

MAY 2019 Vol 69 No 2

**catholic medical**  
Q U A R T E R L Y

cmq

[www.cmq.org.uk](http://www.cmq.org.uk)

Price £5.25 (free to CMA members)



**IN THIS ISSUE**

- **Following Jesus in Healthcare**
- **The Annual Conference of the CMA, Hull University Chaplaincy 4th May 2019**
- **Pressing the delete button: how to change ethics**
- **The end of the Royal College of Physicians?**
- **Manhood**
- **Would you refuse a dying man water?**
- **Welcoming a child with a life threatening abnormality**

JOURNAL OF THE CATHOLIC MEDICAL ASSOCIATION (UK)



# THE DEMISE OF THE ROYAL COLLEGE OF PHYSICIANS?

## NEUTRALITY ON ASSISTED SUICIDE ACCEPTS THAT DOCTORS MAY LEGITIMATELY KILL THEIR PATIENTS

DR ADRIAN TRELOAR FRCP



The Royal College of Physicians celebrated its 500th anniversary last year. Simply to exist for half a millennium is an astounding achievement. But to develop into an international organisation that commands such respect is an even greater achievement.

For almost the whole of that half millennium, the College has been opposed to killing. The oath of Hippocrates and the Fifth Commandment found themselves enshrined in College policy, practice and writings.

But in January, at a Council meeting the College changed its position to one of neutrality to assisted dying. Ostensibly this change is described as enabling the College and members to enter the debate on Assisted Suicide. The College also changed its use of terminology. “*Assisted suicide*” is out, “*assisted dying*” is in.

The term ‘assisted dying’ is defined by the RCP as “*The supply by a doctor of a lethal dose of drugs to a patient who is terminally ill, meets certain criteria that will be defined by law, and requests those drugs in order that they might be used by the person concerned to end their life*”<sup>[1]</sup>. So really, especially when the large majority of medications will be given with support and often intravenously by medics, this should of course be called “Killing”.

As a result of that a group of doctors (the author is one of them) have sought to take the College to Court. The reader may reasonably judge whether we are courageous, foolhardy, or both. We are concerned about the process that the College used to arrive at its decision and believe that the College has been unfair in the way it approached this. As well as that the College has adopted a “supermajority” method which means that moving policy away from neutrality can only be achieved if 60% of college members vote for the College to support or reject a change in UK law. The supermajority system is usually used to prevent a short term and slim majority in an electorate from changing policy on a matter. But in this case it is being used to prevent a reversion to policy that has been held for 500 years and to ensure that a new policy,

imposed by Council without consultation with members, cannot be changed back.

Neutrality on an ethical question means that you are not against something in all circumstances. Therefore neutrality in this case requires a willingness to accept that doctors may kill their patients. I cannot imagine the RCP adopting a position of neutrality on modern slavery, racism or other evils in our society. The RCP entirely fails to point out that neutrality, in essence therefore accepts the principle of assisted suicide. But to many of our colleagues neutrality will look like an attractive (though false) option. As the Canadian family physician Williard Johnston said when commenting upon the effect of the Canadian Medical Association adopting a neutral position on assisted suicide “*Few Canadian doctors foresaw that ‘going neutral’ would guarantee the arrival of euthanasia . . . Learn from our mistakes.*”<sup>[2]</sup>

And the College has put in place a mechanism which appears to have the sole intention of making it very hard to change the newly adopted position of neutrality back to one of opposition. As can be seen on page 9 of this issue the same switch towards neutrality is being proposed at the World Medical Association by doctors from Canada and the Netherlands.

The key point about neutrality on assisted suicide is that being neutral accepts that doctors can legitimately kill their patients. That will become a massive corruption deeply embedded within the profession of medicine. Assisted dying and killing cannot sit alongside good care and treatment of the weak and vulnerable. “*Every kingdom divided against itself shall be made desolate: and every city or house divided against itself shall not stand. And if Satan cast out Satan, he is divided against himself: how then shall his kingdom stand?*”<sup>[2]</sup>

It is hard to believe that the College of Physicians can embrace killing as its Council has sought to do and continue to stand. Patients need a College where they can be confident that members will truly value and respect their lives

### REFERENCES

- [1] RCP e-consultation of members  
 [2] Johnston WP. Re: Why I decided to provide assisted dying: it is truly patient centred care [electronic response to Buchman S]. BMJ 2019. <https://www.bmj.com/content/364/bmj.l412/rr-21>.  
 [3] Matthew 12:22-28

See also the News section on page 7 for details of the press statement

## NEWS

**ASSISTED SUICIDE AND THE ROYAL COLLEGE OF PHYSICIANS: THE PROFESSION HAS NOT MOVED ON THIS ISSUE, SO NEITHER SHOULD THE COLLEGE**

Despite the court case (page 4) the Royal College of Physicians did indeed use the results of its survey to support its new position of neutrality on assisted suicide. Those who brought the court case against the College made a press statement on the 23rd March.

At the time of going to press the case is currently ongoing

Statement for released on 23rd March 2019 by Paul Conrathe on behalf of  
 Dr Kathy Myers FRCP, Retired Consultant in Palliative Medicine, London  
 Dr Adrian Treloar FRCP, Consultant Old Age Psychiatrist, London  
 Dr David Randall MRCP, Registrar in Renal Medicine, London  
 Dr Dermot Kearney FRCP, Consultant Cardiologist, Gateshead

We are disappointed but not surprised by the decision of the Royal College of Physicians to move to a position of neutrality on assisted suicide.

The Council of the RCP made clear its desire to see the College adopt a position of neutrality on this issue. It is very difficult to achieve a majority for any particular position in a vote with multiple options, and the conventional approach in such cases is to accept the view of the largest group.

The College decided to require a 60% supra-majority to maintain opposition to assisted suicide, in a three way question, making today's outcome almost inevitable.

The results of this survey justify our decision to challenge the Royal College of Physicians in court over its handling of this poll.

*We note that:*

- 43.4% in this survey believe the College should continue to oppose the legalisation of assisted suicide, compared with 44.4% in 2014 - in both cases representing the largest group of doctors.

- Once people answering 'don't know' are removed (this option was not present in 2014), 55% of those who expressed a personal opinion on assisted suicide are opposed to its legalisation, compared to 57.5% in 2014.

- Only 25% of RCP members and fellows support the College's new position of neutrality (down from 31% in 2014), and neutrality is the least well supported of the three potential positions the College could hold.

The results therefore show that the views of RCP members and fellows are virtually unchanged since 2014 – making the College's new position at odds with the opinions expressed by the largest group of grassroots Members and Fellows.

The College has dropped its historic opposition to assisted suicide despite the largest group of respondents being personally opposed to this and supporting public opposition to assisted suicide. The new position of neutrality is supported by a mere quarter of the College.

We were disappointed not to receive permission today to challenge the decision of the College in the High Court on technical grounds.

Sick and vulnerable people are at risk as a result of College neutrality on assisted suicide. The profession has not moved on this issue, so neither should the College.