

# Choices and conjoint twins: a personal view

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There must be few parents who can fail to see the birth of conjoint twins as something of a disaster, varying in degree depending on the actual clinical situation. The parents from Malta had to face a situation towards the worse end of the clinical spectrum; they must have accepted local medical advice to take the problem to a centre with more experience of similar problems. Having gone so far, they were then persuaded that the best thing to do was to 'let nature take its course'. I cannot withhold respect and understanding from their reluctance to end the life of an organism, however flawed, in the interests of another who has the chance of an independent life. But were they right? The clerical answer was 'Yes'; the legal answer was (ultimately), 'No'. There is no 'medical answer' to which all doctors would subscribe; but in all humility and somewhat reluctantly, I personally am in the 'No' lobby.

There are at least three possible grounds for an absolutist 'Yes' answer.

- The position ascribed to the Jains – that all life is sacred, and must never be destroyed
- The belief that human life, however embryonic or abnormal, is in a sense 'sacred', and is to be preserved equally
- The view that the wishes of the parents take precedence over the perceived interests of the offspring.

I had come to a view on this matter in another context, as a member of the voluntary authority on *in vitro* fertilisation which preceded the present statutory authority. The consideration which convinced me most strongly was that, without research on early embryos, there would have been no IVF; and that further knowledge in the field could only be based on further research. So I supported research on early embryos within the BMA and elsewhere.

The situation with conjoint twins is, of course, a different matter. I personally find difficulty in

ascribing 'personhood' to an organism physiologically incapable of independent existence; nor is the situation resolved by ascribing a personal name to such an organism. There has been much writing by theologians and lawyers on what constitutes a person; but doctors also have an interest, and could lay more emphasis on capacity for independent life and on quality of life. In view of that comment, I must declare my opposition to medical participation in euthanasia.

Perhaps I am showing the cloven hoof of a pragmatic profession; but that there is now a child with a good chance of a proper life seems to me a good thing. May she bring the parents much joy, after their long ordeal.

A widespread reaction amongst those who disagree with a medical decision is to accuse doctors of 'playing God'. However, in this activity we are the merest amateurs compared with the dogmatic clerical fringe who are prepared, to the disappointment even of many of their own colleagues, to produce a taxonomy of churches by degrees of 'perfection', not recognizing that in this sort all are imperfect. My belief is that in their clinical work doctors should be relativist and not absolutist in their ethical stance, ie 'situational ethicists'. This is a position which I tried to support some years ago<sup>1</sup>; and in the specific recent instance, I think the Manchester doctors and their colleagues acted properly, both medically and ethically.

## Reference

- 1 Black D. Iconoclastic ethics. *J Med Ethics* 1984;10:179–82.

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