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Jack Kevorkian: a medical hero

Rare heroism to make us all feel uncomfortable

The hero "is a man of action rather than thought and lives by a personal code of honour that admits of no qualification. His responses are usually instinctive, predictable, and inevitable. He accepts challenge and sometimes even courts disaster."

Oxford English Dictionary, 2nd edition

Last month, Dr Jack Kevorkian walked out of a Michigan courthouse, probably free at last from the lawsuits he has brought on himself over the past six years. Dr Kevorkian has admitted to assisting in the suicides of 28 people since 1990. And despite the best efforts of the legislature and the court of his state of Michigan, he has apparently won his crusade.

Some, including the American Medical Association, question his goal of legitimising physician assisted suicide. Some of his "patients" have not had what would be called terminal disease. Among them have been sufferers of multiple sclerosis, chronic pelvic pain, emphysema, and motor neurone disease. The one thing they all shared was a sense of suffering that was so bad that they felt they had no choice but to end their own lives. And so far, not one of their relatives has had anything but praise for Dr Kevorkian's role.

Dr Kevorkian stands outside the mainstream of medicine because of actions that most of us find dubious. But he stands outside the mainstream in another way. Jack Kevorkian is a hero. No one has demonstrated any discernible motive from him except that he believes his work is right. Greed for money is absent because he has charged no fees. Greed for fame, too, seems unlikely because he has shunned the media except to explain his position. And no one has accused him of sadism in ending the lives and, according to him, the suffering of his patients.

Until Jack Kevorkian began his crusade, physician assisted suicide and euthanasia could be found in two places in America. One was in the medical literature: 1564 articles written in the 10 years before 1990. This is a safe world where authors can wring their hands, stare piously at the sky, and make declarations to those in practice about what is and what is not correct ethics. Few of them have direct responsibility to people in need. The other place was the real world of medical practice. Doubtless, doctors have helped patients to end their lives before now, but they did so behind closed doors, perhaps properly in order to safeguard their patients' confidentiality.

Then, in 1990, a man who had practised pathology in relative obscurity focused what had been a diffuse discussion into a passionate debate that has resulted in at least the partial legitimisation of physician assisted suicide. Dr Kevorkian did not stop at words. He acted to end what he perceived as suffering and then turned to the law and said, "I dare you to stop me." And he seems to have won his dare. In the name of the people of the state of Michigan, prosecutors sought to jail him six times, and the juries that represent the people of Michigan six times said "No." In Oregon a state law was passed that legalised physician assisted

suicide, and this year two federal courts have refused to declare the practice illegal.

Whatever else Jack Kevorkian has done, he has been "a man of action" who has lived "by a personal code of honour that admits of no qualification." His actions have been "instinctive, predictable, and inevitable." He has accepted challenge and even courted disaster.

Consider how rare such heroism is in medicine. Conservatism is usually a noble path, especially when we consider the harm that we can do. Secrecy, too, is usually a virtue that protects the vulnerable patient. But doctors see injustice every day-from patients suffering pain unnecessarily to those who cannot afford doctors' care to those who are sick due solely to the ills of society.

But only a few doctors have stood up and said "Enough!" to their profession and society. Kevorkian seems to be one. Some would place Che Guevara in the category. Certainly, Nicolaus Copernicus would make the list, although he kept his controversial theory of heliocentricity sealed until after his death. So too would the young anatomist Andreas Vesalius, whose disputation of Galen's anatomical theories forced him from his home in Padua, and Ignaz Semmelweiss, who was driven from his post in Vienna for requiring his students to wash their hands.

To be a hero does not mean being right—even the Greeks understood the tragic nature of the hero-but it does mean being honest with yourself and acting on your own morality. It means risking the fall from the pinnacle on which society has placed doctors. The hero's morality tests the morality of each of us. He demands that we choose either to stay safe among the pack or stand up and be counted among the few. One of Dr Kevorkian's gentler critics is Dr Timothy Quill, a general internist at New York's University of Rochester, who has acknowledged his own role in physician assisted suicide.1 He believes that Dr Kevorkian should now "step aside to allow calm discussion and avoid polarisation" over this difficult question. But this might allow us to sidestep hard questions. We need the hero to make us uncomfortable.

Medicine needs heroes today. Patients who suffer need their pain to be heard and felt. Those who are dying need our commitment to stay with them throughout their journey. Those who suffer sickness because of society's injustices need us to speak out for them. At a time when both personal and social suffering seem to be rising, more of us need to stand up and be counted among the few who have said "Enough!"

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¹ Quill TE. Death and dignity. A case of individualized decision making. N Engl J Med 1991;324:691-4.