

conducted by non-physicians. Hurst and Mauron (p 271) discuss the continuing debates on the legal aspects of euthanasia, the compatibility of voluntary death with traditional medical practice, and the participation of lay people as well as doctors. They contend that, to inform the continuing controversy, more research on public attitudes and clinical practices at the end of life is needed.



## I passed the marriage medical

Couples in China must pass a medical examination before being allowed to wed. On page 277 Hesketh, who was married in China, recounts her test for marriage fitness, which consisted of a detailed family history, public pelvic

examination, and peeing outdoors in a cup. Ten years later, she visited 10 hospitals across China and observed examinations, examined records, and interviewed participants. Though medical screening for marriage can be inconvenient and expensive, potentially unethical, and subject to charges of eugenics, its benefits include the chance to diagnose unrecognised diseases and provide health education.

### POEM\*

#### Vitamin K works faster orally than subcutaneously

**Question** In patients who have taken too much warfarin, is it better to give vitamin K orally than subcutaneously?

**Synopsis** Occasionally patients taking warfarin will have excessive anticoagulation requiring rapid reversal with vitamin K. This randomised non-blinded compared vitamin K 1 mg given either orally or subcutaneously to asymptomatic patients with an international normalised ratio (INR) between 4.5 and 10. This randomised study of 51 patients used concealed allocation to enrol patients (increasing the likelihood of similar groups) but neither patients nor their treating physician was blinded to the treatment. One day after vitamin K was given, 58% of patients receiving it orally and 24% of patients receiving it subcutaneously had INRs of 1.8 to 3.2 ( $P=0.015$ ;  $NNT=3$ ). No patient receiving oral vitamin K and two patients receiving subcutaneous vitamin K had a raised INR the following day. No bleeding or thrombotic event occurred in any of the patients.

This dose of vitamin K is lower than the 2.5-5 mg often used. Higher doses do not work any better yet will depress the INR for several days. The lower dose comes with a catch—it is not available in the United States (as phytonadione) and has to be prepared by a pharmacist from the injectable form. Another option is to use one quarter of the 5 mg tablet.

**Bottom line** Patients with excessive INRs while taking warfarin will respond more rapidly to oral administration of vitamin K 1 mg than if the drug is given subcutaneously.

**Level of evidence** All or none randomised controlled trials.

Crowther MA, Douketis JD, Schnurr T, et al. Oral vitamin K lowers the international normalized ratio more rapidly than subcutaneous vitamin K in the treatment of warfarin-associated coagulopathy. A randomized, controlled trial. *Ann Intern Med* 2002;137:251-4.

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\* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

## Editor's choice

### Death in a consumer society

Why shouldn't somebody be able to order a pain free death in the way that they can order a pizza, a newspaper, a massage, or a package holiday in Venice? Even the question may shock some *BMJ* readers, but an increasing number of people can't see why they shouldn't be able to pay for a pain free death with their credit card. It can't be done in Britain—and most other societies—in 2003, and Reginald Crew, a 74 year old man from Liverpool with motor neurone disease, had to travel to Switzerland to be helped to die (p 242). In doing so he re-ignited the British debate over euthanasia, a re-ignition that occurs with increasing frequency.

Samia Hurst and Alex Mauron explain how assisting suicide in Switzerland is not a crime unless the motive is selfish (p 271). Anybody, not just doctors, can assist with suicide. To the Swiss and many others suicide may be rational, and many countries have decriminalised suicide. There seems to be a trend that leads on to the decriminalisation of assisted suicide and then euthanasia—"murder upon request by the victim," as Swiss law describes it. The federal government in Switzerland set up a group to consider decriminalising euthanasia. It recommended that euthanasia remain illegal, but most of the group proposed "decriminalising cases in which a judge was satisfied that euthanasia followed the insistent request of a competent, incurable, and terminally ill patient in unbearable and intractable suffering." That's five conditions to satisfy (many more than when ordering a pizza), but the parliament still voted not to go ahead with the proposal.

There are no validated statistics for assisted suicide in Switzerland, but a president of one of the right to die societies estimates that there are about 1800 requests a year. Two thirds are rejected after screening, and half of the remaining 600 people die of other causes. The 300 assisted suicides a year account for about 0.45% of deaths in Switzerland. In addition, 55 foreigners travelled to Switzerland last year for assisted suicide compared with three in 2000. Some Swiss do not like assisted suicide being added to lakes, chocolate, skiing, and luxury living as tourist attractions, and there is now a proposal to ban "suicide tourism." Back in Britain the question has arisen whether Mr Crew's wife, Win, should be prosecuted for aiding and abetting suicide, but this seems unlikely. The director of public prosecutions does not, however, have any plans to issue guidance on his policy on prosecuting assisted suicides.

The worst fear associated with voluntary euthanasia is that it slides into involuntary euthanasia, and the British government is thinking about a system for monitoring deaths in general practice after one doctor—Harold Shipman—murdered dozens of his patients (p 274). Such a system must be sensitive (lead to few false negatives), specific (lead to few false positives), provide meaningful data, be easy to maintain, and be acceptable to practitioners and patients. These requirements are hard to achieve and could alter general practice profoundly (p 280).

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