LETTERS

Jack Kevorkian: a medical hero?

Better palliative care is the answer

EDITOR,—Sadly, the *BMJ* seems to be continuing its misguided policy of campaigning in favour of euthanasia (or its identical twin, physician assisted suicide).[1] Yet again,[2] we are subjected to an editorial by authors from a country other than Britain whose vision for those who suffer or are dying is clouded by local factors, including one sided coverage in the media and a lack of freely available good quality palliative, continuing, or long term care.

It is perhaps ironic that, in the same issue, the editor proudly announces in Editor's Choice that he has finally found a measure in which the *BMJ* leads the world—namely, wit and humour. Unfortunately, this accolade seems to extend to sick humour. Declaring Jack Kevorkian ("Dr Death") a medical hero is about as sick as one can get. Perhaps the authors of the editorial do not appreciate that the *Oxford English Dictionary*'s definition of a hero is ambiguous and is equally applicable to most villains (compare "personal code of honour" with "honour among thieves"), including Stalin, Hitler, and their more contemporary counterparts.

Yes, I agree that medicine needs heroes today. Yes, patients who suffer need their pain to be heard and felt. Yes, those who are dying need our commitment to stay with them throughout their journey. Yes, those who suffer sickness because of society's injustices need us to speak out for them. Yes, more of us need to stand up and be counted among the few who have said "Enough." But neither justice, logic, nor compassion needs or should lead us to conclude that physician assisted suicide and euthanasia are the answer. Many of us (including doctors in the United States) believe that better standards of palliative, continuing, and long term care are the right individual and societal response to those who suffer.[3 4] Those of us who think this have our heroes—surprisingly many—and Jack Kevorkian is not among them.

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1 Roberts J, Kjellstrand C. Jack Kevorkian: a medical hero. *BMJ* 1996;312:1434. (8 June.)
2 Heintz A. Euthanasia: can be part of good terminal care. *BMJ* 1994;308:1656.
3 Their lordships on euthanasia [editorial]. *Lancet* 1994;343:430-1.
4 Walton J. The House of Lords on issues of life and death. *J R Coll Physicians Lond* 1994;28:235-6.

Possibly a hero, but not a medical one

EDITOR,—John Roberts and Carl Kjellstrand's editorial contains several uncontroversial assertions: that those who are dying need our commitment to stay with them throughout their journey, that few of those who write about ethics and decisions concerning the end of life have direct responsibility to people in need, and that Jack Kevorkian has been a man of action who has lived by a personal code of honour that admits of no qualification.[1] The editorial also states that neither greed for money nor fame, in the conventional sense, is a discernible motive for Kevorkian's actions. His motives might be interpreted as courage against injustice or reckless moral self indulgence, but in either interpretation the thrill of turning to the law (and not just any law) and saying "I dare you to stop me" should not be underestimated. Calling Kevorkian a hero might alter our perception of the term hero as much as our interpretation of Kevorkian's behaviour.

Even those who find the title hero apt should consider carefully whether Kevorkian is in any important sense displaying medical heroism. As a response to personal and social suffering, which Roberts and Kjellstrand allege are rising, there are those believers in unfettered autonomy who would advocate euthanasia on demand. Indeed, a coherent social policy could be developed in which persistence and rationality need be the only prerequisites for the kind of help that Kevorkian has offered. It is important to recognise, however, that if this is genuinely needed it could be provided as an entirely non-medical service.[2] Seen in this light, Kevorkian's actions are those of a non-judgmental, even uncritical, technician rather than those of a doctor. His important contribution to the debate would then rightly be seen as one of separating clearly the social service of ending people's lives at their own request from the unambiguous provision of medical care. Although to some people (though not to me) he might then be a hero, he would, importantly, not be a medical one.

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2 Brewin TB. Voluntary euthanasia. *Lancet* 1986;i:1085-6.

Pope should be doctors' hero

EDITOR,—As a balance to the editorial calling Jack Kevorkian a medical hero[1] I wish to suggest another hero, conscious that my offering may be less acceptable to readers. This hero makes many people feel uncomfortable; he speaks relentlessly and courageously about the value and dignity of human life. He is also a man of action, and wherever he travels he seeks out sick, disabled, and vulnerable people and stands compassionately with them. My suggested hero is Pope John Paul II.

