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Case conference

Cutting the thread and pulling the wool — a request for euthanasia in general practice

Roger Higgs *Editor*

Miss Gentilian had clearly been one of his predecessor's special patients. That at least was clear to the new general practitioner Dr Carstairs, as he settled in and got to know his flock of 2,000 souls. Unmarried and living alone, Miss G impressed upon him at once how she would *never* see any other doctor: that she needed 'these pills', and that he should choose as soon as he could the colour of the pullover she was going to knit him. The doctor was surprised to find that she was only on digoxin and diuretics for her mild heart failure due to mitral valve disease, and was not expecting any more exotic tablets. But he wasn't able to escape from the pullovers. As soon as one was finished, another one was started, until he began to feel considerable sympathy with the inanimate Forth Bridge, never being able to stay in one colour longer than 'job and finish'. When he got to know Miss G better it appeared that all her doctors had been treated like this, starting with a wonderful medical Irish family, now retired, whose one surviving member, at eighty years old, she still met occasionally on summer afternoons under the cedar trees of the park on the hill. She acknowledged no relatives, but declared that her family, including her boyfriend, were killed during one of the massive air-raids of the last war while she was on switchboard duty.

From that time on she had kept the careful and secluded life of a professional spinster. Her only emotional attachments were to her doctors, and in cornering their attentions, she was without equal. Luckily, apart from mild valve disease, she was seldom badly ill, until one day she found a lump in her breast.

She was 64 at the time, retired and on her twelfth pullover for Dr Carstairs. She was very shocked by the discovery and vowed that she would die rather than have anyone cut her about at the hospital. The old doctor under the cedar tree nodded, gently examined her while everyone was concentrating on the pigeons, and firmly told her she must go and see the new young doctor at once, and do exactly as he said.

This she did not obey to the letter, but after several consultations with Dr Carstairs she was persuaded to go to the local hospital, where a breast cancer was removed, and she was given radiotherapy. Everything seemed to be clear, and Miss Gentilian behaved as if nobody had told her it was cancer. No one was fooled.

A year later, her breathlessness increased, and even knitting became difficult. Dr Carstairs, when he was allowed to examine her, found to his horror that a cancer had arisen in the opposite breast, and had begun to spread down over her chest under the skin like a breastplate – *cancer en cuirasse* as the old textbooks call it. There was no sign of any spread of the original tumour, nor any pleural effusion or worsening of the heart disease as he had expected.

To Dr Carstair's suprise, she agreed to attend the next follow-up outpatient appointment in spite of the fact that she was now in some pain and considerably immobilised. He supplied her with several analgesics, which were unhelpful, until finally reaching an opiate in tablet form which kept her at ease. The diagnosis was not discussed but he knew that she realised that this new event was in some way connected with the lump that had been removed. He was therefore surprised to be summoned to her flat the day after the outpatient appointment by a letter from Miss Gentilian declaring that she was extremely ill: would he please come at once.

He hurried round after surgery. After climbing the two liftless flights of stone stairs in the old block where she lived, he hammered on the door and was relieved to hear her, after a long pause, unlock the door. Retreating together through the darkness to the curtained living room, they sat, each one breathless, either side of the single-bar fire. It took Miss Gentilian some time to gather her strength, but when she spoke it was with the determination of one whose mind is made up.

She knew what was happening to her, she said, and it was useless to hide anything from her. She knew she had a cancer and that it was spreading gradually all over her body. They had been very kind at the hospital, and had said that she should come in straightaway and have some special injection treatments. She had refused absolutely.

'You have looked after me very well over the years', she said, 'and now this is a very important time for us both. You know I read the papers a lot, and things are not what they used to be. Your duty to me is clear. I cannot live long, and this thing is spreading. You must do away with me now, before it gets unpleasant, and the pain severe. It is your job to help your patients, and this is the help you must give me. Only you know how.'

