

Green light to let patients die without asking judge

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PATIENTS in a permanent vegetative state will be allowed to die without a judge's approval after a landmark Supreme Court ruling.

Food and water can be withdrawn without asking a court - provided the patient's doctors and family agree.

The ruling removes some of the confusion left by 25 years of arguments by doctors, lawyers and campaign groups over how and when to end the life of a patient with no hope of recovery.

However, it drew warnings that an essential safeguard protecting the lives of the most vulnerable people has been swept aside.

Anti-euthanasia campaigners involved in the case said in future life-and-death decisions 'will be more influenced by those who have ideological or financial vested interests'.

Five Supreme Court justices made the unanimous decision in the case of a man in his 50s known only as Y, who in June last year suffered a cardiac arrest which left him permanently unconscious with severe brain damage.

Mr Y was kept alive by 'clinically assisted nutrition and hydration' - liquid and nourishment tubes. Medical staff and his family agreed these tubes should be withdrawn.

A High Court judge approved this, but passed the decision on for further approval by Supreme Court justices.

Mr Y died in December last year from acute respiratory sepsis

'Ideological interests'

before the case was decided. The ruling - which applies to patients in a persistent vegetative state and those who are described as 'minimally conscious' - appears to clarify arguments that have been running in the courts and Parliament since the early 1990s.

There are thought to be around 24,000 patients who could be affected by the ruling. The Court of Protection has ruled on these cases, but the process can be lengthy and expensive.

The Official Solicitor, whose

When was the first key ruling made?

In 1993 the Law Lords ruled that Tony Bland, 22, who suffered severe brain damage at the Hillsborough disaster four years earlier, should be allowed to die.

What did this mean for other patients?

The ruling set three key precedents. Firstly, that tube-feeding was medical treatment rather than normal feeding. Secondly, it was considered a crime - assault - to give treatment to patients

office is charged with defending the interests of those who cannot do so themselves, advised the justices that court hearings are necessary to ensure that an independ-



- who did not want it. And lastly, medical treatment could be stopped if it was not considered in a patient's best interest.

How were cases dealt with after this?

- The Law Lords gave little guidance on whether every such case must be decided by a

judge, and around 100 are believed to have come through the courts since then. Labour's 2005 Mental Capacity Act was meant to clarify the law but it was found to be unclear and 'contradictory' by Lady Black. Most cases heard are decided by the highly secretive Court of Protection.

Has this ruling finally made things clear?

- In situations where families and doctors agree, a court need not be involved. Where they do not, there is still plenty of scope for legal disputes.

ent voice can speak up for a patient in danger of death.

But Lady Black, giving judgment, said withdrawing nutrition did not violate the Human Rights

Convention. She said the law hinged on whether it was in the patient's best interests to receive treatment, and in some cases it was in their interest to withhold

it. However, she urged families to still apply to court when doctors or relatives disagreed over a 'proposed course of action'.

Dr Peter Saunders, of the Care Not Killing group, said scandals over unnecessary deaths – such as the now-withdrawn Liverpool Care Pathway – meant doctors should be legally supervised.

He warned allowing the brain-damaged to die of dehydration was a 'slippery slope' as it costs the NHS £100,000 a year to look after vegetative patient.

Dr Tony Cole, of the Medical Ethics Alliance, advised people going into hospital to tell their families first if they do not want to die through dehydration. He described tube-feeding as 'basic care'.

But the decision was welcomed by pressure group Compassion in Dying, which described it as 'an important move towards more 'person-centred care' as their best interests can be acted on quickly rather waiting for a court ruling.

Wife's court battle over PC left with brain damage



Agony: Paul Briggs with wife Lindsey and Ella

PC PAUL Briggs suffered brain damage and five spine fractures in a motorcycle crash in Birkenhead in 2015.

The driver who hit him, 26-year-old Chelsea Rowe, had been on the wrong side of the road and was jailed for a year. But Mr Briggs, a Gulf War veteran who had been on his way to a night shift with Merseyside Police, was left in a coma, dependent on tubes to supply him with liquids and nourishment.

His wife, Lindsey, then 40, said seeing her brain-damaged husband suffer was 'beyond torture' and that their five-year-old daughter Ella was frightened of visiting him.

His mother and brothers said his life was not worth living and he would not want to be kept alive if he could not communicate with his

family. Mrs Briggs said that 'given his previously expressed wishes' and the poor quality of life he was likely to endure on even the most optimistic estimates of a possible recovery, he should be allowed to die.

The argument over whether Mr Briggs should live or die went to the Court of Protection after doctors at Walton Centre NHS Foundation Trust called for caution, saying Mr Briggs was in a state from which it was still possible for him to recover.

However, Mr Justice Charles ruled that life-sustaining treatment could be stopped, and Mr Briggs could be moved to a hospice to receive palliative care designed to make him comfortable rather than keep him alive. He died in January 2017.