

Death on demand

SIR - Tomorrow, the doctor-patient relationship will be irrevocably changed if physician-assisted suicide begins its passage into law. Within a decade the safeguards will have been challenged, weakened and breached.

Far better to extend hospice-style palliative care and for us all to be clear where our doctor's duty lies.

Cdre Malcolm Williams RN (retd)
Southsea, Hampshire

SIR - At one point, legal abortion was available when the life of the mother or child was considered, by two doctors, to be at risk if the pregnancy continued. From this point, it has progressed to being available virtually on demand.

Can we not see that this is the same path that assisted dying will take: at first for the supposed benefit of the patient, but before very long legally available on demand?

Shirley Puckett
Tenterden, Kent

SIR - Peter Holt (Letters, August 29) is right to highlight the need for skilled and compassionate palliative care in hospitals.

More than 50 per cent of people in Britain die in hospital, and they deserve the same quality of care as they would receive in a hospice. Well-trained palliative care staff therefore need to be available on site.

It takes extensive training and skill to recognise when a patient is dying, to ensure they are comfortable in their final days, and to discuss what is happening with the patient and the family.

Patch (Palliation And The Caring Hospital) is a new charity dedicated to ensuring patients and their families have access to such palliative care.

Sir Michael Nairn
Chairman

Dr Pamela Levack
*Medical Director, Patch Scotland
Dundee*

SIR - We in New Zealand are having a similar debate over assisted suicide and legal euthanasia.

Most people assume that doctors can accurately diagnose terminal illness and predict how long someone has left to live, but this is not always the case. A dignified death is not guaranteed.

Research in Holland has shown that death by euthanasia and assisted suicides can involve complications, including fits, vomiting or waking up again after a drug-induced coma.

Assisted dying and euthanasia are both, ultimately, tools for abuse of the elderly. Far from being a treatment of last resort for a tiny minority, they will become therapies of choice for depression, fear of the future and fear of becoming a burden on the family.

Who is to say this might not become the norm for the severely disabled or those unable to speak for themselves?

Ann Griffith
Auckland, New Zealand

Shirley Puckett 10th September 2015