

[youtube:https://www.youtube.com/watch?v=AUyt0f_2_sQ]
No Cure for Medical Madness

As a care of the dying specialist in the past I have often been asked to kill people - which is euthanasia, mercy killing or assisted suicide.

The article is based on an address given in the House of Lords, Westminster to Members of both Houses of Parliament in the early 1990s, and on what I wrote in my first book The Truth about AIDS published in 1987. Many country laws have changed since but the principles of good patient care described below have not.

Sometimes relatives have taken me on one side and told me they cannot bear it any more: "Isn't there something you can do to end it all?"

More often requests for euthanasia have come from those who are ill. I remember visiting a man with lung cancer. He asked his wife to leave the room. As she closed the door he leaned over and grabbed my arm. "I want to die", he said. "Please can you give me something." He felt a burden on his wife and wanted euthanasia for himself. People are often more afraid of the process of dying than of death itself.

Many pro euthanasia campaigning groups are hoping that doctors and relatives will soon win legal rights to kill people, or to help them commit suicide. That's if they are close to death, and suffering physically, regardless of whether or not they are getting the right symptom control and other support.

On the other hand, there are also many strong anti euthanasia groups with strong arguments. What position should we take?

The literal meaning of the word euthanasia is "mercy killing".

Countries which allow euthanasia have poorly developed hospice care.

The hospice movement started in the UK country because people were dying badly, often in pain. In the last 35 years over 220 hospices have opened and most large hospitals now have specialist nurses. Almost 160,000 people each year are visited by home care teams. We have seen similar dramatic growth in the US. In comparison, countries like Holland where euthanasia is commonly practised have poor hospice facilities. Euthanasia can be a lazy option. Doctors may never realise they have anything to learn.

Relieving pain, restoring dignity, quality of life and giving people back control over their lives is far better than fatal injections. Most people are visibly relieved when I tell them euthanasia is not an option. When symptoms are properly controlled, fears dealt with, appropriate practical, emotional and spiritual help is provided and people feel safe, it is very rare for people to ask again for death by euthanasia.

Euthanasia will rapidly destroy trust between doctors and the dying. As it is, people commonly fear hospice care in case it shortens life. What if they find out some people are being actively killed?

Proper pain relief is not a form of euthanasia.

Some say that pain relief is a form of euthanasia anyway. This is nonsense. The strongest painkillers merely replace naturally occurring endorphins in the brain, deficient in chronic or severe pain. You don't make a junky out of someone with a broken leg just because you give an injection of heroin. The situation is quite different in someone who is healthy, well and pain free, or given a massive overdose.

I have seen people on very high levels of painkillers for long periods - there is no "correct dose" except the dose which relieves pain. The medication has been stopped the day after special surgery or nerve blocks, with no withdrawal symptoms.

Legalised euthanasia for one group of people would inevitably be stretched over time to include another, and could put at risk a generation of the elderly, frail and emotionally vulnerable as collective pressure grows to ask for early death. Never underestimate the strains felt by the old and ill, increased with every media report of scarce resources, waiting lists and spiralling costs of high tech medicine.

Medicine gone mad.

We have to recognise that part of the pressure for medical killing is over-treatment. Many so-called advances are merely medicine gone mad, delivered by doctors who cannot face "failure". Quality of life can disappear under a forest of needles, wires, electronic gadgets and surgical procedures.

Time after time I have seen those who are dying trapped in hospitals waiting for useless tests when they want to be at home. Others in coma following accidents or strokes often linger for months, hovering in that twilight zone between life and death, sustained by massive effort even when there is no hope of meaningful future existence.

Medical madness can be horrific. A friend went into hospital at the age of 75 for surgery which found inoperable tumour. She was a woman with strong faith, at peace, sustained by hope of eternal life. A day or two later she had a heart attack and was dying peacefully, as she had often prayed she would. But despite her wishes for "no heroics" the "crash" team was called and violent attempts were made to revive her with massive electric shocks and injections. She died anyway - without peace or dignity because no one stopped to think.

Planning in advance.

