

## PHYSICIAN ASSISTED DYING STRIKES AT THE HEART OF THE PHYSICIAN–PATIENT RELATIONSHIP

*Sir,*

Dr Jeffrey provides a welcome clarification of the issues relating to the Assisted Dying for the Terminally Ill Bill in his *Editorial*. (*J R Coll Physicians Edinb* 2005; **35**:195–8).

It is disturbing that the terminology used in Lord Joffe's bill is ambiguous and the phrase 'assisted dying' is used with the implication that assistance is provided for a natural process. In fact, lethal medication is provided for the patient to take his or her own life. It is not clear how the 'attending Physician' is guaranteed to be present at the time this is taken

In practice, this bill is about euthanasia and it is an evasion to use the euphemism of 'Physician assisted suicide.' It would serve those terminally ill far better to have a bill promoting resources for palliative care and hospices. Patients who are 'terminally ill' have often rallied and continued to live for longer than expected, although they may have wished to die at one stage of their illness.

My concern is also that this bill strikes at the heart of the physician-patient relationship. Once the doctor is no longer committed to preserving life and is seen as a potential and actual executioner, the basic premise of trust in this relationship is broken.

So far as the degree of suffering is concerned this is by no means a constant factor – what is unbearable at one time becomes quite tolerable at another, particularly when the

patient finds that he or she can depend on emotional support, as palliative care specialists have often reported. As has been pointed out frequently, effective analgesia is now generally available, and clear protocols for effective pain relief have been developed.

Yours sincerely,

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### Author's reply

Lord Joffe introduced his amended Assisted Dying for the Terminally Ill Bill to parliament on 9 November 2005. Those doctors with the most experience in the care of the dying object to any change in the law. The Association for Palliative Medicine and the Royal College of General Practitioners have opposed any change in the current law, the British Medical Association and Royal Colleges of Physicians have adopted a neutral stance. This is the time for medical leaders to reflect the genuine views of the majority of doctors. Sitting on the fence strengthens the position of those wishing to change the law.

Yours sincerely

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retired consultant in palliative medicine*