



Assisted dying law

Sir, Any decision about legalising assisted suicide is about much more than individual moral choice (letters, Mar 22, 23, 25 & 26). Safety concerns are paramount, as the licensing of doctors to prescribe lethal doses of medication carries inherent risk. We do not have foolproof mechanisms for detecting all cases of coercion, treatable depression and subtle mental incapacity — indeed, practising doctors know that no such mechanisms exist. Thus the almost inevitable effect of legalising assisted suicide would be the premature and unlawful deaths of at least some vulnerable patients who do not meet legal criteria. This reality alone fully justifies the stance of almost all medical bodies to oppose a change in the law. Until last week this included the Royal College of Physicians, against which I and others launched a legal challenge, which was refused on technical grounds. The imposition of neutrality by the RCP council abdicates the college's responsibility to convey the professional concerns of doctors to policymakers and to the public. Laws need to default to safety, and legal provisions to permit assisted suicide do not.

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Sir, There seems to be an assumption that doctors would play a central role in the administration of assisted dying. I see no reason for this. Medical training is not required to give a standard dose of medication, either orally or intravenously, and if society wishes to legislate for assisted dying it should also legislate to set up the appropriate mechanism to provide the new service. Medical involvement should be limited to providing prognostic advice and all necessary treatment, including palliative care. If a patient then decides to opt for death, that should take place outside the healthcare environment. Most importantly, the medical profession should refuse to take on the role of gatekeeper. Contentious cases would undoubtedly arise, and the involvement of doctors would result in the loss of the trust vital for the doctor/patient relationship.

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