

schools? Have they visited village communities? Even Down's syndrome children with other handicaps enjoy life. Our own child is aphasic. His best friend, an 18-year-old girl who is fostered, has a severe cardiac defect. I would invite those who have spoken against the current decision to come and see them together.

Of course there is heartache, of course there are sacrifices, limitations on family life, problems of many kinds; but for doctors to advocate allowing parents who are understandably emotionally overwrought to decide that their baby with Down's syndrome should be denied the right to enjoy life by withdrawing the medical, surgical, or even nutritional care which would be offered to a normal baby is to take another step down the slippery slope on which we find ourselves if we fail to maintain the utmost respect for human life from the time of conception.

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SIR,—In today's papers I see that parents in Iran have been asked to spy on children for political reasons; and on today's radio and in *Hospital Doctor* (6 August) it was said that the organisation Life has asked doctors, nurses, padres, cleaners, etc, to report to Life any cases in which it was thought that doctors had deliberately allowed a severely handicapped child to die. Shades of McCarthy, police states, and secret police—who also thought that their ethical decisions were correct. Who are these people who seem to think that they have a monopoly of wisdom to enable them to judge whether the extremely difficult decisions made by doctors responsible for the care of severely handicapped infants, after consultation with their colleagues and in accordance with the wishes of the parents, are medically and ethically right or wrong?

Having seen the terrible suffering of severely handicapped children with spina bifida, whose life has been prolonged by a series of major operations by medical men who had to make the extremely difficult ethical decisions about whether to operate and prolong life or to allow them to die, many of us recognise that those decisions cannot be made by the law, or by well-meaning persons, lay or professional, who lack the necessary medical knowledge to enable them to assess the quality of life which these children would experience if they survived. One has seen older children who have had a dozen or more major operations—and live in dread of the next one; children who have had 10 or more fractures of the femur as a complication of the spina bifida; mentally normal adolescents, normal in every way from the waist up—almost all of them incontinent, lonely, utterly dependent on others, till they die of uraemia or other chronic illness. One difficulty is that the parents cannot possibly understand the extent of the problems which they or the child are going to face.

These problems concern not only children with spina bifida but those with severe mental subnormality, whether or not they have Down's syndrome, and children with other severe and incurable crippling conditions. Of course, some parents can cope with these problems; others cannot. If the severely subnormal child, with Down's syndrome or any other condition, has to spend his life in an institution because the parents are too old or

unfit to cope, what sort of quality of life is it thought that he will have?

Is it now the aim of Life, and of others, that obstetricians and neonatologists are going to be spied on in case they decide not to resuscitate a grossly handicapped child with multiple anomalies? Are the paediatric surgeons and cardiac surgeons to be spied on in case they decide that special surgery is not justified because the child will eventually—for his remaining weeks, months, or years—be left with a gross handicap either from the original defect, which cannot be fully corrected, or because of additional handicaps such as mental subnormality?

Is it intended that if a cleaner, porter, nurse, or someone else sees the specialist in the intensive care unit turn off the ventilator for a child who has gross brain damage, he will now be reported to Life for a decision on whether he was right or wrong?

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SIR,—It saddens me that so many doctors seem to have their sense of ethics blurred, as in the recent case of the baby with Down's syndrome. The Appeals Court decision was without doubt the correct one. In this case there should have been no dilemma. A life-saving operation, with an acceptable risk, was feasible. No doctor—and no parent—could play God and decide on life or death. The alternative did not exist, either in law or in moral ethics.

One must, of course, without any sense of patronising, have compassion for the parents. They went through an extremely emotional upheaval. However, one can only hope that they will come to accept the child and accept the burden of parenthood of a mentally disabled child—their own flesh and blood. Parenthood is not easy in these cases but can be extremely rewarding, making one more aware of and sympathetic to the fate of these children. Fortunately, these days there is considerable supportive help from the community. I have seen many parents of these children develop into very special people—responsible, compassionate, and caring.

Finally, in case anyone is tempted to say, "It's all very well for you . . ." I have an elder brother who is a spastic, severely mentally and physically disabled. We all love him.

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SIR,—As a practising GP Christian and a mother of four may I add my protest—no doubt there are hundreds of others—over the horrific treatment of the parents of the baby with Down's syndrome in London. I am appalled at the way doctors and social workers have played God—it seems—in this instance.

I want to know if they are prepared now to adopt this child and look after it for ever—since they seem to have taken over the parent role. I cannot blame the lawyers—they are only doing what they are told, just as they had to when Parliament decided to allow liberal abortion.

Our society is very sick indeed and doctors are making it worse. I could quote dozens of examples where demented terminal patients

are given intensive care and systemic antibiotics in hospital—relatives are never consulted.

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SIR,—With the recent result of Hammersmith Council's application to make a Down's syndrome neonate a ward of court and hence enable it to receive emergency surgical treatment, it seems that Ian Kennedy's wishes are being fulfilled sooner than the medical profession would like. A legal precedent has now been made. We could return to the days of aggressive correction treatment of all spina bifida babies despite the wishes of parents and surgeons.

How can this situation be prevented? Obviously secrecy is not the answer as seemingly well-intentioned nursing or paramedical staff will know of such cases and report to various bodies. May I suggest that such decisions should be made at case conferences where doctors, nurses, social workers, etc, could express their queries. In this way society will see that medicine is trying to democratise itself and will listen to the queries of society's representatives.

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Children and parasuicide

SIR,—Not all paediatricians and paediatric trained nurses would accept without reservation the suggestion in your leading article (1 August, p 337) that all parasuicidal children should be admitted to the paediatric ward. No one questions, however, the fact that these adolescents are inappropriately placed in adult medical units. There are a number of reasons why paediatricians hesitate to offer this facility to all children of school age. Our experience in Southampton, however, suggests that such an arrangement can and does work.

One of the problems is that the children tend to be at the upper end of the paediatric age range. Secondly, there may be anxiety that further self-destructive behaviour will be encountered. The greatest concern may be linked with the statement that parasuicidal attempts rise sharply in adolescence and that the prevalence may be continuing to increase. Kreitman's figures¹ refer to 15 to 19-year-olds.

In 1975 in Southampton, following discussion in the divisions of medicine and child health, it was agreed that all school-aged children who had indulged in self-destructive acts should be admitted to the paediatric unit. Allowance is made for certain necessary exceptions. Initially, the paediatric nursing staff were rather anxious, for reasons mentioned above; but now they feel confident and recognise the importance of their contribution. The present arrangement means that social work is concentrated on the specialist paediatric team. Consultants and senior registrars in child psychiatry provide the psychiatric back up.

The number of children admitted annually for the four years 1977-80 has shown little variation. There is an average of 50 cases a year and the lowest number was 40 in 1980. There is a preponderance of girls and the mean age of the children so far is 15 years. If the upper age limit of 14 years is set for