Last year he wrote a letter, *Evangelium Vitae*, which upholds the value of human life and exposes the "culture of death" in which we are immersed.[2] It is relevant to all members of the medical profession regardless of faith. He writes:

A new cultural climate is developing and taking hold, which gives crimes against life a new and even more sinister character...broad sectors of public opinion justify certain crimes against life in the name of the rights of individual freedom, and on this basis they claim not only exemption from punishment but even authorisation by the State.... Choices once considered criminal and rejected by the common moral sense are gradually becoming socially acceptable. Even certain sectors of the medical profession, which by its calling is directed to the defence and care of human life, are increasingly willing to carry out these acts against the person. In this way the very nature of the medical profession is distorted and contradicted, and the dignity of those who practise it is degraded. The end result of this is tragic: not only is the fact of the destruction of so many human lives still to be born or in their final stage extremely grave and disturbing, but conscience itself is finding it increasingly difficult to distinguish between good and evil in what concerns the basic value of human life.[2]

Medicine developed historically as a champion of life, fighting infectious disease and social injustices that threatened the poorest and weakest. Now medicine seems to be using its skill against the weak at the beginning and end of life. We are concerned with caring for people, and caring is effective.[3]

Medicine needs heroes: doctors who hear and feel and stay with those who suffer till the end, but if they cause that end they tell those under their care that their lives and their suffering have no meaning and value.

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2 Pope John Paul II. *Evangelium vitae*. London: Catholic Truth Society, 1995.
3 Dieppe P, Tudor Hart J. Caring effects. *Lancet* 1996;347:1606-8.

Law has a protective function for both patients and doctors

EDITOR,—"Show me a hero and I will write you a tragedy"; so wrote F Scott Fitzgerald. Jack Kevorkian is a fanatic, not a hero.[1]

There are some practical reasons why the killing of a patient, even when problems seem insurmountable, must remain prohibited in law. The law

Advice to authors

We receive more letters than we can publish: we can currently accept only about one third. We prefer short letters that relate to articles published within the past four weeks. Letters received after this deadline stand less chance of acceptance. We also publish some "out of the blue" letters, which usually relate to matters of public policy.

When deciding which letters to publish we favour originality, assertions supported by data or by citation, and a clear prose style. Wit, passion, and personal experience also have their place.

Letters should have fewer than 400 words (please give a word count) and no more than five references (including one to the *BMJ* article to which they relate); references should be in the Vancouver style. We welcome pictures.

Letters should be typed and signed by each author, and each author's current appointment and address should be stated. We encourage you to declare any conflict of interest.

Please enclose a stamped addressed envelope if you would like to know whether your letter has been accepted or rejected.

Letters will be edited and may be shortened.

has a protective function. It protects the vulnerable from misinformation due to mistakes by or the ignorance of the informer, from pressure by those with malintent, from economically driven judgments on their future, and from much more. It also protects us, as doctors, from ourselves: our ignorance or arrogance, any temptation to cover up medical mistakes, our difficulty in asking for help from a colleague, overinvolvement with a patient that colours our judgment, our fatigue, or personal prejudice or bias about clinical or social conditions. It protects us from undue pressure by relatives weary of caring or who stand to gain financially. Managers cannot put pressure on us to clear those who are dying from our beds rapidly, and purchasers cannot question why we strive to provide quality care to patients with a poor prognosis.

As a pathologist Kevorkian may be desensitised to corpses. We provide long term care and bereavement support and are increasingly aware of the absolute import of death. Currently, prognosis cannot be predicted accurately, there are errors of diagnosis, depression is difficult to diagnose in medically ill people, patients' priorities alter often during the course of a life threatening illness, hope can re-emerge from hopelessness, we find some patients' problems overwhelming at times, and sometimes our judgment is clouded by ignorance or fatigue. Why no cries to enshrine in law the right of all patients to a second opinion if their suffering remains intractable for a week? Why call for legalising carelessness?

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His actions are the antithesis of heroism

EDITOR,—John Roberts and Carl Kjellstrand are entitled to their view that Jack Kevorkian is a medical hero.[1] They should, however, be aware that those who are fortunate enough to have avoided coming into contact with him do not share their view.

Kevorkian is famous for taking at their word those who are sick or disabled who say that they want to die, and of "helping" by killing them. His defence has always been that his aim is to kill their pain and suffering and that the death of the organism is an unfortunate side effect of this laudable intention. Where this value system falls down is in its assumption that death is the best—indeed the only—remedy for intractable suffering and that sick and disabled people are right to want to die while able bodied people are inherently wrong to want to die, even though people in both groups may request death equally fervently and for much the same reason.

Roberts and Kjellstrand are right to say that the medical profession must say "enough" to pain and suffering. The point they miss is that there are ways of saying this that do not entail killing the patient.

I might well once have sought out Kevorkian's "services." I am severely disabled, and some years ago it was thought that my life expectancy was severely reduced. Additionally, I was (and still am) suffering great pain, and several unconnected factors combined to make me decide that I wanted to die—a wish that lasted many years. I would have satisfied all the "strict criteria" proposed by the voluntary euthanasia lobby, let alone the much more lax standards set by Kevorkian himself. Had he been practising in my vicinity, I would quite possibly have availed myself of Kevorkian's services and thus have been denied the chance to see again the beauty of life, albeit a life still restricted both by my disability and by severe pain.

