Correspondence

The Royal College of Nursing (Rcn) code of conduct

SIR,

The text, discussion and commentary upon The 'Royal College of Nursing (RCN) code of conduct' has, I feel, left one point of major significance overlooked. I refer to the disparity between the parenthetical statement in the discussion of section II paragraph 4, and the full import of phraseology for the equivalent section in the text. The phrases 'unnecessary treatments' and 'hazardous experimental procedures' surely have far wider implications than the sole issue of indirect (or passive) euthanasia cited as an example in the discussion. Consider whether it would be 'unnecessary' to operate on a patient to remove the cause of ill health where the symptoms could be alleviated by drugs, or whether it is a 'hazardous experimental procedure' to employ a new treatment where no other form of treatment can be guaranteed to succeed. The answer would presumably be that it depends upon all the circumstances in each case. But do nurses really wish to take it upon themselves to become the arbiters of

what is and is not 'unnecessary' or 'experimental'? Clearly, a case conference would not place the nurse in the position of being the only person to make the decision, but there remain attendant dangers here. The most radical concept of such a conference, that of a group of people without an acknowledged leader caring for a patient, may be likened to that of an army without effective generals or a school without an effective head: where the buck stops, he or she it is that has to 'carry the can'. This point is particularly relevant when it is necessary to make a split-second decision, for example, to resuscitate or not to resuscitate. Somebody has to make the choice, and the whole team must be ready to assist unquestionably.

The Bill of Rights (1689) included such vague terms as 'cruel and unusual punishments'. However, that Bill aimed to set right past grievances and it did not merely produce instrumentally good effects by creating the conditions whereby a workable settlement could be achieved, but it was also related to the past in such a way that people (not simply the politicians) could

extrapolate from the abstract formula to a concrete instance. The Rcn document would not be so clear to ordinary people, and I fear that a lack of confidence would follow if the code found its way into the hands of people who were unaware of the high professional standards of nurses.

In practice, I very much doubt that problems have arisen since November last, or that they will arise. I hope not. Few nurses would, I suspect, wish to involve themselves in an equal responsibility for a patient with a doctor - not least in terms of legal culpability. Neither do I think that a nurse would wish to question the consultant's treatment - although perhaps that of a junior doctor. If these last assumptions are accurate, then the effect of section II, paragraph 4 of the code would appear to be pragmatically innocuous - but the theoretical danger of the wording ought not to be overlooked.

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Book review

Death, Dying and the Biological Revolution

Robert Veatch
Yale University Press, London, 1976

As a sincere and intense look at the problems raised by our new ability

to prolong the process of dying, this book is a valuable contribution to thought for the very small number of people interested enough to plough through it.

Robert Veatch has a deep mistrust of doctors. This is a shame because had he discussed the manuscript with

a medical friend, some of his misunderstandings could have been avoided. At the outset he overestimates medical power in dealing with infections. The assumption that everyone in future will die of degenerative diseases reflects a rather cocky scientific view of man's

position. One can only reflect that a determined strain of Marburg disease could ravage us as devastatingly as any mediaeval plague. Mr Veatch refers to the view that doctors should preserve life at all costs as 'traditional'. This is certainly not so. Did not Sir William Osler call hypostatic pneumonia the old man's friend? The idea of a good death with the doctor in the role of watchful bystander is far more traditional. He refers to life-and-death decisions as a 'burden' to physicians, which is meaningless. How can one's skill and training be called a 'burden'?

But the worst misunderstanding in the book is his belief that doctors stop curative treatments in order to hasten death, eg, when not giving antibiotics for terminal pneumonia in carcinomatosis. He confuses – uses indiscriminately – the ideas of 'hastening death' and 'omitting treatment'. He worries that this means that doctors are deciding who should die and so are taking profound philosophical decisions for other people. He completely misses the point that doctors decide on treatment on the basis of the patient's present need. Antibiotics are not used, for example, because 1) they probably wouldn't work; 2) the patient would get thrush; 3) it is no joke to die twice. Respirators are turned off because a trial of therapy has failed, not because the doctor thinks the patient should now die.

The medical profession makes its technical decisions based on measurement and experience and really does not have this magical power over life which the layman so often imagines.

Though closely and thoroughly reasoned, the book is actually based on one of Mr Veatch's opinions: he doesn't like doctors to take decisions. Among his legislative proposals he includes, quite bluntly: 'The physician should never be placed in the position of deciding to stop or omit treatment'. He contends that patients should be given all the facts and left to decide for themselves whether they will have life-prolonging or death-delaying treatments. And he wants the law to decide what death is, so that doctors make nothing but technical measurements to see if the patient's state meets the legal definition of death or not. When death occurs is, he thinks, a matter for philosophers, not doctors, so it should be defined by the legislators (where all the deep philosophers are!).

I suppose that Mr Veatch is a fairly typical American patient regarding the doctor as a mercenary trickster. It must be difficult for such to imagine the benefits of practising medicine or being a patient in the British atmosphere of service and trust. Being an emotional value, trust is often despised by intellectual cold fish who cannot understand it.

But it is a beautiful and intelligent quality well worth protecting, and of more use to mankind than all this 'tinkering'.

In his ivory tower Mr Veatch has just no notion of real-life medicine. If I routinely informed all my dying patients of the diagnosis and prognosis, how many does he think would hear what I said? How many families (at least in Cockney country where I work) would come round and give me a good hiding afterwards? His notion that this would give people more freedom is ludicrous. Of course to deceive all patients routinely would also be heinous but a good doctor walks a much subtler path. He will impart as much of his diagnosis and prognosis as his patient can take each time. There will be several conversations, not just one cold, one-sided data presentation. And in the best medical practice such conversations will all be led by the patient. He tells the doctor what he is ready to hear and willing to face today. In this caring and trusting relationship we can find real freedom.

Mr Veatch calls himself a philosopher – a wise man – I wonder? Certainly his book misses the point.

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