

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.

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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 Bill¹ 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.