

# Doctors and the desire for a dignified death

Sir, Your leading article ("Death and Dignity", Feb 7) omits to address one vital question: is deliberately bringing about the deaths of some of their patients a proper role for doctors?

The majority of doctors want nothing to do with such practices. The lobbyists say that this is irrelevant as this is a matter for society, not for the medical profession. Yet they insist that doctors should assess people for "assisted dying" and decide who shall be given lethal drugs.

They cannot have it both ways. If this really is a matter for society, it is for the courts, not doctors, to examine these requests and make these decisions. It is the role of the courts to make social as distinct from medical decisions. Doctors should be involved only to the extent of providing expert advice on matters, such as diagnosis and prognosis, that lie within their professional competence. The courts already examine and rule on other life-or-death questions. They should do the same for "assisted dying" if ever parliament were to agree to such a major change in the law.

DR CAROL DAVIS, FRCP, consultant in palliative medicine, Southampton; PROFESSOR MARIE FALLON, FRCP, professor of palliative medicine, St Columba's Hospice; DR AMY PROFFITT, FRCP, executive secretary, Association for Palliative Medicine of Great Britain and Ireland; DR ROB GEORGE, MD, FRCP, medical director, St Christopher's Hospice; LORD RIBEIRO, former president, Royal College of Surgeons; PROFESSOR JOHN SAUNDERS, FRCP, former chairman of the ethics committee, councillor & trustee, Royal College of Physicians  
*Plus a further 20 signatories at [thetimes.co.uk/letters](http://thetimes.co.uk/letters)*

Sir, In your leading article you claim that allowing assisted suicide for suffering patients who are terminally ill would not be a slippery slope to

ethanasia. However, if the moral arguments for assisted suicide are respect for autonomy and the alleviation of suffering, why should requests for assisted suicide by the chronically ill, who have longer to suffer, be denied? Or requests for a lethal injection by those who are incapable of ending their own lives even with assistance? The slippery slope is inherent in your very argument for legalisation.

PROFESSOR JOHN KEOWN  
Kennedy Institute for Ethics,  
Georgetown University, Washington

Sir, Baroness Grey-Thompson (letter, Feb 8) dismisses the idea that safeguards could be introduced to legalise assisted dying. Yet other countries have managed it. One in six Americans lived in states where assisted dying is legal. Oregon, for example, has had an assisted dying law for more than 20 years and its safeguards have clearly protected vulnerable people, with no evidence of abuse in all that time. The state of Victoria, representing a quarter of the population of Australia, has legalised assisted dying and will begin allowing it later this year. The whole of Canada has also changed the law. It is clearly not beyond the wit of legislators to introduce robust safeguards.  
BARONESS MEACHER  
London N6

Sir, It is sad to hear that Geoff Whaley, who had motor neurone disease (MND), decided to end his life in Switzerland (reports, Feb 7 & 8). However, some of the misinformation that is being put about concerning dying from MND needs dispelling. Someone with MND can legally choose, as with any other life-shortening condition, whether or not to commence non-invasive ventilation. If they choose this, they can decide under what circumstances

they might want it withdrawn. Their decision can be recorded as an advance decision to remove treatment.

In all circumstances doctors have a duty of care to ensure that dying is peaceful, using medication and non-pharmacological means appropriate to that individual's needs. Clear professional guidance supports these situations. There is strong evidence that patients with MND do not choke or suffocate to death but die a dignified death with symptoms addressed.

PROFESSOR CHRISTINA FAULL, FRCP  
Professor of palliative medicine, Loros Hospice, University of Leicester

Sir, Speaking as someone who travelled to Switzerland with my husband in November 2017 so that he could fulfil his final wish of a dignified death, my heart goes out to Ann and Geoff Whaley. The immense pressure of helping to organise and travel to Dignitas to support the person you love most in the world is hard enough without having the added stress of the authorities visiting you before you leave, just because some person was able to relieve their conscience by informing the police.

It makes me angry that when Mr and Mrs Whaley should have been enjoying their last few days together they were put through such an ordeal. I, like Mrs Whaley, have nothing but immense pride for my husband, who was so brave and positive about his death. People who travel to Switzerland are dying before they need to, for fear of missing their chance to travel should they become too ill. It is time we joined the compassionate countries that offer assisted dying for terminally ill, mentally competent adults so that our loved ones can live longer and happier, knowing that they will have a choice and control over their death when the time comes.

SARA FENTON  
Hungerford, Berks