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# Noel Conway and doctor-assisted suicide

Sir, Philip Collins ("If we value life, we'll allow assisted dying", Nov 23) notes that the medical profession opposes legalisation of physician-assisted suicide. It is right to do so. Doctors can diagnose illness and offer an estimate of life expectancy, though reaching a prognosis is far from being an exact science. But many of the key issues here, such as the presence of a settled wish to die or the absence of pressure, are personal or social rather than medical. Embedding assisted suicide in medicine may help to wrap it in an aura of beneficence but handing lethal drugs to seriously ill patients is not a role for doctors.

PROFESSOR ROB GEORGE  
Medical director, St Christopher's Hospice, London

Sir, We should congratulate Philip Collins for putting the arguments for assisted dying so eloquently. I have been a palliative care nurse, working with dying people, for nearly 20 years. We can give many people a good death but not all. Most dying people just want nature to take its course but there are a few who clearly do want an assisted death. This should be an important (but rare) aspect of our care. Many eminent doctors argue for the

sanctity of life, but if life is that sacred why are soldiers permitted to kill in battle? These eminent doctors are indeed vocally against assisted dying, but even doctors do not get as close to patient suffering as nurses do. Doctors examine, prescribe, communicate with dying patients and their families, but they are not there performing intimate care hour by hour and witnessing the suffering of patients, which can go on for weeks, days and hours before the release of death.

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Sir, Philip Collins trots out the usual arguments for changing the law. He cites the case of Noel Conway, who has motor neurone disease and wants the law changed to allow a doctor to supply him with lethal drugs to enable him to end his life at a time of his choosing. In fact, Mr Conway can die whenever he wishes. He is free to ask his doctors to remove the treatment that is artificially keeping him alive. If he does that, his doctors have a duty of care, using our specialist guidelines, to ensure that he dies peacefully. Palliative care has come on in leaps and bounds in recent years, and will secure a painless death. There is no

law against refusing or discontinuing life-prolonging treatment. Both the High Court and the Court of Appeal have recognised this and have rejected Mr Conway's case. DR AMY PROFFITT, secretary, DR IAIN LAWRIE, vice-president, Association for Palliative Medicine of Great Britain and Ireland

Sir, In his article Philip Collins states that the stipulation that the patient must have less than six months to live provides added assurance against abuse of the system. Presumably a doctor will be required to certify that a patient falls into this category. As a (retired) doctor myself, I know that it is often impossible to predict how long a patient will survive — hence the frequent stories of patients who "proved their doctor wrong" by living much longer than expected.

Because of this inherent uncertainty, and because you will always be able to find a doctor willing to help in an emotionally fraught situation, the six-month rule is unlikely to provide a meaningful safeguard against abuse of any relaxation in the legislation. DR BOB BURY  
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