

Reference

- 1 Ernst E. Acupuncture – a critical analysis. *J Int Med* 2006;259:125–37.

Assisted dying

Editor – Though I do not for a moment question his *bona fides*, I believe that Stephenson (*Clin Med* July/August 2006 pp 374–7) is profoundly mistaken and, indeed, that he condemns his position with his own arguments. He says that ‘in most cases [my emphasis] the physical symptoms of terminal illness can be relieved’ and that even where patients have complex symptoms ‘they can *usually* [my emphasis again] be alleviated.’ These statements are obviously correct but are, frankly, irrelevant: as Stephenson himself agrees, those who advocate the availability of assisted dying do so in relation to an ‘extremely small proportion [of terminally ill people]’; however small that proportion may be, the fact is that such people exist, as is eloquently demonstrated by another author in the same issue.¹ There are people who are resistant to opiates or who find their side effects intolerable and the same goes for the most commonly used anti-emetic drugs. What are we going to provide for these people?

No one would suggest that assisted dying is an easy matter on which to legislate, but with sufficient determination it is possible to set aside absolutist arguments and to provide for the needs of vulnerable people even in contentious areas, as the 1967 Abortion Act showed. I would remind Stephenson, incidentally, that the Hippocratic oath also forbids abortion, yet many doctors are content to terminate pregnancies under appropriate circumstances.

Stephenson’s attempt to raise a series of moral absolutes in opposition to assisted dying is honourable but ultimately illogical: for example, to say that some doctors will ‘kill or facilitate the killing’ of their patients is an emotive statement which bears no relation to the reality of what is being discussed. In the days of surgery before sepsis and proper anaesthesia, operative and post-operative mortality was high, yet it would have been wrong to have described surgeons as ‘wounding or facilitating the wounding’ of their patients.

Whilst it may well be the case that the general public’s understanding of this area is inadequate, I firmly believe that they have got hold of a truth which many professionals are trying to deny, namely that the choice of the time of one’s death is a fundamental human right and that it is not the place of legislators or health professionals to deny that right.

ROGER A FISKEN
Consultant Physician
Friarage Hospital
Northallerton, North Yorkshire

Reference

- 1 Anonymous. A personal view of assisted dying. *Clin Med* 2006;6:412–7.

In response to Fisken

My statements about what can be achieved by palliative care are hardly irrelevant as it is important to establish the benchmark for what is possible. The appalling care highlighted by the author in the same issue, to whom Fisken refers, although tragically all too common is nonetheless suboptimal.¹ Palliative care is certainly not a panacea for all end-of-life ills, but whatever the limitations there is always something that can be done to bring a measure of relief.

There will always remain some people who would like the option of assisted dying. However, at what cost to others do we elevate their autonomy above other concerns? Fisken’s faith in our legislators is admirable, but I’m afraid that I have rather less faith in human nature. He does his cause little favour by making the comparison with the 1967 Abortion Act. I doubt those who framed that legislation would have had any idea that the result would be abortion on demand, with only a tiny fraction of these being for foetal abnormality. Furthermore, while some may argue that there is scope for debate over viability of life or personhood of an embryo, there is absolutely no doubt that assisted dying involves ending a life.

While ‘kill’ and ‘facilitating the killing’ may be emotive terms, I’m afraid they do accurately represent the reality of what is being discussed. Euphemisms cannot hide the fact that the intention in assisted dying is to unnaturally end a life, and there is a world of difference between this and death

resulting as a complication from surgery in which the intention is to save life.

On his final point, we will simply have to disagree. We hear much about supposed human rights, and very little about responsibilities. I do not accept that the choice of the time of one’s death is a fundamental human right, and I would be interested to know the premise on which this assertion is made. If Fisken really believes this, and if this ‘right’ is not to be denied to people by legislators and health professionals, then presumably he would advocate that assisted dying be available to anyone who asks, of whatever age and whatever condition of health? A slippery slope indeed.

JEFFREY STEPHENSON
St Luke’s Hospice, Plymouth

Reference

- 1 Anonymous. A personal view of assisted dying. *Clin Med* 2006;6:412–7.

Assisted dying

Editor – While I share some of Dr Jeffrey Stephenson’s concerns regarding assisted dying, I feel that several of the points raised need further attention. Firstly, I think it is presumptive to state that most of us working with the terminally ill are strongly against a change in the current law. Those physicians working in palliative medicine who have spoken out on this subject tend to be strongly against assisted dying. I’m sure that there must be other workers in palliative medicine, however, who have been examining the moral issues involved and feel that they cannot dismiss the idea without further discussion and thought.

Secondly, I have worked with patients who had symptoms that could not be alleviated through palliative care. These have included patients with progressive neurological disease who were profoundly disabled, but who had no remedial symptoms such as pain or nausea, and cancer patients who have had symptoms such as fatigue and weakness, which we have been unable to reverse. There may be a very small proportion of our patients who, whatever we do, wish to end their lives, and this should be acknowledged.

With regards to violation of the Hippocratic oath, a longstanding tradition