

# From the Editor

## Euthanasia – the erosion of trust?

Trust is the key element which underpins every relationship, whether in marriage or friendship, between manager and employee, or between colleagues in business. Trust is also a crucial part of the relationship between professional people and those who seek their advice, and is thus essential to the success of medical consultations between doctors and patients.<sup>1</sup> Baroness O'Neill and others have spoken eloquently regarding the damage to relationships caused by a general decline in trust in the independent judgement of professionals.<sup>2-4</sup>

The arguments for and against the introduction of euthanasia on both moral and practical grounds have been extensively presented in *Clinical Medicine*.<sup>5</sup> The division of opinion both in society in general and among physicians in particular resulted in this College's stance of 'studied neutrality', acknowledging that opinions are divided but not implying either indifference or support for the Assisted Dying for the Terminally Ill Bill 2004. Yet the majority of surveys (with all their limitations) suggest that most people are opposed to the introduction of euthanasia, and this is reflected in the letters received by several officers of this College, almost all of which indicated vigorous opposition to euthanasia. The dominant theme of this correspondence highlighted the inevitable loss of trust which would follow empowerment of doctors to offer euthanasia to patients 'suffering unbearably' in an established terminal illness. This aspect of the euthanasia debate has not hitherto been addressed.

Perhaps more than at any other time, trust between doctor and patient is needed to give those suffering from terminal illness compassionate care, to share the concerns of these most vulnerable patients, and bring them new hope and meaning at this time. Euthanasia, on the other hand, promotes an attitude of avoiding and not confronting issues of dependence and suffering around the time of death.

If doctors are perceived as potential harbingers of death, this delicate relationship with their patients, and with society at large, is permanently altered. Fear, after all, is the opposite of trust. Trust, once lost, cannot easily be regained. Several correspondents have observed that experience in Holland suggests that at least some patients with serious diseases or disabilities fear their doctors who may regularly offer euthanasia. Trust in doctors, at least in these cases, has been destroyed.

Correspondents also observe the likely erosion of trust between doctors, and between doctors and nurses and other members of the medical team, some of whom will inevitably be divided on the application of euthanasia. Such teams could easily become dysfunctional and hospice work, in particular, could be fatally damaged by this legislation.

There is unanimity regarding the need for universal access to palliative care services. It is nevertheless accepted that even with the best care there may be occasional failure to alleviate suffering. Yet such individual cases provide a poor basis for a radical change in the law which would have universal application, not least because the recognition of the legal right of an individual to assisted dying would entail giving others the responsibility of killing. In the words of Archbishop Rowan Williams,

*The right to be spared avoidable pain is beyond debate – as is the right to say yes or no to certain treatments.... But once that has mutated into the right to expect assistance in dying, the responsibility of others is involved, as is the whole question of what society is saying about life and its possible meanings. Legislation ignores these issues to its cost.*<sup>6</sup>

## References

- 1 General Medical Council. *Good medical practice*. London: GMC, 2001.
- 2 O'Neill O. Accountability, trust and informed consent in medical practice and research. *Clin Med* 2004;4:269–76.

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- 3 Phillips A. Are the liberal professions dead, and if so, does it matter? *Clin Med* 2004;4:7–9.
- 4 Platt MJ. Developing competence and trust: maintaining the heart of a profession. *Prof Ethics* 2003;11:3–18.
- 5 Tallis R, Saunders J. The Assisted Dying for the Terminally Ill Bill 2004. *Clin Med* 2004;4:534–40.
- 6 Williams R. Does a right to assisted death entail a responsibility on others to kill? *The Times*, 20 January 2005:21.

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