Correspondence

Letting die severely handicapped children

SIR

I am a member of Prospect. We came into being to support Dr Leonard Arthur. We are all parents who have, or have had severely handicapped children and think our children ought to have been allowed to sleep on in peace instead of being kept alive by all the medical techniques. We have sent a Limitation of Treatment Bill to all MPs. Most support it but no one yet has offered to undertake it as a private member's bill. The guidelines apply to infants under twenty-eight days. Parents must consent in writing. Two doctors must certify that the child is suffering from a severe physical or mental disability which is irreversible, which no treatment would alleviate, or which is of such gravity that the patient would enjoy no worthwhile quality of life. One of the doctors must be a paediatrician and both must be doctors of at least seven years' standing.

Prospect is also campaigning for increased availability of screening including ultrasound scanning for all pregnant women who want it. Only forty-five health areas in England and Wales are screening regularly.

Many doctors are at fault here. We receive many calls from distressed women whose unenlightened doctors have refused them scans. They then have to go privately and pay upwards of £40.

We believe it should be a woman's right to be screened appropriately and have a termination if she is carrying a handicapped baby and so wishes. No woman should have to go through the horror and mental anguish of giving

birth to a severely handicapped child, yet hundreds are doing just that every year.

It is up to doctors to see that every pregnant mother who wants to be screened is screened – then the fear of legal action by 'moles' in the hospitals need not arise.

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Requests for euthanasia in general practice

SIR

I sympathise with Dr Charles Crichton in his anguished plea for more discussion and positive guidance (Correspondence – *Journal of Medical Ethics*, September 1983). At the same time, I find it very heartening that a trainee practitioner is aware, at the beginning of his career, that we have a growing problem on our hands and is making an effort to do something about it before he has become a 'seasoned' doctor. By that time he might well have grown accustomed to witnessing so much suffering and loss of dignity, and take it for granted that this is normal procedure for dying patients and must be accepted.

I have been a member of the Voluntary Euthanasia Society for many years and during the 45 years of its existence, the society has been working towards getting an amendment to the law which would *allow* but not *compel* doctors to help patients, if they so wished, to die peacefully, without

having to endure prolonged suffering. Surely, such an amendment would lift a great deal of anxiety from the shoulders of doctors and patients alike, whereas, at the moment, a doctor is at risk if he respects a patient's wishes. So many people have written to me over the years, saying that the last years of their lives would be very much more contented if they had the assurance that they could *choose* euthanasia when life had become intolerable through disease.

It was encouraging to note that Dr George Robertson, consultant anaesthetist at Aberdeen Royal Infirmary gave some of his patients the opportunity to express their wishes, by drawing up his 'Death with dignity' document. At the same time this document would help to protect a doctor in any court action that might follow a decision to withhold treatment.

Dr Crichton asks 'What should the good doctor do?'

May I ask, what are the qualities of a good doctor? I was impressed by a small paragraph I read recently: 'The practice of medicine is a meeting between two persons, one seeking help and the other offering it . . . that imposes stringent moral demands on both parties; it requires trust, honesty, co-operation, competence and compassion'.

I would suggest that Dr Crichton takes his courage and compassion in both hands and administers accordingly, but always bearing in mind, that as the law stands at present, he is putting himself at risk. However, to compensate for this he would have the knowledge that he had acted humanely.

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