

Storm as doctors are told: Choose if patients live or die

Removing feeding tubes 'is euthanasia by stealth'

By **Steve Doughty**
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DOCTORS will be able to decide to end the lives of patients with severe dementia or other degenerative diseases if proposals from their own leaders are adopted.

The guidelines say consultants or GPs should be allowed to remove tubes giving food and water to those who cannot feed themselves – even if they could otherwise live for years.

However, the British Medical Association's draft ruling to withdraw nutrition and hydration tubes was condemned as 'euthanasia by stealth' yesterday.

The BMA's document follows legal test cases in which judges ruled that NHS staff no longer need a court's permission to withdraw artificial nutrition and hydration from a patient who is incapacitated and unable to speak or feed themselves.

Last month, the Supreme Court backed the right of doctors to end 'clinically-assisted artificial nutrition and hydration' as long as they had the agreement of a patient's family.

Removal of the tubes means that an incapacitated patient will die of thirst and starvation.

The BMA said doctors should be able to end the lives not only of patients close to death or in deep comas, but of patients with more common degenerative conditions, including advanced dementia.

Around 850,000 people are thought to have dementia in Britain, with the figure expected to exceed a million by 2025.

It claimed the proposal should cover 'those patients who have a recognised degenerative condition – such as advanced dementia, Parkinson's or Huntington's disease – that is likely to result in the

'Vulnerable to abuse'

patient being unable to take sufficient nutrition orally'.

'This is the most chilling thing I have ever heard'

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Horrified: Sian Vasey fears doctors could let her die

SPINAL patient Sian Vasey said the BMA proposals were 'the most chilling thing I have ever heard' yesterday.

Miss Vasey, who has spinal muscular atrophy, said: 'If I reach the point where I can't eat, drink or talk, then I am in trouble.'

'It is already the case that I can't feed myself. If the talk goes I would have to rely on somebody to speak for me. It's a nightmare.'

'I worry about what will happen if I have to go into hospital. Often people are admitted to hospital unable to speak or move, but they get better.'

'Under these rules many will not have a chance to get better.'

Miss Vasey's condition means that she has never been able to walk and that she needs carers to provide routine help, including assistance with eating and drinking.

Spinal muscular atrophy leaves patients with weak limbs and movement problems, together with difficulties in swallowing and breathing.

The effects of the condition often get worse over time.

Miss Vasey, 62, of west London, has no close family to look after her and

would rely on friends to speak for her should she be admitted to hospital.

She added: 'I did have to go into Ealing Hospital recently with a broken arm.'

'I need someone to help me eat and drink and so I asked if someone could stay with me.'

'The hospital didn't like that at all - they were very aggressive about it and said that I could not have someone beside me.'

'But I rely on having someone there to help me eat and drink.'

Miss Vasey, who campaigns for the disability group Not Dead Yet, is among those who would like to be able to write a living will requesting that she continue to be treated should she be admitted to hospital unable to speak for herself.

However, the only living wills that have legal force and must be followed by doctors are those requiring medics to withdraw treatment.

Under the law, hydration and nutrition given to incapacitated patients by tube counts not as food or basic care, but as medical treatment.

be almost impossible to work out what has happened in a given case and there are no legal mechanisms for bringing abusers to justice.'

Professor Patrick Pulicino, of East Kent Hospitals University NHS Trust, who helped expose hospital deaths under the discredited Liverpool Care Pathway, said the proposals were 'terrible'.

He added: 'It codifies practices of withdrawing food and fluid at end of life and thereby encourages it. It facilitates the extension of end-of-life pathways to people with neurological diseases who are not dying - a very negative thing.'

The BMA said that in cases where patients die after the withdrawal of nutrition and hydration, this should not be mentioned

on death certificates, with only the underlying original condition given as the cause of death.

Professor Pulicino said this 'directs doctors to falsify death certificates', adding: 'It will conceal the statistics of patients who are being dehydrated to death.'

Doctors are told that to decide whether a patient's best interests lie in dying they should consider the chances that their condition will improve, what their quality of life is, and what their views on whether they wish to live on in their condition are likely to be.

The test case that allowed doctors to decide patients should die was made by the Law Lords in 1993. They said 22-year-old Tony Bland, a Liverpool FC fan who

received brain injuries at Hillsborough in April 1989, should be allowed to die. This defined artificial nutrition and hydration by tube as treatment that could be stopped if it was not in a patient's interest to be treated.

In 2005, the Mental Capacity Act said nutrition and hydration should be withdrawn if an incapacitated patient left a living will.

The BMA document was circulated in June following court rulings in 2017 which, it said, meant there was no requirement for court approval before removing nutrition and hydration tubes.

Last month, the Supreme Court ruled in the test case of a person known as Y that doctors can let a patient die without court guidance.

A BMA spokesman said decisions about withdrawing clinically-assisted nutrition and hydration (CANH) presented 'clinical, ethical and legal challenges'. He added: 'Following legal developments, the BMA has been working with the Royal College of Physicians and the General Medical Council to produce guidance.'

'CANH is a form of medical treatment. The aim of medical treatment is not simply to prolong life at all costs, and the courts have been clear that in some circumstances it will not be in the best interests of patients to receive it.'

He said the final version of the guidance would reflect the latest Supreme Court ruling.

Comment - Page 16

It added: 'Due to the degenerative nature of their condition, these patients are on an expected downward trajectory and will inevitably die, usually as a result of their underlying condition, although perhaps not imminently and could go on living for years.'

Stroke patients and those with 'rapidly progressing brain injury' could also be included.

Decisions on removing nutrition and hydration tubes should be taken by consultants for hospital patients, or GPs for those in nursing or residential homes or living in their own homes.

However, families or friends should be consulted, but would not have the final decision.

But doctors and campaigners opposed to euthanasia and the deliberate termination of life by medical staff criticised the suggestion last night.

Dr Peter Saunders, of the group Care Not Killing, said: 'This is a recipe for euthanasia by stealth, but all in the name of autonomy and best interests - the very worst kind of doctor paternalism justified on the grounds that the patient would have wanted it.'

'There are conceivably tens of thousands of patients in England and Wales who are vulnerable to the abuse of this guidance. It will