

In 37 years as a cancer doctor, I've never had a patient who asked for euthanasia



One of Britain's most respected doctors, **KAROL SIKORA**, condemns Terry Pratchett's call for assisted death tribunals

THE first time I helped someone to die is an occasion I will never forget. He was a 14-year-old boy who was suffering from leukaemia. I was a young cancer registrar at St Bartholomew's Hospital in London.

He was in such pain. Back in those days, we didn't tell people much about their illnesses — we never mentioned the word cancer, but the teenager had been fighting the disease for more than a year and didn't have long to live.

My consultant turned to me and said: 'Sikora, I don't want to see this boy again. Don't let him suffer.'

I understood. I doubled his dose of morphine, which I knew could suppress his respiration. The child died overnight, peacefully, with his family around him.

That is what doctors used to do. We didn't call it assisted suicide or euthanasia. We called it 'easing suffering'.

Today, though, we are witnessing a concerted drive to formalise this process. The author Sir Terry Pratchett, who is suffering from Alzheimer's disease, gave a controversial lecture this week supporting assisted death, which he would like to be adjudicated on by a tribunal.

He envisages a system of 'death committees', which would rule on who should live and die.

Just how have we got to this point? This issue keeps coming up because society is evolving. We are living longer, and collecting more diseases as we go along. Technology allows us to manage these illnesses thanks to bone marrow transplants, heart transplants or high-cost cancer treatment.

This is a triumph of modern medicine, a success story — but it means that more people are living into old age, often in ill health.

At the same time, we are seeing another change — a lack of family integrity. The village life structure of old England has all but disappeared.

The fact is that many families split up. In many cases, divorce and fractured families leave older people living alone in anonymous flats. No one even knows they exist.

GREATER mobility means that an existing family is often widely dispersed. A 'me' culture has grown up, where we do voluntary work to show how caring we are and make ourselves feel better — but we fail to look after those closest to us.

But the biggest and most damaging social change of all for the elderly is the fact that so many more women no longer remain in the home.

The traditional matriarch who dealt with the health and well-being of the family has gone. Instead, she has become a professional, working woman.

As a result, she can't just drop everything and look after granny when she is ill. So granny has to go into a home.

The truth is that the elderly have become an inconvenience. From here, it's all too easy to see how we make that short leap from the old being a problem which needs a solution — and that solution is now perceived as assisted suicide.

In my work as a cancer

specialist, I travel widely. In rural parts of the developing world, you see people dying at peace, tended by women and surrounded by family.

In Northern Thailand, for example, I saw patients who were suffering from cancer of the gall bladder, after ingesting fish parasites.

Their families were still intact and the extended family lived within a few hundred yards. The sick, therefore, were treated by their loved ones — using herbal potions similar to morphine — and were on hand when they died.

In such communities, a natural death is accepted. Yet here, in the West, we fight a natural death and want to control life's passage — meaning we don't know what to do with our growing elderly population. Enter Sir Terry Pratchett with his death squads.

Given that we find ourselves in this situation, what do we do? I am 60, the same age as Sir Terry. We are the baby-boomer generation, all approaching old age.

With the breakdown of the family, it is going to prove very difficult to look after us all — so Sir Terry is quite right: now is the time to ask: what do we want to do about this?

But my answer is most certainly not euthanasia by committee.

Ideally, for the last stage of our lives, all of us want something that the World Health Organisation calls 'compressed morbidity' — that is, we remain physically and mentally fit until we are 80. Then we might get ill, have a short period of bad health, and within a couple of weeks it's all over.

You could say that euthanasia is a form of extremely com-

pressed morbidity, speeding up nature. But the question is: who would deliver euthanasia?

The idea really breaks down once you begin talking of death panels. Who wants their last moments divined by committee? Who would appoint such a panel? What sort of people would sit on them? Who would pay? How would they agree?

Last week, the novelist Martin Amis called for public euthanasia booths, where the elderly would be given a Martini and a medal. How preposterous. It is not for governments and politicians to sanction death.

AS FAR as going to the ghastly Swiss clinic Dignitas: what an awful way to end your life. In any case, contrary to public perception, as a doctor, I know that there is very little desire for euthanasia.

This whole debate has become greatly exaggerated. There have been a few very distressing and sad cases in the public eye over the past few years, but in general, the sick want to live.

In all my 37 years as a cancer doctor, I have never had a patient who asked for euthanasia. In my line of work, it is not an issue. People don't want to die. And, usually, we can make patients comfortable, thanks to modern drugs.

