

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.

ROBERT TWYXCROSS

Macmillan clinical reader in palliative medicine

Oxford University,
Churchill Hospital,
Oxford OX3 7LJ

- 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.

JAMES GILBERT

Lecturer in palliative medicine

Postgraduate Medical School,
University of Exeter,
Exeter and District Hospice,
Exeter EX2 5JJ

- 1 Roberts J, Kjellstrand C. Jack Kevorkian: a medical hero. *BMJ* 1996;312:1434. (8 June.)
- 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 hero¹ 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.

C A CROWTHER

Locum consultant in elderly care

Sandwell Health Care Trust,
Lyndon,
West Bromwich B71 4HJ

- 1 Roberts J, Kjellstrand C. Jack Kevorkian: a medical hero. *BMJ* 1996;312:1434. (8 June.)
- 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.