



Reaping

Euthanasia doctor

Ending someone's life doesn't have to be immoral...

Dr Michael Irwin, 68, is vice-chairman of the Voluntary Euthanasia Society. In a medical career spanning 40 years he has worked both in hospitals and as a GP and has admitted to helping as many as 50 of his patients die using a "double effect" process.

Euthanasia seems a pretty grey area legally. What are you allowed to do if someone wants to die?

At the moment, doctors can legally practise "passive" euthanasia – which means taking away or withholding treatment even if the terminally ill person will die as a result. But doctors cannot directly help the person to die, by giving a lethal injection for example. However, I would argue that "passive" euthanasia has exactly the same moral and practical result as giving a lethal injection.

How exactly have you helped your patients to die?

The kind of euthanasia that I have practised is known as "double effect". I will give a patient who wants to die increased doses of pain-relieving drugs. This is deemed legal as long as I make it public that I only intended to relieve the patient's suffering, not cause their death. I like to think of it as society's wink to euthanasia. Forty-seven per cent of GPs say that they have used double effect to help patients die.

What kind of drugs do you give the patient?

Diamorphine, which is chemical heroin.

What side effect does diamorphine have?

It can stop respiration.

Do you know that you're going to kill a patient when you give them the drugs?

It is deemed good medical practice to give large doses of painkillers to relieve pain. It's a wonderful psychological mechanism for doctors because you're never sure whether the patient died from their illness or from the side effects of the drugs.

Does your conscience ever trouble you?

It would trouble me if I didn't practise double effect – knowing that I could have shown compassion to a fellow human being but didn't because I was too scared about what the consequences would be for me.

Who was the first person you helped to die?

It was a guy in his late fifties who had widespread lung cancer. I was a house physician at the Prince Of Wales Hospital in north London in 1956. He asked me to help him in any way that I could. I asked him exactly what he meant and he then begged me to shorten his life. He'd obviously told his family what he wanted because they were

'The patient has voluntarily decided to die – I'm not ending his life against his will'

asking me the same thing every time I walked past his bed. I spoke to the ward sister and two medical colleagues and we all agreed to begin increasing the doses of painkillers. First of all it was doubled, then trebled. He passed away within two days.

Do you feel differently about those patients who died in your care because of double effect and those that didn't?

Only in that I believe I was being compassionate to someone who had often become a friend. I am convinced that double effect is the administration of the final act of good medicine.

What if the patient's family didn't want you to administer a higher dose of diamorphine?

The patient's interests are always paramount to me. It's up to them

to convince their family what they've asked me to do.

Were you always there when your patient died?

Not always. In terminally ill patients, drugs were usually given over a period of time by a team of nurses. Today, doctors can use a syringe driver, which is an intravenous drip that feeds in so many milligrammes of diamorphine every hour or half-hour.

What's happens to them when they die?

There's no drama, no last death throes – that's

the medical point of double effect. As the body shuts down their life just ebbs away. I just see that they are as comfortable as possible. The diamorphine means that they will die a quiet, dignified death.

Do you talk with a patient as they are dying?

You have to monitor their pain levels, and the best way of doing this is through the patient themselves. Other than that I won't act any differently from the rest of the time that they've known me.

Has any patient changed their mind after you have started upping the dose?

Thankfully, no. By the time it gets to that stage their minds are clear about what they want and all their affairs are in order. The patient has voluntarily decided to die – I'm not ending his life against his will.

In Holland, voluntary euthanasia has now been decriminalised, and there have been reports of old folk said to be terrified their doctor will bump them off. Isn't there a danger of doctors trying to play God?

That myth comes partly from the views of the Dutch Physicians League, a small association of only several hundred doctors, who are against euthanasia. Anyway, there are patients being bumped off against their will all the time. At least legalising euthanasia will mean that situations like this will come under greater scrutiny before things go too far. ▷



"The patient's interests are paramount to me"