END OF LIFE

Editorial comment on Y M Barilan's 'Is the clock ticking for the terminally ill patients in Israel?'

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The act/omission distinction is used throughout Western legal systems, and indeed elsewhere, to police the boundaries between acceptable medical practice and unacceptable interventions designed to bring about the death of patients. Without exception, it has proved impossible to maintain the distinction with any clarity. In the United Kingdom, for example, it is lawful both to withhold and to withdraw from a patient treatment that the medical profession deems to be futile, even if this results in the patient's death. Only the former, however, is incontrovertibly an omission, although the House of Lords in Anthony Bland's case treated both as omissions for legal purposes. By corollary, only death inducing interventions which have nothing whatsoever to do with a patient's care are treated as prima facie unlawful. The law in the UK and elsewhere embodies the ethical doctrine of double effect whereby the primary intention of caring for the patient can relieve a medical professional of liability even if, as an unlooked for consequence, the patient ultimately dies as a result—for example, the palliative administration of morphine in increasing doses which eventually suppresses the patient's respiratory system. In countries which have legalised euthanasia—often as a form of assisted suicide—rigorous procedures must be followed. Frequently these include the requirement that the patient be critically or terminally ill; that she or he be competent and make repeated requests to die; that there be suitable medical involvement in the process, and that there is a "cooling off" period between the final request to die and the act itself. Notable jurisdictions are the Netherlands, Belgium, Switzerland, and the American state of Oregon. The Israeli example, however, seems to be unique. While it purports to adhere to the act/omission distinction, it blurs that distinction beyond all recognition; demonstrating, perhaps, the fallacy of believing that clear lines can be drawn or maintained in the euthanasia debate from either an ethical or legal perspective. This is a fact that has been appreciated almost since time immemorial.[1]

REFERENCE

1 **Kennedy IM**. Switching off life support machines: the legal implications. *Crim Law Rev* 1977 Aug;**1977**:443–52.

ECHO

China's one child rule risks social problems

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China may be storing up future social problems with its "one child rule," given that its ratio of boy to girl babies is high, even when compared with an entire Chinese population living in Europe, according to one recent estimate.

The estimators concluded that this constraint was associated with antenatal screening and selective abortion of female fetuses—officially outlawed—and low registration of female babies. The ratio of boy to girl babies among live births was significantly higher for Chinese babies in China in 2000 than for those born in the Chinese population of almost 17 500 in Tuscany, Italy, and for non-Chinese babies there (1.168 versus 0.969 and 1.058, respectively). The overall sex ratio of live births was similar for Chinese and non-Chinese babies in Tuscany during 1992–02.

Antenatal sexing is available to the Chinese in Tuscany, and antenatal care and abortion are free. There was no evidence that these Chinese parents had lost their cultural preference for boys, but rather they did not need to resort to drastic measures to ensure they had sons, as no evidence was found of other influences to account for the low sex ratio.

The data on newborn babies in Tuscany were available from the Tuscan neonatal screening programme for cystic fibrosis and, in China, from the National Bureau of Statistics and United States Census Bureau.

The high sex ratio of babies in China is well known, but previous studies have not compared it with a Chinese population living elsewhere.

▲ *Journal of Epidemiology and Community Health* 2003;**57**:967–968.