aspects of their life and can be helped to live until death comes naturally.

The programme may have encouraged further debate on euthanasia, but it showed a one sided approach to the care of terminally ill patients and