VIEWS & REVIEWS

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The BMJ is wrong: doctor assisted dying would overmedicalise death

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The BMJ has decided to support the Assisted Dying Bill.¹ This is a mistake.

Medicine wields at once too much power and too little. We are rather impotent, for example, around social inequalities.² Despite evidence that financial gradients make health worse, we lack the clout to influence government policy to tackle them. Yet, on the flipside, medical power can be exerted firmly in places where a much lighter touch would have been far better.

We have already overmedicalised birth, such that many women have had interventions that they or their child could not benefit from and that only disadvantaged them.³ We have told healthy people that they need to be screened or have risks managed with tablets—helping a few, while making patients out of many others.^{4 5} So why would we think that medicalising death—involving doctors in assisting dying—will reap only benefit for patients?

The BMJ has said that “people should be able to exercise choice over their lives, which should include how and when they die, when death is imminent.”¹ But our death is always potentially imminent, and we clearly do not enjoy omnipotent choice over our lives; otherwise, people in poorer areas would live just as long, with as much money and power as those more comfortably off. Indeed, “choice” in healthcare is often proffered as a consumer interest, pandering to the profit motive in our dissolving NHS. The choices that affect our lives most—income, status, employment—have more to do with the luck of the environment we grow up in than with personal volition. Why should “choice” over death remain uninfluenced by the bad luck of our environment? And if such choice is paramount, why doesn't The BMJ argue for assisted suicide at any other point in life, not just in terminal illness?

Also, we can't be sure that the law will be properly followed. Doctors have shown themselves lax at following the legal procedure for abortions, for example; why should it be different if the Assisted Dying Bill comes to pass?⁶

Medicine is already meddling too much. I'm at the sharp end: I know how lonely, old people talk, with fear and guilt of feeling useless and being a drain on society's riches, because I hear it all the time. I know how, when death approaches, families are reassured to know that I will not do anything to deliberately accelerate death.

The care of dying people is already difficult. It makes me uncomfortable when articulate, middle class people want more so called choice, when they may hardly know of the stresses and vulnerabilities of others.

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: I'm an NHS GP partner, with income partly dependent on Quality and Outcomes Framework (QOF) points. I'm a part time undergraduate tutor at the University of Glasgow. I've written a book and earned from broadcast and written freelance journalism. I'm an unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I'm a member of Medact. I'm occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013.

Provenance and peer review: Commissioned; not externally peer reviewed.

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- 1 Delamothe T, Snow R, Godlee F. Why the Assisted Dying Bill should become law in England and Wales. *BMJ* 2014;348:g4094.
- 2 Institute of Health Equity, Marmot M. Fair society, healthy lives (the Marmot review). February 2010. www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review.
- 3 Royal College of Midwives. Campaign for normal birth. www.rcm.org.uk.
- 4 McPherson K. Screening for breast cancer: balancing the debate. *BMJ* 2010;340:c3106.
- 5 Heath I. Waste and harm in the treatment of mild hypertension. *JAMA Intern Med* 2013;173:956-7.
- 6 Bingham J. MPs demand police inquiry over “pre-signed” abortion forms. *Daily Telegraph* 1 May 2014.

Cite this as: *BMJ* 2014;349:g4502

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