

Tues 23.3.2019



End of life care and poll on assisted suicide

Sir, Several weeks ago I drew attention to a consultation by the Royal College of Physicians of its members (Thunderer, Jan 23). The results, which have just been announced, are as nonsensical as they were predictable ("Doctors' group drops opposition to assisted suicide after divisive poll", Mar 22). Just a quarter of members who voted said that they wanted the college to be neutral on the controversial issue of "assisted dying". By contrast, nearly a half said that the college should remain opposed to such practices. So (you've guessed it), the college switched to a neutral position — as, clearly, had been planned from the start. In previous consultations the college, rightly and sensibly, adopted the position advised by the greatest number of respondents. This time it has fallen victim to politically motivated intrigue.

However, seriously-ill people who may be worried by this Gilbertian saga may take comfort from the fact that the majority of doctors do not support physician-assisted suicide.
Baroness Grey-Thompson
 Paralympic gold medalist

Sir, Dr Tim Howard (letter, Mar 21) is wide of the mark. Concerns such as those expressed by Melanie Phillips (Comment, Mar 19) about the permissive laws in Oregon and the

Netherlands are (as my recent book *Euthanasia, Ethics and Public Policy* documents) well substantiated: they are not based on "inaccurate gossip".

Moreover, there is a key moral and legal difference between, on the one hand, what those laws respectively allow (intentionally assisting suicide and intentionally killing patients) and, on the other, withdrawing treatment that is futile or burdensome, merely foreseeing the hastening of death.

Such muddle, sadly all too common, is hardly likely to "take the debate forward".

Professor John Keown
 Kennedy Institute of Ethics,
 Georgetown University, Washington

Sir, Guidelines issued by the National Institute for Health and Care

Excellence state: "Consider referring people at any stage of Parkinson's disease to the palliative care team to give them and their family members or carers (as appropriate) the opportunity to discuss palliative care and care at the end of life." I have been living with this disease for more than ten years and have in the past asked a specialist nurse twice for a referral to palliative care, but no action was taken. Five weeks ago I raised the subject again and was told that someone from palliative care would phone me, but to date I have heard nothing. People with chronic

neurological conditions can find it difficult to access palliative care and in my opinion are ignored by the service. No wonder some of us seek assisted suicide, as we face a distressing death very much alone.

Annette Walden
 Crowborough, E Sussex

Sir, Amid the politics of assisted suicide, there are real people suffering who do not receive adequate care and yet still want to live. Medicine should never be about ending life, rather about help to live while we die. When will the NHS divert sufficient funds to the engine room of care for the dying, our local charitable hospices? Where I work we have to raise nearly £44,000 a day to serve our communities. That cannot be right, and it is not the fault of our health commissioners that the money is in the wrong place. It rests with parliament to ensure that the disadvantaged dying have a fair share of the NHS cake.

Doctors want this too. Despite the Royal College of Physicians adopting neutrality, 55 per cent of doctors, and over 80 per cent of those in palliative care, do not want to be involved in ending their patients' lives. Long may it stay that way, and the law remain a protection to their patients.

Rob George, FRCP
 Medical director, St Christopher's Hospice; professor of palliative care