Dr Carstairs felt as if he had been shot. He was

unable to think clearly about what was being said to him, but knew that he must refuse. He tried to explain that what she was asking was impossible, unethical, against the law. He tried to find the right phrases, but they would not come.

He was cut off by her anger. She said she had come to expect better things from him than this. He had promised not to let her down and this was just what he was doing, deserting her just when she needed him most. He knew she had no one else to help, and she was appalled at his cowardice. If he could not do his duty now, she would have to get someone to take her down to the Thames. He knew she was powerless and she was shocked to the core by his callousness.

Dr Carstairs gathered his senses to answer the blazing eyes opposite him. He had promised he would help her in every way, but what she was asking was not his duty, it was murder, and doctors had no exemption from the law. He could see much of what she felt, but the outlook was not so hopeless, and he promised that he would keep her out of pain. Meanwhile, she had a supply of pain-killers in the drawer behind her, powerful tablets that would kill pain and which she could use against herself if she so wished. It was her life, and hers to take in his opinion, if not in everyone's. If she would calm herself she would see that this was reasonable.

At first she was too angry to listen but he did his best to explain. Eventually he had to go. There were no near neighbours who could visit, and he left with a heavy heart, not knowing what he might find when he returned the next day.

When the afternoon came, to his relief the door was answered. The reception was cold but courteous, and he sat down to explain what he had said the day before. He tried to lay out for Miss Gentilian what might happen to her, and to listen to her fears of pain and absolute immobility. She declared that she was not afraid of being alone, she had been so for most of her life. But she must know exactly how many pills she must take, how she must do it, and she must have his absolute assurance that it would work and that he would not call the ambulance and have her resuscitated.

Dr Carstairs was no lawyer, but he felt that what had initially been a hint, and a response to anger, now seemed so cool and calculated that it was beginning to feel uncomfortably illegal in another direction, as if he was actually an accessary, or even entering a type of suicide pact. He tried to steer the discussion on to more positive features, and at last succeeded. She was not able to go out much now, so she needed the nurse to call, and a home help. These were refused. He would try to get a telephone installed, so that she could ring for advice at any time. This she accepted. She made him agree he would never send her away to hospital if she could stay at home. He promised to make sure she had adequate pain-killers, and said she could keep the original supply of opiate pain-killers in the desk. He felt he was legally in the wrong, but emotionally right. He talked to no one else about it.

Each week Dr Carstairs came to visit and each week he expected no reply to his knock. He was always wrong. The issue of suicide and overdose was never raised again. Her symptoms were controlled, and she looked happier. A compulsory purchase order was made on the block and she had to move to a new flat with a lift. From here she even went out on one occasion. The elderly doctor visited one day when Dr Carstairs was calling, and the three looked out across the rebuilt city, from the high flat where Miss Gentilian now lived. They talked of concerts, old times, families. Gradually, over the subsequent weeks the old lady accepted visits from the district nurse, and as if by a miracle a distant cousin appeared, and started to visit regularly. One day, six months after their acrimonious exchange, the district nurse called Dr Carstairs as Miss Gentilian had become suddenly ill. She had a high fever from a pneumonia and went rapidly into a coma. The nurse agreed to stay through the evening until Dr Carstairs came again. Miss Gentilian died late that evening.

The opiate pain-killers were in the desk, untouched.

Commentary 1

Brendan Callaghan *Lecturer in Pastoral Theology, Heythrop College*

It is not very original to assert that the key issues in this case are to do with Miss Gentilian's expectations, and their varying degree of appropriateness. Her long and happy relationships with a succession of GP's, who had managed her one encounter with serious illness successfully, have apparently given rise to an element of dependence.

Dr Carstairs, in the midst of his shock and confusion, does two very significant things. He reassures her about the realities of pain control, and he shows her she retains the capacity to act and to control her own life. In doing so, it seems that he enables her to continue to live, by demonstrating the possibility of her remaining in control of a tolerable life.

