

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 sent by email to: Clinicalmedicine@rcplondon.ac.uk

Committee for Ethical Issues in Medicine

Editor – The excellent paper by John Saunders (*Clin Med* October 2008 pp 508–11), outlining the role of the Committee for Ethical Issues in Medicine (CEIM), Royal College of Physicians (RCP), describes the role the RCP played in the recent euthanasia debate. It demonstrates with great clarity why I feel that the many RCP members who support euthanasia have been let down by the College.

The function of any ethics committee is to debate the ethical issues involved in a topic and give a reasoned view on what could be considered ethical and what is not. Questions to be considered in the euthanasia debate include: can euthanasia be considered ethical per se? Can euthanasia be delivered ethically within a legal framework? Is it ethical to withhold the option of euthanasia from competent autonomous terminally ill adults? Any ethics committee, including the CEIM, should provide a commentary and a view on these and allied questions to inform the debate. Rarely, if ever, can a yes/no answer be given. Yet this is what CEIM has done.

By using one simple binary question, a complex topic has been distilled into a single yes/no answer which has informed the RCP response. I would expect the RCP to take a more sophisticated approach that takes into account all shades of ethical and pragmatic opinion. The response should include a discussion of the ethics of the

many issues involved, describing what it considers acceptable and unacceptable. The views of the Fellows and Members have a place, though I would like a more extensive and unbiased set of questions. The views of all Fellows and Members should be represented without the editorial comment of the CEIM or the College Officers.

Democracy requires rule by the majority with reference to, and respect for, the views of the minority. It is frequently possible to have the views of many groups catered for. The bill that was being considered would not have made euthanasia compulsory. It would have made it possible for those who wished to treat and be treated. Those doctors and patients opposed to euthanasia need not get involved. By rejecting this bill, those opposed to euthanasia, possibly the majority of Fellows and Members of the RCP, have imposed their will on those who support and welcome it. Supporters of euthanasia do not, however, want to impose our will on its opponents.

The CEIM have played a part in denying a section of society an option that they feel is ethically justifiable and legally controllable. They have done so without a clear and full discussion of the issues but by opinion poll politics.

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In response

Despite a large amount of information in *Clinical Medicine*, *College Commentary* and *Newsletter*, Maurice Buchalter does not appreciate the different roles of the RCP's Committee for Ethical Issues in Medicine (CEIM), College Council, senior College officers or the (independent) editor of *Clinical Medicine* in RCP debates around euthanasia. Any 'editorial comment' in the recent analysis¹ of 2,143 free-text comments from the 2006 consultation is mine, not the CEIM's or RCP officers'. A decision to change the law – not a specific question about Lord Joffe's Third Bill, which was not about euthanasia anyway – is necessarily a binary decision, whatever the complexities of the debate. As regards provision of commentary, several pieces have directly^{1–4} or

indirectly⁵ informed Fellows and Members on these issues.

We have striven throughout to ensure that both minority and majority views have been encouraged and respected. As the post-consultation statement says, 'Council acknowledges that a significant minority of its Fellowship and Collegiate Membership support a change in the law...encouraging its Fellows and Members *in their diversity of views* [emphasis added by author] to play an informed role in continuing debate'. As I wrote elsewhere, a 26% minority view is important: 'No triumphalism here. The RCP has tried to avoid the elective dictatorship we see in political life. Nowhere is this more important than in ethical issues where division can be sincere, well argued and deeply felt'.⁶

I'm sorry Maurice Buchalter didn't like the consultation outcome but his view of opponents unfairly imposing their will while supporters don't is naive. Regardless of his personal position, surely he can acknowledge that opponents of euthanasia – or animal experimentation or abortion or a host of other issues – think it is wrong and should not be permitted in our society. It's about ethics, not etiquette or personal taste.

Finally, I agree with him that, with a return rate of around 35%, most Fellows and Members are probably opposed. As Council's statement says, 'in view of the strong majority view...a reasonable opinion of the overall opinion of its Fellowship and Collegiate Membership can be drawn'. Given the sustained press campaign since then it may, of course, have changed.

JOHN SAUNDERS
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References

- 1 Saunders J. What do physicians think about euthanasia and physician assisted suicide? *Clin Med* 2008;8:243–5.
- 2 Tallis R, Saunders J. The Assisted Dying for the Terminally Ill Bill 2004. *Clin Med* 2004; 4:534–40.
- 3 Saunders J. Assisted dying: considerations in the continuing debate. *Clin Med* 2005; 5:543–7.
- 4 Hoffenberg R. Assisted dying. *Clin Med* 2006;6:72–4.
- 5 Saunders J. Ethical decision making in