

Land of slippery slopes

By Theodore Dalrymple

Quite apart from any abstract philosophical difficulties there might be with the Terminally Ill Adults (End of Life) Bill now before Parliament, there is one deficiency in it which struck me immediately: the complete failure of its framers to recognise the gross absence of probity in modern British life that will make any conditions laid down in it as much use in the prevention of abuses as a bikini in a snowstorm.



Campaigners against the assisted suicide bill demonstrate outside parliament. © BENJAMIN CREMEL / AFP

Even the most ardent supporters of assisted suicide agree that there must be some safeguard against pressure

being put on old, weak and vulnerable persons to request assistance in dying. The bill as it is at present recognises this but is very naïve about what such safeguards should be.

As it stands, two doctors must, independently of each other, be sufficiently sure that the patient will die within the next six months (there is no requirement, incidentally, that he should be suffering unduly) and that no pressure has been applied to him to make his request.

In present conditions, in which three quarters of our general practitioners work part-time, many people have no doctor who

knows them well. It is difficult enough to get a doctor's appointment, let alone to get to see the same doctor twice. The situation in hospitals is often no better: hospitals pass their patients around like a game of pass the parcel, so that no member of staff can be said to know a patient well.

But even the old-fashioned family doctor might not have known what goes on in the intimacy of a household. Few doctors who thought they knew their patients haven't been surprised on occasion to discover something unsuspected about them or their families. And how is a doctor to know the relations that the children of an elderly and dependent patient have with him, how they conduct themselves, or what their motives are? He can, at best, guess. And which doctor has never been deceived by his patients or their relatives?

The law demands not one, but two doctors who can assure themselves that no undue pressure has been exerted on a patient who requests assisted suicide. These doctors must be independent of one another. What investigations must, or could, the second doctor make to assure himself that this condition has been complied with? Either the process becomes a lengthy and expensive one, or it is nugatory.

Permission for each assisted suicide must be signed off by a judge. He, too, must assure himself that no pressure has been applied to the applicant. Again, either his efforts to assure himself will be onerous and time-consuming or else perfunctory, in the nature of a rubber stamp. Given the current nature of our society, the latter is by far the more likely.

Let us take, by analogy, the number of sick certificates issued in this country by doctors. There are some towns, apparently, in which a third of the adult population is deemed by doctors to be too ill to work. Is this plausible? Can it really be true?

I recall a conversation I had with the general practitioner of a patient of mine, whom he had signed off work for months because of chronic backache. The patient, an athletic-looking young man, told me that he spent much of his time practising martial arts. I telephoned the general practitioner to apprise him of the fact, suggesting that practising martial arts and chronic backache so severe that work was impossible were somewhat in contradiction.

"Oh, I know all that," said the doctor. "But the last time I tried to refuse someone a sick note, he picked up my computer and threw it at me, and we ended up wrestling on the floor. Now I give a sick note to anyone who asks for one."

Of course, there is more to the proliferation of sick notes than doctors' fear of their patients. There is, beside, the absence of probity, intellectual, moral, and psychological, that masquerades as humanity and compassion that has overtaken the country in general and the doctors in particular.

Anyone can sympathise with those who live in any one of the scores of ghastly towns in England and Wales, or with those whose work is unpleasant or ill-paid, or both. And those who would hardly be worse off financially, if at all, if they went on to some kind of benefit, but their wholly understandable dissatisfaction is not the same as suffering from an illness that renders them incapable of work, which is what hundreds, if not thousands, of doctors now are prepared, from fear, sympathy, ideology or compassion (at someone else's expense, of course) to certify.

They are assisted in this destruction of their own probity by the corruption of psychiatry, which now finds in all distress, even when self-induced, exaggerated or totally false, a phenomenon in the same category as cholera or multiple sclerosis. This means, in effect, that you are unfit for work if you think you are; for no one can say that you do not feel what you say you feel, and doctors have neither the time nor

the inclination to contradict their patients. Corruption of a particularly insidious kind is now very widespread, if it is not absolutely general, not only in our system of government but in the hearts and minds of our people.

The bill, at least in its present form, gives doctors who do not believe in assisted suicide the right not to participate in it, but turns such doctors into Pontius Pilate by imposing upon them the duty to inform their patients of the name of a doctor who does believe in it. In addition, whilst it does not impose upon doctors the duty to discuss the matter of assisted suicide with their patients who have not asked for it, it gives them permission to do so. I think it might be rather difficult to ask a very ill patient about whether he has ever thought of putting himself down in a completely neutral way.

I should perhaps add that I can easily foresee circumstances in which I should want assistance to die, and what I would want for myself I can hardly deny to others. The problem is that, if Britain emulated Canada in the number of assisted suicides, there would soon be 25,000 of them a year, and I simply do not believe in the capacity of our public administration to regulate them properly. After all, Britain is *par excellence* a land of slippery slopes down which it has almost gleefully slid. Before long, people will say, "And why should the dying have all the best deaths?"

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