

# letters

## TO THE EDITOR

Please submit letters for the Editor's consideration within three weeks of receipt of the Journal. Letters should ideally be limited to 350 words, and can be submitted on disk or sent by e-mail to:

Clinicalmedicine@rcplondon.ac.uk.

### Assisted Dying for the Terminally Ill Bill, 2004

Editor – It is both regrettable and reprehensible that the RCP Committee on Ethical Issues in Medicine presented a neutral stance on euthanasia to the House of Lords Select Committee on the Joffe Bill, and felt it right to leave any decision on the matter to 'society as a whole'.

'Reflective physicians ... have an obligation to be informed and to inform public debate. So do medical institutions...' – including the College (*Clin Med* November/December 2004, pp 534–40). Of course, 'society as a whole' will eventually make the decision, but it is not acceptable for us

simply to leave a matter of such fundamental importance – in effect – to the editors of tabloid newspapers. There is reason to think that the 'neutral stance' has been seen by many, including the Select Committee, as giving a 'green light' to the proposed Bill. A poll by Opinion Research Business in 2003 demonstrated that 60% of doctors opposed physician-assisted suicide and 61% opposed euthanasia.<sup>1</sup> The College should have supported the nurses and the BMA. The passage of such a Bill would gravely undermine the whole ethos of medical practice. The College's fundamental change of stance could only be justified by a poll of Fellows and Members.

Space does not permit detailed analysis

of the arguments, which are carefully considered and set out in the recent paper, but Professor Tallis seems to have a rosy view of the Dutch situation. It has been claimed that some in Holland are now sufficiently worried to go abroad in the event of serious illness, precisely to avoid any risk of euthanasia. Euthanasia was prompted there by a lack of palliative care facilities in the first place and their enhancement is an understandable reaction rather than a response.

I am surprised that religious faith and religious experience have barely received a mention, since they are important in this context, both to patients and to physicians.

### Reference

- 1 Poll by Opinion Research Business, May 2003, conducted through doctors.net.uk, to which 986 doctors responded. [www.opinion.co.uk/documents/EuthanasiaAssistedSuicidePresentation-FV.ppt](http://www.opinion.co.uk/documents/EuthanasiaAssistedSuicidePresentation-FV.ppt)

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Editor – I am horrified to hear that the College's stance towards euthanasia in relation to the Assisted Dying Bill is one of 'neutrality', thus leaving this important moral decision to the general consensus of society. If the College is unable to take a moral stance on such a vital issue, then I wonder who is? Should we also therefore leave it to society to decide on all other medical ethics? If that is the case, then parents for example should be able to decide to have their loved ones resuscitated despite it being futile and contrary to medical opinion? Also, majority opinion does not make something morally right. The Communist revolution is a good example of this. Because society deems euthanasia acceptable it does not by default make it morally right.

The College, by its very inception, was founded to benefit the public by offering a high moral standard of safe ethical clinical practice, and was founded on absolute Judeo-Christian principles. Once we lose sight of this solid firm foundation then the whole meaning of right and wrong disappears. What is the point of even having ethics committees if they themselves are neglecting their responsibility to protect the

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

The College's stance of neutrality in relation to the proposed Bill on Assisted Dying for the Terminally Ill has been misinterpreted by many who believe that it represents either an attitude of indifference, or suggests its support for the Bill. Neither of these interpretations is correct. In correspondence both to the President of the Royal College of Physicians and to *Clinical Medicine*, Fellows have criticised the failure of the College to present a clear moral case against a Bill promoting euthanasia, and five of these letters are published here. Opposition to the Bill by many Fellows was evident from lengthy and informed discussions both in the College Council and in the College's Committee on Ethical Issues in Medicine, where strong views were expressed that the College should oppose the Bill. Yet it has become clear that physicians are not unanimous on this issue, and that there are many who support its intentions. It was as a result of this division of opinion that the College has presented views for and against the Bill both to the House of Lord's Select Committee and by publication in *Clinical Medicine*.<sup>1</sup> The College is not indifferent to this critical issue.

### Reference

- 1 Tallis R, Saunders J. The Assisted Dying for the Terminally Ill Bill 2004. *Clin Med* 2004;4:534–40.

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