Ought he to have acted otherwise? From the point of view of his own moral framework, she had the right to end her life if she so chose, and he was not depriving her of the means. But neither was he willing to go along with her expectation that hers was the only reasonable response to her situation. If his own moral standpoint did not allow suicide, the line of action he chose to follow could still be seen as appropriate, in that to deprive Miss Gentilian of the only locus of control left to her would be to disable her further. In removing this element of responsibility, Dr Carstairs might have made himself more comfortable at the cost of driving Miss Gentilian towards rather than away from total despair.

It may be argued that he ought to have acceded to her request – either in its direct form or under the guise of

'tell me how to do it'. It seems to me that, quite apart from the legal question involved, this would have been a less adequate response than that which in fact he made. Miss Gentilian's fears are to do with pain, immobility, unpleasantness, and her request ('You must do away with me now') is a request for help in avoiding pain, immobility, unpleasantness, and the helplessness she sees as inevitable. By refusing to accede to her expressed wish, Dr Carstairs is responding more effectively to her less adequately expressed fears, and giving her the capability to respond to them productively herself

Commentary 2

Gregory Stone *Barrister*

As the law now stands any decision by a medical practitioner to end, or to assist in ending, a patient's life is likely to make him guilty of a crime. In this area, the doctor rapidly becomes subject to the law of homicide in its many forms; it matters not if the doctor thinks he is morally justified – that is no defence in law. There is no distinction drawn at present between a person who kills out of mercy, out of rage or out of greed.

On the facts recounted, Dr Carstairs probably committed a rather unusual crime. But in cases such as this there is always a secondary question to be decided, namely, would there be a prosecution? The decision whether or not to prosecute lies in the hands of the Director of Public Prosecutions and his decision, in part at least, must be one of policy. Only he can say whether he would bring a prosecution in any particular case, and I doubt that he answers hypothetical questions.

Miss Gentilian first asks Dr Carstairs to 'do away with' her. Dr Carstairs, rightly, realises that would be murder, and refuses. It is as well that he does so: the mandatory sentence for those convicted of murder is life imprisonment. There is no exemption for the mercy killer. It is interesting to note in this context that the Criminal Law Revision Committee has twice recommended that the law should be changed. In 1973 (1) they recommended that 'in certain tragic cases of murder' (such as mercy killings) the judge should have power to make a hospital order, a probation order or order a conditional discharge. In 1976 in a working paper (2) they suggested the creation of a new offence, defined so as to be akin to the 'mercy killing' case, which would be punishable by a maximum of two years' imprisonment. Neither recommendation has been enacted.

Dr Carstairs, having avoided an offence of murder, goes on, however, to point out to Miss Gentilian that she already has a large supply of powerful pain-killers, which she could 'use against herself if she so wished'. The next day he promised Miss Gentilian he would ensure she had adequate pain-killers, and allowed her to keep those she had already. As in all human situations the facts are slightly ambiguous, but I think it is reasonably clear that Dr Carstairs did advise Miss Gentilian in a roundabout way how to commit suicide, and ensured that she had the means to do so. If that analysis is correct, then section 2 of the Suicide Act 1961 is in point; for although it is no longer an offence to commit suicide, it is an offence to assist in another's suicide. Section 2 provides:

'A person who aids, abets, counsels or procures the suicide of another or an attempt by another to commit suicide, shall be liable on conviction on indictment to imprisonment for a term not exceeding fourteen years'.

Those who advise or assist suicides or suicide attempts are thus guilty. But in Miss Gentilian's case, happily, there was no suicide, not even a suicide attempt. But in such a case a person may be guilty of an attempt to commit the offence. Dr Carstairs in my view is guilty of attempting to aid, abet, counsel or procure the suicide of Miss Gentilian.

