

Assisted dying safeguards are bound to fail

SIR - The Marris Bill to allow assisted suicide has a number of serious flaws (Letters, August 27).

To begin with, it is usually impossible to say how long a patient has to live, and to pretend we can restrict killing to those with less than an arbitrary six months to live is meaningless. This is a restriction that will rapidly dissipate.

Secondly, doctors do not simply do what patients want. For example, GPs are expected not to give antibiotics to patients simply because they want them, as this will lead to antibiotic resistance. Instead, they offer advice and treatment based on training and experience; and patients cannot impose their moral beliefs on doctors.

John Allen FRCS

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SIR - The 89 doctors who argue against the Bill on assisted dying (Letters, August 24) claim that they wish "to do no harm".

As a veterinary surgeon, I am pleased to be able to euthanise animals in my care when it is clearly in the animal's best interest to do so.

Medics do far more "harm" to their long-suffering patients by refusing to accede to their clearly expressed wish to die decently when they have had enough.

Professor Twink Allen

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SIR - I consider it an ethical stretch to argue that the principle of "first, do no harm" could be interpreted to cover the deliberate taking of life, as Dr Adam Moliver suggests (Letters, August 25).

Arthur Bayley, in his letter on the same day, asserts that doctors should put their patients' wishes above their own, which implies that we should expect doctors to leave their consciences behind when working.

I would not want to be treated by such a doctor. There is a vast difference between alleviating suffering and deliberate killing. Any debate on this subject should not assume that the terminal action (and thus the responsibility for taking a life) will form any part of a doctor's duties.

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