

ENQUIRE WITHIN

Question: *What do you make of the recent news (19th June, 2010) that Police are considering reopening an inquiry into a GP, cleared of murdering three patients, who admitted hastening the deaths of people in his care. Dr Howard Martin told the Daily Telegraph he acted out of "Christian compassion". He was struck off by the General Medical Council for giving excessive morphine to 18 dying patients.*

Answer: This does seem to put the whole euthanasia debate into some kind of focus. And this does demand a response from those traditionally tasked with the role of ethical leadership, like the Christian Church.

First of all, please allow me to say that I am not writing in judgement relating to the people who have died as a result of Dr. Martin's decisions, agreed with his patients, or otherwise. I am expressing a personal point of view, rather than an official point of view. And also, we are not here dealing with a terrible Doctor Harold Shipman situation, not at all.

I believe that people should have the right to die before their medical condition does it for them. The reasons for this include personal dignity, personal morale, personal decisions.

I have always opposed formal euthanasia because of the practical and ethical framework involved. I really hate the idea that there are doctors who prolong life and then other doctors and nurses who end it. The whole subject is fraught with moral issues, even before we come to the practical issues of how death is created.

I feel horrified that a section of the NHS or even a privatised version of it, should be identified with death rather than with the restoration of health, or, as in many cases, the provision of a dignified end to life, as it ends naturally, as in the Hospice movement.

On the other hand, having visited many homes where the almost dead have sat for months or even years in

chairs awaiting the inevitable, I understand the appeal of the idea of assisted death.

Problems abound. There are people who may feel pressurised into accepting an early death in order to advance the financial situation of their children. There are those for whom depressive illness suggests an inappropriate early demise. The list of possible abuses is very long.

And yet, there are those for whom a simple, painless and professionally administered overdose of a drug could offer a way out, an acceptable and accepted way out of a painful and irreversible condition.

BUT! Who administers this.

At first sight, the GP is not in the frame. The job of the GP is to preserve life. If this is ever in doubt, then the whole system falls apart, and we are in the dark ages again. What is the end product? Perhaps it is in the discretion of doctors like Dr. Howard Martin? But, can we trust them?

Accepting that abuses may happen, perhaps it is in the practical, the in-depth knowledge and perhaps the recent conversations with dying people which family doctors may have, that the practical solutions may come.

In the end it amounts to trust.

My guess is that the vast majority of GPs can be trusted to interpret the wishes of patients properly, and if they discern the desire for an early death, who could properly object?

Probably the GPs! This issue creates a huge responsibility, and with public spotlights focussed on them, it wouldn't work, would it?

Using drugs to bring forward the inevitable by a few hours or days, seems hardly a crime. On the other hand, setting up an official death factory really offends me, and I prefer to leave things the way they are until we find a better solution to this problem.

