ly ill since the Fifties, despite the closure of mental hospitals and the adoption of community care.

"There is a great anxiety that, with the advent of community care, that all of us become much more vulnerable," said Pamela Taylor, one of the report's authors, at a press conference.

4,000 died annually on Britain's roads.

Michael Howlett, director of the Zito Trust, said: "To compare the chances of being killed by a mentally ill person with the chances of being killed in a car crash is not only meaningless but insensitive to the feelings of families who

cism of government policy, should now appear to be saying that root-and-branch reform is not necessary."

Marjorie Wallace, chief executive of SANE, said: "It benefits no one to ignore the flaws of a system whose failings are exposed time and again when a tragedy is investigated."

affair with a Wren, started a sex discrimination case against the Ministry of Defence at Southampton. Lieutenant-Colonel Keith Pople, 42, was suspended after a court martial. Lieutenant-Commander Karen Pearce, with whom he had the affair, is being considered for promotion.

Shifting views on euthanasia

MEDICAL BRIEFING

FORTY years ago, when I was a junior hospital doctor, the ethics that determined our care for the elderly and the terminally ill were well understood. We didn't need a High Court decision, welcome as the recent one has been, to allow us to use adequate doses of analgesia to control pain, albeit that the side-effects might shorten the patient's life. However, even if we didn't strive officiously to keep patients alive by overtreating those whose lives had become a misery, we did nothing to shorten a life deliberately when the only objective was the earlier death of the patient. Older doctors are shocked at the idea of deliberately dehydrating patients. All doctors realise that there are patients who are unlikely to make a good recovery but are likely to survive. A problem is that, whereas to a young doctor the quality of life of these patients may seem so low as to be not worth keeping, most of the patients are very grateful for what life they have. Research has shown that the criteria considered to warrant euthanasia by people who believe in it when they are young and active become much more stringent once that person is older and nearer death.

If fluids are withdrawn death is inevitable from dehydration within days. If the patient is conscious the only way of saving them the discomfort, pain and restlessness that would precede their death is to tranquillise them. If the same sedatives were given as one massive dose nobody would have any doubts that this was euthanasia; and even if they are given in smaller doses the end result is the same.

It is ironic that before a life-support machine can be turned off in the case of someone who, for instance, has suffered an irremediable head injury, the procedures that have to be fulfilled are exhaustive, and the decision is taken at the highest level. If, on the other hand, fluids are to be withheld so that the patient will surely die, this may be at the behest of junior staff.

DR THOMAS STUTTAFORD

Police check hospital deaths

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up by the British Medical Association in a huge consultation exercise which it hopes will result in practical guidelines.

The consultation paper, *Withdrawing and Withholding Treatment*, asks whether food and drink might be withdrawn from patients such as severely impaired stroke victims as well as those in a persistent vegetative state.

But Dr Craig said: "This is already happening without any regulation whatsoever. Moreover, the BMA are clearly aware of this. It can happen when the carers have reached the limit of their resources and are no longer able to stand patients' problems without anxiety, guilt or anger. A sedative will alter the situation and produce a patient who, if not dead, is at least quiet."

She also spoke about the dangers of grouping together patients whose condition might be misdiagnosed as terminally ill in institutions where staff are orientated towards death and non-intervention. She cited the case of a man sent to hospital for terminal cancer care. The geriatrician felt the diagnosis was not well established and found the main problem was dehydration. With intravenous rehydration and intensive nursing, he recovered and went home for 18 months. Some doctors are concerned over the distress dehydration can cause even in PVS patients. Anthony Cole, a consultant paediatrician at Worcester Royal Infirmary and chairman of a Roman Catholic ethics committee, said: "There is some scientific evidence that, if the base of the brain is intact, patients will experience thirst even if the higher functions have been lost. Death from dehydration is painful and unacceptable."

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Queen to Corporate Price + HQ.