The offence of conspiracy in suicide covers a vast range of situations, which vary enormously in moral turpitude: from the cases such as Dr Carstairs at one extreme to one who assists a suicide in order to inherit an estate the sooner, at the other. In order to achieve consistency in the bringing of prosecutions, the consent of the Director of Public Prosecutions is required. It has even been argued by academic authors that abetting a suicide for unselfish reasons should be legalised (3).

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Commentary 3

Dr Luke Zander *General Practitioner*

In later years I suspect that Miss G would have been remembered by Dr C for two rather differing aspects of her care. Firstly, for the regular succession of unwanted pullovers and secondly for the traumatic experience of being asked to help in terminating her life. Whereas he managed to respond appropriately to the apparently far greater demands of the latter, he failed in his comprehension of the significance of the former. The reasons for his differing level of competence in dealing with these two situations are interesting to consider.

As the young doctor who had recently taken over his new practice visited Miss G for the first time she intimated that she wanted from him the tablets she had

been led to expect and that for her part was intending to provide him with a knitted garment of his choosing. In most situations of life such an offer would be considered a mark of gratitude or affection and would elicit an appropriately positive response. In the medical context however it is usually viewed rather differently and the fact that Dr C was surprised that the tablets requested were no different from those he would have prescribed himself indicates that he suspected her motive in offering the gift. A positive act on behalf of the patient had engendered a negative reaction from the doctor.

The second significant event occurred when, at a moment of ultimate crisis, Miss G, with courage and determination, asked her doctor to help her terminate her life. The reasons for her decision were valid and well considered and she approached the person to whom she felt closest and who was professionally most qualified to provide the necessary assistance in her hour of need. Dr C's immediate reaction was one of understandable shock and confusion which resulted in a transient breakdown in their relationship. Very quickly however, he was able to overcome his emotional reaction and to adopt a rational and objective approach to the problem with which he was faced. The course of action that he adopted in providing her with the where-with-all to terminate her life was clearly exceedingly difficult, if not illegal, for him to undertake, and was only possible because of his deep-felt acceptance of his patient's views. The events of the subsequent six months indicated a sense of harmony and understanding between doctor and patient derived from the doctor's willingness and ability to identify with his patient's perception of her needs:– an example of patient-centred medicine.

Dr C had been able to accept the reasons that lay behind his patient's request for help in ending her life although the request inevitably conflicted with his own philosophy as a physician. Yet he was unable to recognise that a friendless, elderly spinster whose only attachment was to her doctor gained obvious pleasure by bestowing on him an outward and visible sign of her affection. Although the evidence that should have encouraged him to accept the gifts positively and without hesitation as part of his therapeutic role was clear for him to see, something prevented him from doing so ('but he wasn't able to escape from the pullovers'). His interpretation of the nature of the transaction did not follow the same logical problem-solving process as did the request for euthanasia. The reason for this may have been that it was dependent on previously established beliefs concerning patient-behaviour.

When attempting to assess our patients' actions we tend to judge them from our own perspective:– doctor-centred medicine. Patients who don't take their medication are termed non-compliers rather than victims of inappropriate medication and those who arrive late for consultations are seen as irresponsible rather than as individuals faced by an inappropriate or inaccessible system of health care.

'Non-compliers', 'irresponsible', 'manipulative' are epithets which we frequently use to label patients we find difficult to manage. Such an interpretation represents a fallacy that is both damaging, in that it affects the doctor-patient relationship, and unconstructive in that it does not lead to appropriate action. We should accept that there are no problem-patients, only patients and problems: the patients are themselves, the problems are ours. This is no mere semantic quibble but a conceptual reorientation. By tagging the problem to the patient we assume that its resolution is in large measure out of our hands, whereas by recognising that the problem is ours, we take the first step towards its resolution.

Dr C associated gifts with manipulative behaviour and therefore responded to them in a negative and uncritical way. If he had been able to formulate the situation differently and see that it was his difficulty in knowing how to interpret the presentation of a gift he would have been able to adopt a problem-solving approach to the receipt of pullovers similar to the one he adopted towards the request for a fatal overdose of medication.