As a reaction to bad medicine, many are now writing down in advance what they want to happen at the end of their lives and want it legally binding. Communication is always a good thing and anything that helps a doctor to understand a patient's wishes is surely to be encouraged. Treatment decisions are often difficult and a strongly expressed view can be very helpful - even if written in advance.

It can be hard to be allowed to die - and I am not talking about euthanasia which is a deliberate act designed to kill. If I was dying of advanced cancer with many complications I would make it clear that my next pneumonia should be my last. There is no need to "strive officiously to keep alive", so why pump me full of antibiotics?

However the moment such directives are backed by law then doctors will risk prosecution if the exact wording is not followed, regardless of circumstances - medicine by lawyers. But as with euthanasia, you would have to be absolutely certain the person was not depressed at the time, under pressure or feeling a burden, was properly informed and would not have changed their mind later and so on (people often change their minds).

Involving Parliament, Supreme Court, laws, police, magistrates, judges, jury and prisons is an utterly disastrous way to care for the dying. New legislation is unnecessary, undesirable, inappropriate and will probably be unhelpful.

BMA and Royal College of Nurses are worried.

The British Medical Association and the Royal College of Nurses are both against the legalisation of euthanasia or physician-assisted suicide, as indeed I am. The same is true of professional associations in many other nations. However a Lords Select Committee in the UK has urged that Parliament debate euthanasia soon. Lord Joffe introduced a Bill that would make it legal for doctors or relatives to help people to die if they are suicidal, have a terminal illness and are felt to be experiencing "unbearable" suffering, are over 18, competent to make their own decision and have been living in the UK more than a year - to prevent arrival of "death tourists".

Assisted suicide is where someone helps another person end their life when they can't commit suicide on their own, whereas voluntary euthanasia requires a doctor to do all the work of killing. Involuntary euthanasia is where the person is killed regardless of their own feelings in the matter.

The panel of peers proposed replacing "unbearable" suffering, with "unrelievable" or "intractable" suffering or distress, also a clearer definition of mental competence. A conscience clause would protect medical practitioners who were opposed to the new law.

The situation is further complicated by clauses in the otherwise excellent Mental Capacity Bill passed in April 2005 – which allow people in advance to decide to refuse treatments, including food and liquid, if they are severely mentally incapacitated.

However, the real answer lies not in more laws but proper medical training, good communication, compassionate common sense and expert appropriate treatment taking into account the expressed wishes of each individual.

Courage to keep life out of law courts.

I hope that the UK Parliament has the courage to keep care out of court, encourage better

medical training and to leave the law alone - and that the same thing happens elsewhere. As Dr Peter Saunders of the Christian Medical Fellowship says: "We should oppose voluntary euthanasia on the grounds that it is unnecessary (because alternative treatments exist), dangerous (because of the slippery slope) and morally wrong (it is contrary to all historically accepted codes of medical ethics and the Judeo-Christian ethic)."

The article is based on an address given in the House of Lords, Westminster in the mid 1990s.

* I trained as a doctor at Kings College, Cambridge and Imperial College London (Charing Cross Hospital). I specialised in hospice medicine, worked at the world's first hospice, St Joseph's in Hackney, London, did an elective at St Christopher's Hospice, and have lectured widely to doctors and nurses across the UK on palliative care / pain control in the dying. I have published original research into use of slow release opiates in end-of-life care, and presented on this topic at medical / palliative care conferences in Scotland and Australia as well as giving a keynote in the Palace of Westminster to MPs and Lords on pain relief and related end-of-life issues, arguing against legalisation of euthanasia. I was the doctor in charge of University College Hospital's Palliative Care Team from 1985-1988, providing symptom control advice not only to UCH patients in the community, but also on the wards. From 1988 to 1994 I was clinician providing symptom control advice to Home Care Teams working across London, run by ACET UK, a registered charitable foundation. I have always been against euthanasia being legalised, have given many interviews over the years on radio and TV on this and related matters, and have been a member of the Advisory Council of the Christian Medical Fellowship for over 15 years, which has always campaigned against any form of euthanasia being permitted under UK law. The UK Hospice movement has always opposed legalisation of euthanasia.