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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Paediatricians and the law

SIR,—Following the controversy surrounding the recent court case, I wish to state clearly that, in common with most Christians, the Guild of Catholic Doctors believes firmly in the following five principles of life:

(1) All innocent people have a fundamental right to life. This right is totally independent of the wishes of others and of the judgment of society.

(2) Each individual in society, and society itself, has a corresponding and most serious obligation to respect that life. It makes no difference whether the innocent person is in full vigour or is handicapped, whether life is just beginning or is drawing to its close. This duty cannot be qualified or set aside just because people are unwilling to recognise it, or find it difficult, or consider that it competes with other, less fundamental rights.

(3) When an individual is clearly dying, or suffering from a fatal ailment, there is usually no moral obligation to undertake special treatment, such as major or dangerous surgery, which will not appreciably improve the situation, or which will only briefly interrupt the onset of death. There can here be a delicate matter of clinical judgment for doctors to assess, and for all interested parties

(not only the doctor) to take into account when a decision is to be made. But even in the case of a dying person any action, or so-called treatment, which deliberately and of set purpose aims at shortening life, or at bringing about its end, is always morally wrong.

(4) Human life can be ended by neglect just as much as by action. And people can be just as morally guilty by not doing normal but essential things for others as by acting positively against them. In other words, allowing people to die as a result of deliberate neglect is just as wrong morally as actively killing them. If people have a basic right to live, then they also have a basic right to all the normal things, including simple nourishment, which are necessary to sustain that life.

(5) This literally basic human right to live is not created or conferred on human beings by the laws of any land. The function of law in regard to life is to acknowledge and protect it, without fear or favour, as fundamental to the very purpose and quality of human society. No human legislation or legal judgment can ever morally justify an action which deliberately aims at destroying the life of an innocent individual. Indeed, in so important a matter society itself should be grateful when public

attention is drawn to the behaviour of either individuals or groups who actively encompass such destruction.

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SIR,—I am worried that your leading article (14 November, p 1280) suggests that medical judgment for or against normal treatment of the damaged neonate should be influenced by the prospect that "For most such babies unwanted by their families the present reality is a miserable lifetime in an NHS institution. . . ." The Chief Rabbi's reported views¹ on the dilemma of the damaged newborn are of special weight with the history of six million European Jews being declared "unwanted" and sent to the gas chambers by the Third Reich. He cautions that "moral culpability extends to any act calculated to induce death, including starvation." Archbishop Hume also declared the Christian belief in the sanctity of life—all life whether imperfect or not.

Has the time come for doctors to take a more modest look at their role in society? Whether in family or specialist practice, given all the