

Who decides?

And what do they decide on?

Is Britain moving towards the legalisation of euthanasia? Dr Jon Garvey considers the worrying implications of the Government's Green Paper: Who Decides?

March 31 of this year sees the end of the consultation period for a Government Green Paper about making decisions on behalf of the mentally incapacitated, *'Who Decides?'*. Most of us don't rush out to buy Green Papers, but in this case the Government itself acknowledges that parts of this one *'raise issues of particular moral and ethical sensitivity'*. What this actually means is that there is a risk that laws will soon be passed that many would consider immoral and unethical.

If we remember how the Abortion Law was passed virtually without any informed Christian reaction, then we ought to sit up and take notice. Some pro-life groups, like

The Society for the Protection of the Unborn Child, have done so, and produced detailed replies. Many more people, especially those involved in the caring professions, ought to look at the issues involved and make their own responses.

The two areas considered most controversial are:

1. The use of mentally incapacitated people in research not intended for their own good, and
2. The question of 'living wills', which in practice, the paper says, means 'advance refusals of treatment'.

Both of these areas apply particularly to those unfortunate individuals in what is called *persistent vegetative state (PVS)*, where there is little sign of response to the environment and where no recovery is expected. This was the situation in the famous case of Tony Bland, whose tube feeding was allowed to be withdrawn after a court case, resulting in his eventual death.

Involuntary Research

Let it be said from the start that the Government envisages no Frankenstein scenario. It is careful to point out, regarding the first point, that by 'research' it intends only

actions such as taking blood, which would not pose any significant risk to the patient. It also stresses that the best interests of the patient should only be overridden in this way if the research would benefit other people.

But do you see a danger here? Until recently medicine has worked on the absolute Hippocratic principle that *everything* should be done only for the patient. Once this is balanced against some principle of 'the greater good', as is proposed, then the way is clear for eventually abandoning patient-centred ethics altogether. Supposing some research was intended that *would* cause some permanent harm to the patient, but promised enormous benefits to others? If the patient were not going to recover anyway, it would be considered only a small step to allowing such procedures.

Two things in the Green Paper make this danger more likely than would at first appear. The first is that it discusses, in this context, the use of 'non-vital' transplants (such as blood or bone marrow), from such patients for the good of others. It suggests that a kidney transplant might be viewed as 'non-vital', since the donor is expected to survive. If organ transplants without the donor's permission were to become acceptable, how long before the health of a conscious adult were considered more valuable than even the *life* of a PVS sufferer? Might it not

seem better to provide a sentient adult with, say, a healthy heart rather than 'wasting' it on a 'vegetable'?

The second worrying thing is that the Law Commission's report, on which the Green Paper is based, questions whether a patient in PVS actually *has* 'best interests' at all. Essentially, it is argued, such people have no real life, and no prospect of regaining one. In reality, they are not people at all. If such a view gains ground, then all the ethical problems about their care will disappear, simply by redefining a group of people as 'non-human' in any real sense.

After that, what would become of our concept of the intrinsic equal worth of human life? Some lives would be far more equal than others. Who would decide which? If this seems unlikely, it is noteworthy that in the thirteen similar cases since that of Tony Bland, some of the patients had food and water withdrawn whilst they were in a *near-persistent vegetative state*. It is hard enough to diagnose PVS – at least one person has recovered and testified that he was never at any time insentient. But even accepting the severity of PVS, how 'near' must one be to it to be considered as good as dead? Is there not a rather fundamental difference between 'dead' and 'nearly dead'? Blur that

difference, and none of us is safe.

Advance Refusals

Regarding the second controversial area, ‘advance refusals’ of treatment, the Green Paper is also quick to point out that there is no intention of a move towards euthanasia. Active killing and assisted suicide, it says, are illegal and will remain so. But aside from this, individuals ought to be able to decide for themselves what treatment they do and do not desire, against the day when they find themselves unable to express a choice. This would not include the right to refuse ‘basic care’ – food, water, hygiene.

So far so good. But as Humpty Dumpty said, ‘*When I use a word it means just what I choose it to mean – neither more nor less.*’ Just as aborting a baby sounds more acceptable when it is called ‘therapeutic termination of pregnancy’, and sodomy sounds natural when it is ‘gay’, so ‘euthanasia’ has been carefully defined to suit particular interests.

To most of us, starving someone to death would seem to be a form of killing. But taking their lead from the Bland judgement, the Government concludes that tube feeding does not constitute basic care, but a ‘treatment’ which might be refused in advance. According to the aims of the Government to ‘clarify’ the law, such an advance directive would be legally binding. It need not be in written form – it would be sufficient for relatives or carers to establish that such a refusal was indeed the wish of the patient.

Potential for Abuse

All kinds of mischief follow. Though no health practitioner would be required to commit a lethal act because of a living will, it would seem that they could be compelled to withdraw tube feeding, an

entirely benign procedure, because this has been defined in advance as an invasive treatment, rather than as normal care. Doctors and nurses would be forced to watch their patient starve and dehydrate to death – even though withdrawal of fluid is increasingly being seen as unacceptably cruel in proper terminal care.

Furthermore, the potential for abuse is huge. It has long been pointed out that anticipating a terminal illness from a state of health is far different from actually suffering from one. Most doctors’ experience is that people who thought they would never be able to stand illness very often gain much from their last weeks of life. It is just impossible to say what a mentally incapacitated patient would have wished had they been able to express it. It is even worse to expect a relative, or someone with a power of attorney, to say what such a person would have wished. They themselves have too much tied up in the illness, whether that be guilt at ‘allowing’ their loved one to suffer, or just eagerness to get their hands on the legacy.

The bottom line

At the end of the day, the bottom line of all this proposed legislation is not to clarify the law, but to change it – and more than that, to change the very basis of law. This fundamental change is away from the old principle that human life is intrinsically sacred and valuable, to a rational, materialistic concept that the value of life can be quantified in the same way as carrots or insurance premiums.

This is not just a religious criticism, as opponents of the pro-life position often claim. It is not simply that our society will cease to be Christian – it will cease to be *human*, however that de-humanising is disguised by weasel-words like

‘compassion’, ‘dignity’ and above all, ‘choice’.

We should think about these things. We should pray. Some of us should write to the government about our experience as health professionals, carers, or patients (before 31st of March!). All of us should beware the danger of being sucked into the system of thinking that underlies our corrupt society, and which is a million miles from the thinking of the Bible – God’s way of thinking.

References

Who Decides? Making Decisions on Behalf of Mentally Incompetent Adults (Stationery Office, 1997) £12.70.

Towards Legalised Euthanasia and Care or Neglect? (SPUC, Phyllis Bowman House, 5/6 Matthew Street, London, SW1P 2JT, 1998) on request.

Responses to the Green Paper should be made to: Chris Miles, Family Policy Decision, Lord Chancellor’s Department, Room 5.14, Selborne House, 54-60 Victoria Street, London, SW1E 6QW. **PT**