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LEADING ARTICLES

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MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

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.

The legal threat to medicine

SIR,—Dr J D J Havard's leading article (27 February, p 612) on the legal threat to medicine is indeed alarming. It is wrong that established medical practice can be challenged by the Director of Public Prosecutions without any apparent consultation with the profession, using the capricious medium of an exclusive *Daily Telegraph* interview.

Terminal care of patients with advanced cancer is based on careful symptom control, especially the complete relief of pain while minimising the side effects of any analgesic measure employed. The regular administration of prophylactic opiates for chronic pain in these patients has been regarded by the hospice movement as the cornerstone of humane practice.[1] That this pain relief should be denied to dying patients because it might incidentally hasten death is a notion owing more to legal theory than compassionate care.

Dr Havard points out that until now the legality of this so called "double effect" had been established by the case of Dr Bodkin Adams. I would suggest that instances of life-shortening due to regular analgesia are much less common than might be imagined. It is doubtful whether death due to analgesia could be readily distinguished from death due to terminal cancer in many patients. Furthermore, there is now evidence that the respiratory depressant effect of morphine is reduced if the analgesic dose is carefully titrated against the patient's pain.[2]

As well as challenging legal precedent, the DPP by his remarks is at odds with opinion in other disciplines. Two recent leaders[3,4] in this journal have supported the rational use of opiates in malignant pain. The former Archbishop of Canterbury, Dr Donald Coggan, in an address to the Royal Society of Medicine in 1976, makes an ethical distinction between the good intentions of pain relief as opposed to the secondary evil of shortening life.[5] He quotes Chancellor Garth Moore, the Anglican canon lawyer, as justifying this use of analgesia "not only by the theologian's law of double effect but also by the common law doctrine of necessity." The Anglican church concludes that this use of analgesia is legitimate and should not be regarded as euthanasia.[6]

Rather than changing the law in this area of practice it has been suggested by Mr Ian Kennedy,[7] a lawyer well known for his sometimes critical view of doctors, that a code of practice might serve the best interests of patients. To legislate might encourage defensive medicine.

Finally, I agree with Dr Havard's suggestion that the DPP should find out what the public thinks of these proposals to prosecute doctors for murder.

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[1] Twycross RG. In: Saunders CM, ed. *Management of terminal disease*. London: Edward Arnold, 1978.
[2] Hanks GW, Twycross RG, Lloyd JL. *Anaesthesia* 1981;**36**:37-9.
[3] Anonymous. *Br Med J* 1978;i:459-60.
[4] Anonymous. *Br Med J* 1981;**282**:1095-6.
[5] Coggan D. *On dying and dying well*. London: Royal Society of Medicine, 1977.
[6] Anonymous. *On dying well. An Anglican contribution to the debate on euthanasia*. London: Church Information Office, 1975.
[7] Kennedy IMcC. In: Saunders CM, ed. *Management of terminal disease*. London: Edward Arnold, 1978.

SIR,—It would be extreme presumption to argue a point of law with a barrister. But I believe that the basic point of Dr John Havard's leading article (27 February, p 612) is rather related to clinical practice and the mother tongue. As, therefore, we abandoned the stethoscope for the pen and the committee room almost simultaneously, and the issue is certainly of the utmost importance, I venture into the lists with my old and learned friend.

In R *v* Adams,[1] as Dr Havard reminds us, Mr Justice Devlin said "[a doctor] is entitled to do *all that is proper and necessary* [my emphasis throughout] to relieve pain and suffering, *even if* the measures he takes may *incidentally* shorten life." The Secretary then quotes the present Director of Public Prosecutions as having said "doctors who *deliberately* speed death could face . . . life imprisonment"; and concludes "he [the DPP] intends to challenge Lord Devlin's direction in the Adams' case."

What the DPP may have in mind I know not, but certainly I cannot share Dr Havard's conclusions on the evidence he presents to us. Anyone who has been in practice for a short while will assuredly have been faced with the