Britain gave the world palliative care, after all: hospices were pioneered by Dame Cicely Saunders. She is widely regarded as the founder of the palliative care movement, and taught us that death is not something to be frightened of.

In order to see how deeply ingrained is the desire to live,

you have only to go into the average old people's home and look around.

Of course, some people there are depressed and miserable, but you would find that in any group of people. They may not be fighting fit — but that doesn't mean they want to die.

In Japan, I once had tea with a group of 25 people who were all over the age of 100. One of them played the grand piano; they all enjoyed life, albeit a sheltered and protected one, and were not ready to be put to death by a panel.

So wouldn't it be far better to revert to the old system, common 30 years ago in medicine. I remember as a young house doctor, seeing the now mythical Brompton cocktail — a mixture of morphine, brandy and a bit of cocaine — being given to patients who wanted to die.

Most doctors have been in a situation where a patient is in a lot of pain and the family is distressed, and it was then that we doctors would help a terminally ill patient slip over to the other side.

In the small hours of the night, it used to be that you exercised your own judgment. You didn't call a committee.

Now, however, medicine has been protocolised. If you don't follow the rules exactly, you get into trouble.

Young doctors are trained to follow these rules rigidly and unquestioningly.

That is wrong. So is assisted suicide. It is a dangerous path to take.

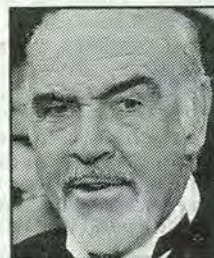
For my part, I know with certainty that when my time comes, I would rather be in the hands of a doctor than the next case on the agenda of a death committee.

Ephraim Hardcastle



DAVID Dimbleby and his brother Jonathan, seated prominently, exuded proprietorial pride — with cameras cutting for their reactions — as 'Baldrick' actor Tony Robinson read Sir Terry Pratchett's Dimbleby Lecture in favour of euthanasia. Named after their father, broadcaster Richard Dimbleby who died in 1965, the lecture has been going since 1972 and anchors the family to the BBC, giving David and Jonathan big clout there. Although a fine broadcaster, Richard Dimbleby was neither as well established, versatile nor, sadly, as long lasting as his sons. He served the BBC for 29 years but David, 71, has been there for 50 and his younger brother Jonathan, 65, for 40. Some consider the BBC fortunate to have them. Others — to paraphrase Pride and Prejudice's Mr Bennet — think they have delighted us long enough.

SIR Sean Connery, pictured, urges us to bank with French firm Credit Agricole, in a TV ad. Tax-exile Sir Sean is a rich man and a Scottish Nationalist. If it's necessary for him to sell himself to the advertising industry, isn't it a pity he can't find a decent Caledonian firm to promote?



WHO'LL pay for Pope Benedict XVI's September visit to Britain? The taxpayer stumps up for security, since the Pope was invited by Gordon Brown. But Vatican and Government officials are now haggling over how all the other costs, including transport and accommodation, will be apportioned. A church official tells the Catholic Herald: 'It's not in the Government budget and is probably going to cost the Church about £3million to £6million.' Couldn't Benedict be sponsored tastefully by McDonald's?

AUSTRALIAN-BORN novelist Kathy Lette, pictured, launches — for Voluntary Service Overseas — the nationwide Walk for Tabita on Sunday. This commemorates a Sierra Leone woman who lost her baby due to lack of health care. Not too solemn an occasion, though, for one of Miss Lette's sub-Oscar Wilde puns, namely: 'Natural childbirth is a case of stiff upper labia.'



NOVELIST Martin Amis, 60, said in 2006 that the Muslim community 'will have to suffer until it gets its house in order,' adding: 'Not letting them travel. ... curtailing of freedoms. Strip-searching people who look like they're from the Middle East or from Pakistan. Discriminatory stuff, until it hurts the whole community and they start getting tough with their children.' Amis attends the Dubai Literary Festival next month, his first visit to a Muslim country since these remarks. Let's hope Martin's Dubai strip-search isn't too invasive.

DENYING claims that he flew first-class back from Davos, while the Mayor of London Boris Johnson travelled in economy, Business Secretary Lord Mandelson replies wistfully: 'It wasn't offered.'

Patients put at risk by 'basic failings' of out of hours firm

By Daniel Martin
Political Reporter

BASIC failings at an out-of-hours company relied on by millions put patients at 'significant' risk, a damning report has found.

Locum doctors were sent on calls without knowing whether the patient had seen another GP within the previous few days, or what treatments they had been given - meaning serious illnesses could be missed.

