# From the Editor

*Clin Med* 2004;**4**:481–2

## The doctor's dilemma

Modern medicine continues to discover means for the preservation and the ending of life, and at the same time, patients are increasingly involved in making their own choices. It seems strange that while some members of society are seeking to preserve life at all costs, regardless of circumstances, others through a parliamentary Bill seek to legitimise the termination of a life which is considered 'intolerable'. Who should now assist in making such choices – the patient, the doctors, or lawyers in court?

Medical technology now has in its grasp tools to preserve life in ways unthinkable even half a century ago. The use of cardiopulmonary resuscitation, artificial feeding (in particular feeding by percutaneous endoscopic gastrostomy),[1] and of mechanical ventilation has posed dilemmas regarding the appropriateness of *artificially* keeping alive patients who are incapacitated with no hope of recovering function, or are dying from their disease.[2] These tools, inappropriately used, can deny patients the comfort of dying with dignity. It may be argued that the medical profession has failed many patients by providing individually futile treatments in an era of otherwise unprecedented beneficial medical advances. In some cases, we merely achieve 'prolongation of the process of dying'.[3]

Decisions to withdraw treatment at an appropriate time need to be made frequently in clinical practice. Experienced doctors are assisted in these complex areas by guidelines, for example when not to attempt resuscitation,[4] when it is appropriate to withdraw nutrition and hydration; and the use of strong sedation in those already diagnosed as dying of their disease.[2,5] They may also be helped by advice from the rising number of local clinical ethics committees,[6] or by this College's guidance on the persistent vegetative state.[7] With experience backed by appropriate guidance, doctors have hitherto been trusted by patients and/or their relatives to make decisions in the 'best interests' of the patient. Such decisions take account of the magnitude and complexity of the supportive invasive machinery needed to sustain a life which most would regard as 'intolerable'. The last 25 days of General Franco's life in 1975 provides an extreme example of this situation when four mechanical devices enabled doctors to use 'everything they have in a determined effort to keep him alive', representing a failure of common sense to recognise an otherwise unsustainable and indeed 'intolerable' life.[8]

Recent court cases have brought to our attention the desire of some patients to have life extended indefinitely regardless of their condition – in one case, a severely premature baby whose death without supporting machinery was inevitable,[9] in another, an adult (Leslie Burke) with a progressive neurological disorder.[10] In the first case, the court decided, on the basis of unanimous medical evidence, that further aggressive treatment, even if necessary to prolong life, was not in the baby's best interests; in the second, the court decided in Leslie Burke's favour, both sidelining the General Medical Council (GMC) guidelines[11] and shifting the power 'away from the medical profession into the hands of patients. It also however forms part of a less welcome shift of power out of the hands of practitioners and into the arms of the courts. Justice, for all her wisdom, is not always the best judge'.[10] The ultimate absurdity is represented by the case of a patient in Florida who had been comatose for 14 years but for six years conflicting court decisions alternated over whether sustenance could or could not be removed.[12] Whether or not a life is 'intolerable' will always remain a subjective judgement, whether determined by a patient, doctor or a lawyer. It is best decided by consensus between patient (or close relations) together with their doctor, and by the courts only if consensus cannot be achieved. It would be unfortunate if only the

courts could make these decisions, and the result of the GMC appeal in the Leslie Burke case is awaited.[13]

All doctors have humane concern for the alleviation of suffering, not least in patients entering the terminal phase of their illness. The advances in palliative care since its inception by Dame Cicely Saunders now help countless dying patients to achieve 'a good death' and should be accessible for all. In this sense, the intention of all doctors is to offer appropriate assistance to people when they are dying. In the Assisted Dying (Terminally Ill) Bill the words 'assisted dying' have another meaning: the active termination of life for those who perceive it as 'intolerable'. The Bill's chief aim is 'to enable the competent adult suffering unbearably as a result of terminal illness to receive medical assistance to die at his own considered and persistent request'. Its intentions are controversial, much discussed in the press, and a matter for society to decide upon. The Royal College of Physicians approach is therefore one of studied neutrality. The pros and cons of this Bill are presented by Professor Tallis and Professor Saunders in this issue.[14]

So who should make these complex decisions? Doctors usually (and should always) consult patients with regard to their wishes when treatment choices have to be made, or discuss them with relatives when the patients themselves have lost the capacity to do so. The emphasis now lies increasingly with patient choice, with or without regard to medical opinion. While patients expect respect for their autonomy, it cannot be right or desirable for them to continue with a futile treatment or to persist with treatments where the adverse effects are greater than the benefits. Autonomy, after all, 'must be exercised in a context of human obligations rather than an exclusive one of individual good. In practice we do override individual preferences in all sorts of situations – most obviously by having laws at all'.[14] Furthermore, as Baroness O'Neill has pointed out, individual autonomy can be a 'highly selective and incomplete basis for ethics or for medical ethics'.[15] Even rational autonomy may result in choices which may be morally inadequate. And as the law now stands, doctors cannot be compelled by their patients to offer futile treatments.

Doctors' training aims to enable them to make such grave decisions in the many clinical situations which they face daily. Perhaps in the technological era of the 21st century the age-old medical commandment, recently quoted by Lord Donaldson in the protracted *Times* correspondence, that 'thou shalt not kill, but need not strive officiously to keep alive'[16] is no longer itself sufficient, although one would hope that much consensus and common sense in making such decisions will remain.

## References


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PETER WATKINS

## The position of the Royal College of Physicians on assisted dying

*Professor Carol Black, President of the Royal College of Physicians, writes:*

The Royal College of Physicians comprises physicians of many cultures and beliefs. Its remit is to determine the quality of training and medical care. It cannot therefore take a collective stance on a single moral issue, in this case euthanasia; and in this situation doctors act as private citizens. The College's Committee on Ethical Issues in Medicine and the Council discussed the arguments at length and concluded that:

a) The moral case regarding the desirability or otherwise of assisted dying was a matter for society to decide, concluding therefore that it must take a position of neutrality;
b) Doctors – and hence the College – had a special responsibility to identify the practical and clinical issues that might arise if the Assisted Dying Bill[1] were enacted in law.

This view was captured in our submission to the House of Lords. And while media headlines such as that in *The Times* may have suggested that the College is in favour of the Bill,[1] our position is one of studied neutrality.

We wish to encourage wider debate within the College once the Select Committee has made its recommendations. To this end, Professor Raymond Tallis (Chair of the College Committee on Ethical Issues in Medicine) and Professor John Saunders (Secretary of the College Committee on Ethical Issues in Medicine) are publishing a joint paper presenting views for and against the proposals in this issue of *Clinical Medicine.*

[1] The Assisted Dying for the Terminally Ill Bill 2004: House of Lords Select Committee.