Commentary 4

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The rich detail in this case study provides a splendid illustration of what is perhaps the main moral issue arising from the situation – how is a patient also to be treated fully as a person, given that what she wants may be contrary to what the doctor feels he should provide? The answer to the question is not as obvious as it might first appear. For, while it is true, no doubt, that patients have to be treated as persons, it is also true that doctors have to be treated as persons. Miss Gentilian had a particular view of how she wanted her doctors to behave towards her. On the whole they went along with this quite happily, since after all there was some gain in it for them. But somewhere the boundaries between a personal relationship and a professional relationship had to be defined. The critical time came when Miss Gentilian in effect asked her doctor to be an accessary to her suicide. In making this request she used the character of the relationship already established between them as a bargaining counter. Indeed it is a notable feature of the case that the doctor was so easily threatened by his patient's anger at his refusal to co-operate.

The solution to this particular dilemma came from a psychological rather than a moral principle, namely that never answering questions directly can often lead to a solution in due course. Miss Gentilian's challenge to her doctor was one which he was wise not to respond to immediately. It became clear in a subsequent interview that what she was asking of him was that she should continue to be treated as a (highly individual)

person, despite the danger that her deteriorating medical condition would make her more into an object to be appropriately managed. Once the question had been broadened out from the request for assisted suicide to this much more general and easily honoured request, the old relationship between doctor and patient could be re-established, without the parties feeling that their independence had been jeopardised as a result.

However, the outcome need not have been as fortunate as this and the moral issues remain important. Dr Carstairs questioned whether what he had done was either legal or moral. Leaving the question of legality aside, I would say that from a moral point of view a direct agreement to her request would certainly have been morally wrong. She wanted him to use his knowledge as a doctor to counsel her as to how she might effectively kill herself. This is a request which, as a doctor, he was bound to refuse. The knowledge he had acquired about the lethal nature of drugs should not have been put to this use, since the whole point of the knowledge is to enable him to diminish pain and, if possible restore health, not to administer death. The issue might be clouded by the friendship between the doctor and the patient, but this is precisely what the word 'clouded' suggests – an obscuring factor – which must be ignored in order to see clearly what might be involved. From an ethical point of view, if it had been right for Dr Carstairs to meet Miss Gentilian's request, it would be right for him to meet the request of any patient who wished to draw on his medical knowledge in order to kill herself.

At the same time Dr Carstairs showed considerable moral sensitivity by not attempting in any way to bully Miss Gentilian out of her desire to commit suicide. He pointed out quite appropriately to her that the pain-killers she already possessed could, if she chose, be taken as an overdose. This left the responsibility where it belonged – with her. Her request might have tempted him into a paternalistic stance – into insisting on the return of all dangerous pills for fear that she might kill herself. His refusal to respond in this way safeguarded a second moral value, the value of autonomy of decision-making, which medicine too frequently hazards in the name of 'health'.

Let us suppose, however, that the patient had taken an overdose of the pain-killers which her doctor had deliberately left in her keeping. Would Dr Carstairs then be 'legally in the wrong but emotionally right'? From my layman's perspective on the law I cannot see that he would have been legally culpable in any way. He did not over-prescribe nor did he promise to be 'negligent' in any ordinary understanding of that term. His agreement not to resuscitate and not to call an ambulance seems to be in line with a general understanding of appropriate medical practice with someone who is so seriously and irremediably ill. So far as emotions are concerned, no doubt he would have felt considerable grief and guilt had his patient killed herself. In such a situation, however, someone would have had to help him see that much of this emerged from his deep involvement with the patient and her illness. Miss Gentilian was what could be described as a 'character' and if she had really wanted to commit suicide one might be sure that no one could have stopped her. As it happened, she just wanted to make a gesture about dying in her own way. Whatever she did she would have done it in her fashion and that remains the important moral value in such a case.

(Continued from page 4)

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