Preference is given to letters commenting on contributions published recently in the JRSM. They should not exceed 300 words and should be typed double spaced

Euthanasia in the Netherlands

While I could comment on several points in the article by Dr Zylicz and Professor Finlay (July 1999 JRSM, pp. 370–373) I would like to focus on one statement they made—namely, 'Euthanasia without an explicit request from the patient has become increasingly common and accepted practice'.

So far, the only in-depth knowledge the world has of medical decisions at the end of life comes from the Netherlands and Australia (a Belgian study will be finished next year). The one in Australia, conducted by researchers at Monash University in Victoria¹ in 1996, showed that non-voluntary euthanasia took place more often in that country, without legal medical help to die, than in a country where euthanasia is openly available (Australia 3.5% of all deaths; Netherlands 0.8% in 1990, 0.7% in 1995).

Since medical practice in Australia is similar to that in the UK, I believe it would be useful, and perhaps most enlightening, for an official impartial study to be made in this country on the incidence of the various ways in which we help terminally ill patients to die—for example, withholding and withdrawing treatment; high dosages of analgesics and sedatives to 'control' symptoms; assisted suicide; and even voluntary and non-voluntary euthanasia.

Whenever we consider what is happening in the Netherlands, regarding doctor-assisted dying, let us remember that the Dutch Parliament voted 91 to 59, in 1993, in favour of that country's regulations on euthanasia, and the great majority of Dutch doctors (90%, according to the Faculty of Law at the University of Groningen in 1994) and Dutch people support what occurs there.

Personally, I support a change in the law to legalize doctor-assisted suicide and voluntary euthanasia here. But, I believe that our decision in this country should be determined by continuous unbiased studies of what happens in the Netherlands, in Oregon (where physician-assisted suicide has been legal since November 1997), and in Switzerland (doctor-assisted suicide is essentially decriminalized there).

Michael Irwin

Chairman, Doctors for Assisted Dying Suite 64 2 Old Brompton Road, London SW7 3DQ, UK

REFERENCE

 Kuhse H, Singer P, Baume P. End-of-life decisions in Australian medical practice. Med J Austr 1997;166:191

Information resources for psoriasis patients

If we wish patients to have an educated insight into their disorder and its treatment, we should take an interest in where their opinions come from. Unable to find any reports on how psoriasis patients inform themselves about their condition, I conducted a small survey in adults with chronic plaque psoriasis, duration more than one year, attending a dermatology outpatient clinic. 57 patients were invited to complete a questionnaire and 56 did so—28 men and 28 women, mean age 44 years (range 18–90) and mean duration of psoriasis 19 years (1–52). 15 had at some time received systemic therapy for psoriasis and 18 had been admitted to hospital for treatment. The main responses to the questionnaire are summarized in Table 1.

This study is small and deals only with patients attending hospital clinics, who may have particularly severe disease and be otherwise atypical. It did, however, identify some information resources that may be underused. Although 70% had heard of the Psoriasis Association only 16% had ever contacted it; just 13% had ever asked their pharmacist for information about psoriasis and none had used the Internet. By contrast, more than 90% claimed they carefully read the leaflet that accompanies their medication, and over half had sought information in a library or medical book. Perhaps dermatologists should be more closely involved in the production of these package inserts, which are clearly important sources of information; and the British Association of Dermatologists or the Psoriasis Association might consider devising information packs on psoriasis for public libraries. The power of the written word is evident in the 86% of patients who said that, if they read in a newspaper about a new treatment, they would ask their GP about it (or for it). The quantity of material on skin disorders in the lay press is so vast that no doctor could keep pace with it. The British Association of Dermatologists

Table 1 Survey responses

Question	Yes	No
Have you heard of the Psoriasis Association?	39	17
Have you ever written to or phoned the Association?	9	47
Have you looked up psoriasis in a public library or medical book?	30	26
When you collect prescriptions, do you ask pharmacist for information?	7	49
When you get new treatment do you carefully read information leaflet?	51	5
Have you tried getting information on psoriasis from the Internet?	0	56
Do you think your GP knows enough about psoriasis?	29	18
If a newspaper reports a new treatment, do you ask your GP about it?	48	8