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## Treatment of the terminally ill

*From Professor Sir Miles Irving*

Sir, I view with dismay the conclusion of your leading article of January 6, "Relative trust", that the courts should be involved in decisions to stop feeding terminally ill patients.

Whilst there is no doubt that adequate hydration is always necessary until death occurs, your assumption that the provision of nutrition to the terminally ill is equally necessary is not borne out by experience.

Artificial nutritional support is fraught with complications and can cause serious harm. When patients with recoverable illnesses can no longer feed themselves normally, artificial feeding into the gut or a vein can be lifesaving and worth the risks involved.

On the other hand, in patients with patently irrecoverable diseases, such treatment serves only to draw out the process of death, with all the associated discomfort and indignity. Judges in court will possess neither the knowledge nor the experience to assess whether a particular treatment is appropriate.

When I develop my final illness, and can no longer feed myself, I wish my GP to be in sole charge of decisions affecting my care. I will expect adequate hydration and effective analgesia but no medication or nutritional support that would prolong the natural process of dying.

Such management is not euthanasia but good humane medical care as we have always known it in this country.

Yours etc,  
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January 7.

*From Dr Michael Wilks,  
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Medical Ethics Committee*

Sir, The BMA recognises that there are substantial and unresolved issues concerning the withdrawal and withholding of treatment from patients, and the committee which I chair is currently drafting advice to guide doctors in this complex area of treatment, where both the law and ethics are unclear.

In making all such decisions, a doctor's primary concern must be the best interests of the patient. However, a distinction must be drawn between patients who are close to death and those who are not in the process of dying.

In the former case, decisions to withdraw or withhold treatment — including artificial nutrition and hydration — may be made by the doctor where he or she regards the continuation of such treatment as presenting a burden to the patient.

In the latter case, where doctors will be assisted by discussion with those close to the patient and by available knowledge of the patient's previously expressed wish, withdrawal of artificial nutrition and hydration should only be taken on legal advice.

Any treatment given with the primary intention of shortening life is both unethical and illegal.

Yours faithfully,  
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