Letters to the Editor

The Editor:

Sir:

We read the two articles regarding euthanasia in the September issue of the West Indian Medical Journal with great interest (1, 2). We have some reservations about the statement by Tulloch-Reid that "licensing doctors to perform euthanasia may have an adverse effect on the doctor-patient trust" (2). We believe it is just the reverse. For patients with incurable chronic diseases, the possibility of euthanasia may considerably reduce their anxiety regarding the future. Certainly with AIDS, we have learned that the best way to deal with patients is to be honest with them, to discuss the treatment options in depth in order to make common decisions and to be very supportive in all stages of the disease (3). In order to cope with their illness it is important that the patients know that their physician, when there are no more treatment options and when their suffering becomes unbearable, will not abandon them and will perform euthansia if it is their wish.

We agree that euthanasia is a very delicate procedure. It should be performed only at the voluntary request of a competent patient after all other possibilities have been exhausted, including optimal palliative care to decrease suffering. For poor resource and low income countries the latter condition is generally not fulfilled, because optimal medical care and psychosocial support is often not available. Even in industralized countries, sudden breakthroughs in medical research may turn an incurable disease of today into a curable disease tomorrow. For example, many AIDS patients in industrialized countries who were in a very advanced stage of disease a few years ago have been successfully "resuscitated" because of a highly active antiretroviral treatment.

However, because there are still many incurable diseases that cause tremendous suffering, patients should have the option of euthansia if there are no other possibilities to improve their quality of life. As in the Dutch model, there should be strict rules how euthanasia should be performed (4). Today, without regulations, too often physicians decide without serious discussions with patients or their family either to stop life, prolonging treatments, or to increase the dose of certain medications that may shorten the survival of the patient.

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Response

I thank Drs Colebunders and Schrooten for their interesting comments in response to my article.

Editorial changes may have made my statement a bit stronger than originally intended. However, it would seem that the way in which the doctor-patient relationship is affected by the practice of euthanasia is largely determined by cultural factors.

The practice of euthanasia by the doctor may not be as acceptable in the Caribbean, where the 'good doctor' is still perceived as one who preserves life as far as possible. Perhaps this is due to strong religious values in our societies, and perhaps because, as was rightly pointed out, with our limited resources we are not frequently confronted with situations where the treatment options have all been exhausted before the patient dies.

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