The report concluded that the failings showed the NHS had not

WILL THEY NEVER LEARN?

PENNY Campbell died after being dealt with by eight doctors in four days because of serious flaws in the out-of-hours system.

The 41-year-old mother died of multiple organ failure on Easter Tuesday 2005 caused by septicaemia, after on-call doctors repeatedly misdiagnosed her condition.

She spoke to six doctors on the phone and had two face-to-face consultations,

because her surgery in North London was closed.

None of the doctors was able to see the records of the other GPs she spoke to.

By the time Miss Campbell was finally admitted to the Royal London Hospital, it was too late.

A report found that the system of 'safety netting' - where patients are asked to call back if their situation does not improve - was seriously flawed.



Tragic: Penny Campbell died in 2005

Red face for Osborne as green expert denies role

GEORGE Osborne was embarrassed yesterday when climate change expert Lord Stern denied reports he was becoming an adviser to the Tories.

In a speech, the Shadow Chancellor said he was delighted the peer had agreed to advise the Conservatives on the creation of a Green Investment Bank to support the creation of environmentally friendly companies.

Lord Stern wrote a report for Gordon Brown in 2006 on the economics of climate change which was highly influential on Labour's global warming policy.

Any transfer of his support to the Tories would be seen as a coup for the party.

But in a statement, the cross-bench peer insisted that while he would be willing to talk to the Tories' advisory group, he would also continue to contribute to discussions with the Labour Gov-

'Delighted Lord Stern agreed'

ernment on climate change. 'I should stress that I am not, and have no plans to be, an adviser to any political party,' he said.

Speaking at the British Museum in London, Mr Osborne said he was 'delighted that Lord Stern has agreed to advise us on the creation of this Green Investment Bank'.

Last night the Tories said they had only claimed he would 'advise' them - not that he was an 'adviser'. They said the words had entirely different meanings.

The idea behind a 'green' bank is to draw together money divided across existing Government initiatives, as well as attracting private sector capital to finance new eco-friendly technology start-up companies and create jobs.

Mr Osborne said green technologies represent an important source of jobs, investment and enterprise for the UK as it emerges from recession.

Daily Mail

DON'T FALL ILL OUT OF HOURS!

learnt lessons from the tragic case of Penny Campbell, a journalist who died of multiple organ failure in 2005 after being dealt with by eight locum doctors over the course of four days.

Yesterday, the Minister for Health Services admitted there were unacceptable variations in out-of-hours performance across the NHS, after the Daily Mail revealed that in some areas there is just a one-in-50 chance of getting a home visit in the evening or at weekends.

Mike O'Brien said he would publish new guidelines this week following an inquest into the death

of a pensioner at the hands of an exhausted German doctor on his first out-of-hours shift in the UK.

The critical report was into the West Yorkshire Urgent Care Service, which covers 2.2million people in Leeds, Bradford, Huddersfield, Wakefield, Halifax and Dewsbury.

It concluded the computer system used did not update case histories properly, so different doctors do not know what treatments have been given to patients.

This was exactly the problem uncovered by the inquiry into the death of Miss Campbell.

The report, leaked to GP magazine Pulse, also said the system did not highlight when patients called on multiple occasions - making it difficult for GPs to know how serious the situation was.

Another failing highlighted by

report author Dr David Carson, of the Primary Care Foundation, is that call centre staff list too many calls as urgent, meaning doctors cannot prioritise serious cases.

Dr Carson concluded: 'I cannot emphasise enough the serious concern I have over the issues identified. If information about previous consultations is not available to clinicians, these are serious risks. I have no doubt there is a risk of significant harm to patients.'

Mr O'Brien yesterday denied the out-of-hours system was a shambles. He said: 'That's not what a report which I commissioned last year will say. It will say actually it's better than it was in 2004, but that there is an unacceptable level of variation between the primary care trusts, who fund the out-of-hours services.'

Nick Goodwin, senior fellow at

the King's Fund think tank, warned that NHS out-of-hours care was reaching a similar crisis point to the one it experienced in the late 1990s.

He said part of the problem was that GPs had opted out of providing out-of-hours care in huge numbers following the start of their lucrative new contracts in 2004.

A report published today says that access to brain scans and clot-busting drugs is limited on weekends and evenings, meaning some stroke patients are waiting too long for treatment.

The National Audit Office report says awareness of the symptoms of strokes has improved among health workers and the public, but far too few patients are admitted to dedicated stroke units, which are known to increase chances of survival and reduce disability.



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