I suggest that the real heroes of sick and disabled people are those who give of themselves; who stay with us, hold our hands, and, when the best efforts of modern medicine fail, say that they will not desert us. People who are sick and feel hopeless need the very best that medicine, in its widest sense, can offer. What they do not need is to be told, "Yes, you are right; death is the only answer to your problems." That, I suggest, is the ultimate desertion and the antithesis of heroism.

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Editorial's objectivity is in doubt

EDITOR,—It is interesting that nowhere do John Roberts and Carl Kjellstrand explicitly support what Jack Kevorkian is doing; indeed, they record "actions that most of us find dubious" and say that "to be a hero does not mean being right."[1] They do, however, give explicit support for why he acts thus, and many readers will interpret this as implicit approval of his actions. This subjective relativism is a betrayal of the academic objectivity we expect and deserve from the *BMJ*. There has been recent, rational discussion of all the issues in Britain, and the profession and parliament have overwhelmingly rejected euthanasia.[2,3]

Another commentary adds to the catalogue of Kevorkian's dubious actions[4]: "For his next trick, Dr Kevorkian will assist at a suicide and then, with the prior consent of the deceased and the appropriate medical tests, his or her organs will be removed soon after death for use in transplant surgery" and "He courted controversy early in his career with his suggestion that death-row prisoners could be used for medical experimentation just prior to death and that organs be harvested from executed criminals." The omission of these relevant facts from their editorial casts further doubt on the authors' objectivity.

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1 Roberts J, Kjellstrand C. Jack Kevorkian: a medical hero. *BMJ* 1996;**312**:1434. (8 June.)
2 Beecham L. Legalised euthanasia is categorically rejected. *BMJ* 1993;**307**:132.
3 Select Committee on Medical Ethics. *Report*. London: HMSO, 1994. (Para 237.)
4 Hunt L. Can Dr Death be a true hero? *Independent* 1996 Jun 8:19.

Doctors should indeed cry, "Enough"

EDITOR,—Thomas Carlyle wrote, "The Hero can be Poet, Prophet, King, Priest or what you will."[1] John Roberts and Carl Kjellstrand choose Jack Kevorkian as their hero.[2] How do they square this choice—which is akin to choosing Barabbas—with the Hippocratic Oath or the Geneva Declaration, in which doctors promise to maintain the utmost respect for human life? Dr Everett Koop, a former surgeon general in the United States, predicted that such choices would be made before the century was out when he wrote in 1980 that practices once labelled unthinkable would be considered acceptable. He went on to plead: "Let it never be said by historians in the latter days of this century that there was no outcry from the medical profession. Let it never be said that a euthanasia programme for various categories of citizens could never have come about if physicians had stood for the moral integrity that recognises the worth of every human life."[3]

Is it not time for us as a profession to decry this form of hero worship and indeed cry "enough" of this perverse destruction of the principles of our professional founders?

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1 Goldberg MK, Brattin GJ, Engel M. *On heroes, hero worship, and the heroic in history*. Oxford: Oxford University Press, 1993.
2 Roberts J, Kjellstrand C. Jack Kevorkian: a medical hero. *BMJ* 1996;**312**:1434. (8 June.)
3 Schaeffer FA, Everett Koop C. *Whatever happened to the human race?* London: Marshall Morgan and Scott, 1980.

⁂We received 17 other letters about the editorial, all of which expressed views similar to those published here.—EDITOR

Haem iron intake in young children

Other health promotion activities would have higher priority in Africa

EDITOR,—As a result of their study of haem iron intake and serum ferritin concentration in children aged 12-36 months in Australia, Michael Mira and colleagues urge that lean meat be introduced at 6-9 months and state the amount of meat that will give a daily intake of haem iron of 0.71 mg/day.[1]

We have three questions. Firstly, what is the experience of vegetarians, who have better health than omnivorous eaters? Are their young children likely to be detectably disadvantaged? Vegetarian women, described as being in good health, have low ferritin concentrations (mean 13.6 μg/l).[2] Could a low ferritin concentration have a different connotation with regard to health in different contexts?

Secondly, what are the implications for infants in the Third World, especially those in impoverished Africa? The regimen suggested by the authors is almost impossible there, especially in high parity families, because in most populations meat is eaten at most once or twice a week. The alternative of general prophylaxis with iron is far beyond the means of the masses. Since in such populations there are so many other adverse factors, dietary and non-dietary, would the particular drawback of low ferritin concentrations be likely to be clinically discernible? In an African village would the group in the lowest quartile of ferritin concentration be at a demonstrable disadvantage if compared with the group in the highest quartile, apart from in areas where malaria and hookworm are endemic?

Thirdly, what is the magnitude in young children of disabilities linked with low ferritin concentrations? Much in this field remains unclear.[3] Mira and colleagues refer to studies of very young children. In that undertaken in Chile the scores on the mental development index in the contrasting groups differed by 6%.[4] In the oft quoted Costa Rican study the Woodcock-Johnson scores in the anaemic and non-anaemic groups differed by 1%.[5] While other reported