

UK Doctors Face Jail if They Refuse to Euthanize Patients

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LONDON, November 20, 2006 (LifeSiteNews.com) — In a statement yesterday Lord Falconer, the Lord Chancellor of England has warned doctors that they may face prison sentences if they refuse to starve and dehydrate patients to death. Criminal charges of assault could be laid against doctors or nurses who refuse to allow patients to die, even by removal of food and hydration tube.

The Labour government unveiled its new guidelines for doctors to follow the Mental Capacity Act that is to come into effect next spring.

The guidelines instruct doctors that a patient's "advanced decision," what is often called a "living will," that includes a request for cessation of medical treatment must be followed even if it means the patient will die. To fail to do so, in other words, to take action to keep a patient alive, could result in criminal charges or heavy fines.

The government's guidelines instruct doctors, "If you are satisfied that an advance decision exists which is valid and applicable, then not to abide by it could lead to a legal claim for damages or a criminal prosecution for assault."

British courts, in conjunction with jurisdictions around the world, have determined that it is sometimes in the patient's best interest to be dehydrated to death by removal of feeding and hydration tubes. In many parts of the world, including Canada, food and hydration is considered "medical treatment" and as such can be, and frequently is, withheld on the grounds that it constitutes "extraordinary treatment".

This was the thinking that allowed the court-ordered killing of Terri Schindler Schiavo in 2005.

Alex Schadenberg, Executive Director of Canada's Euthanasia Prevention Coalition, warned that the Act is a means of installing "euthanasia by omission." Schadenberg says the Act allows for the intentional killing of patients who would not otherwise be dying by withholding food and fluids or other ordinary medical treatments.

Schadenberg told LifeSiteNews.com that the distinction is often misunderstood but is simple to grasp. "We're talking about basic medical care for patients who are not in imminent danger of dying and need regular medical care. Withholding this care means death is caused by that omission, and not by a disease."

Dr. Peter Saunders, head of the Christian Medical Fellowship, concurs saying that the worry is not for those dying patients who are already so close to death that they could not benefit from food and hydration.

"But we are concerned that patients will make unwise and hasty advance refusals of food and fluids without being properly informed about the diagnosis. It is too easy for patients to be driven by fears of meddling treatment and "being kept alive," into making advance refusals that later might be used against them."

Dr Jacqueline Laing of London Metropolitan University, who called the measures an obvious “cost-saving” effort on behalf of the National Health, said the Act “inverts good medical practice by criminalizing medical staff who intervene to save the lives of their patients with simple cures and, in certain cases, even food and fluids.”

Schadenberg concurred with objections in the UK that this is a means of installing legal euthanasia by the ‘back door.’He told LifeSiteNews.com that he attended an international right-to-die conference in Toronto this year where the discussions included methods of bringing forward legal euthanasia by omission.

Schadenberg said “If we are now going to legally force passive euthanasia to happen, the practice of active euthanasia will quickly follow. It won’t be long before people watching the death of their loved ones by dehydration will demand it.”

“Death by dehydration is horrible. It won’t take very long before someone is saying, ‘why don’t we just give an injection, it’s more humane.’”

While the new Act insists doctors kill patients who might otherwise live, the reverse determination was not upheld either by British or European courts. Leslie Burke, a British man who suffers from a degenerative disease that will one day render him unable to communicate, went to court to obtain a guarantee that he would not be dehydrated to death on the orders of doctors.

Mr. Burke argued that British guidelines left too much latitude to individual doctors to decide when a patient’s life was no longer worth living. He lost his case in Britain and the European Court of Human Rights who said that adequate protections for patients already exist in British law.