

Assisted dying and the medical profession

Sir, The crucial argument against the legalisation of assisted suicide is not, as Philip Collins alleges (Comment, Nov 23), the sanctity of life. It is whether supplying some people with lethal drugs with which to take their own lives can be reconciled with protecting more vulnerable people from collateral harm. He is dismissive of the concerns many people have about this. He trundles out the "safeguards" in recent assisted suicide bills, but these so-called safeguards are not safeguards at all, they are just statements of what ought to happen in an ideal world. They are wholly unfit for the real world of terminal illness, hard-pressed clinical practice and often complex family dynamics. It is hardly surprising that parliament has repeatedly rejected them.

LORD ALTON OF LIVERPOOL
Independent crossbench peer

Sir, Two contrasting pictures are given by a palliative care nurse, Gay Lee, who says "not all are given a good death", and two palliative care doctors, Amy Proffitt and Iain Lawrie, who state they will "secure a painless death" (letters, Nov 23). They cannot both be right. The key lies in the word painless. If palliative care doctors concentrate on physical pain, they ignore the important end-of-life

issues, which centre on loss of self-control and are the overriding reason why some terminally ill patients seek an assisted death at the time of their choosing, rather than a slow one as offered by palliative care.

What leads to the opposition by our medical profession that sets them apart from doctors in other countries? Why are our doctors and MPs so unrepresentative of the 85 per cent of the population who favour legalisation of assisted suicide?

ANDREW JOHNS, FRCS
Bramley, Surrey

Sir, Gay Lee is mistaken to believe that most doctors reject assisting suicide because of the sanctity of life. She is also in a minority among palliative care nurses in thinking this is a role for healthcare. People in Oregon generally take their own lives under their assisted suicide law for social reasons such as the inability to enjoy life as before and feeling a burden on others.

Doctors and nurses should stick to what they do best: caring for people as they die, relieving symptoms, making suffering bearable where they can and sharing the journey when they cannot. That is our vocation. Ending life is not. If the public wants assisted suicide, then parliament should

legislate for it outside healthcare.

DI LAVERTY, NIGEL DODDS,
MAGGIE BISSET
The National Nurse Consultant
Group (Palliative Care)

Sir, Why do medical doctors have to administer the medication to enable terminal patients to have a dignified death? Clearly, their certification is required as to the patient's condition and state of mind, but procuring the drug for the dying patient to administer could be the role, within the law, of other professionals such as pharmacists. Self-administration is the cornerstone of the clinics in Switzerland and elsewhere.

DAVID BRANCHER
Abergavenny, Monmouthshire

Sir, I lost my young husband to cancer at a time when doctors were less constrained about helping people to die at home. It amounted to a bottle of morphine. The doctor said: "Let him take it when he wants to." And so he did, slipping away peacefully in his sleep while I lay beside him. I am sure anyone suffering a terminal illness involving great pain would wish for this kind of release.

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