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LETTERS

ASSISTED DYING BILL

Assisting suicide goes against why most of us became doctors

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In their editorial on why the Assisted Dying Bill should become law in England and Wales Delamothe and colleagues put aside concerns about the difficulty in forecasting the end of life by citing a study which found that doctors often overestimate prognosis.[1] Yet they fail to highlight that this study looked at prognosis only in those with advanced cancer, not those with incurable chronic illness. Many studies show how difficult it is to forecast end of life—establishing a six month prognosis is fraught with error.[2 3]

What exactly is the capacity to decide to end one's own life? When doctors assess capacity, it is to protect patients from harm, not facilitate their suicide. Proper assessment of capacity is complex. Capacity can fluctuate rapidly and is often impaired in those who are seriously ill. What is a "clear and settled intention?" I have seen many patients change their minds about care preferences as they approach the end of life. And how can a doctor be sure a patient has not been influenced or coerced? In today's economic climate, patients already worry about being a burden,[4] and most doctors know little about the presence of coercion in patients' personal lives.

Doctors will be expected to provide assisted suicide. Yet most doctors don't want anything to do with it. Despite the clause on conscientious objection, it will be impossible for doctors to be free of involvement. I can see why Lord Falconer wants to embed his ideas in the highly respected and trusted profession of medicine, but there is a serious question over whether assisting suicide is a proper part of clinical practice. It goes against why most of us became doctors.

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Full response at: www.bmj.com/content/349/bmj.g4349/rr/759865.

1 Delamothe T, Snow R, Godlee F. Why the Assisted Dying Bill should become law in England and Wales. *BMJ* 2014;349:g4349. (2 July.)
2 Christakis NA, Lamont EB, Smith JL, Parkes CM. Extent and determinants of error in doctors' prognoses in terminally ill patients: prospective cohort study commentary: why do doctors overestimate? Commentary: prognoses should be based on proved indices not intuition. *BMJ* 2000;320:469-73.
3 Coventry PA, Grande GE, Richards DA, Todd CJ. Prediction of appropriate timing of palliative care for older adults with non-malignant life-threatening disease: a systematic review. *Age Ageing* 2005;34:218-27.
4 Bausewein C, Calanzani N, Daveson BA, Simon ST, Ferreira PL, Higginson IJ, et al. "Burden to others" as a public concern in advanced cancer: a comparative survey in seven European countries. *BMC Cancer* 2013;13:105.

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