And this involves doctors because……?

Through all the debate on voluntary euthanasia over the years, one assumption has gone almost unchallenged; namely that doctors will have a central role in deciding who dies, and that they will also be responsible for the act of killing the patient. Why? Why delegate responsibility for state-sanctioned slaughter to the one group of professionals who, above all others, have a commitment to maintaining patients alive and in good health? And before I go any further, let me emphasise that I'm not talking here about *clinical* decisions to withdraw treatment from patients with no hope of survival, but rather the deliberate taking of the lives of those who are not in immediate danger, and yet have decided that they do not wish to go on living for whatever reason.

The arguments for and against euthanasia will no doubt have been rehearsed at great length elsewhere in this issue, but one of the cons will probably have been the potential adverse effect of any extension in the practice of 'mercy killing' on patients' faith in their doctors. And rightly so. Any formal system of voluntary euthanasia, no matter how hedged around with regulations it might be, will contain loopholes which permit abuse. So why should medical professionals agree to dirty their hands by administering the pharmaceutical farewell knowing that, from time to time, they will be responsible for consigning to the hereafter the innocent victims of familial greed or cruelty, or those who would have changed their minds, given the opportunity?

No; if society decides that we should make voluntary euthanasia freely available, that's fine, but society must put in place the mechanisms to achieve this ideal. Of course, doctors will have a part to play. Many of these premature deaths will be the result of disease, and it will be the responsibility of the patient's GP or hospital doctor to confirm the nature of the illness, and offer the best possible estimate of prognosis. They will also wish to counsel the patient concerning the available treatment options and the likely outcome. Some may even allow themselves to be inveigled into giving an opinion as to the capacity of the patient to make an informed decision concerning their fate, although quite why doctors should be considered better able than anyone else to see into the mind of another has always been beyond me. However, once the decision has been made, for better or for worse, the process should pass into the hands of laymen.

The actual killing (and let's not be coy about it, killing is what we are talking about) would be carried out by specially trained personnel, either in the patient's home or in dedicated centres which I suggest should be known as thanatoria. I accept that this name may lead to unfortunate misunderstandings should a chest physician with a lisp wish to send a TB patient to recuperate in a nice clinic in the Swiss Alps, but it has the merit of linguistic integrity. The thanatoria would be pleasant buildings – think BUPA clinic with a hint of methodist chapel and just a dash of IKEA. For those so inclined, there would be the option of a room with religious trappings and a vicar on hand, but the ambience would otherwise be smart secular. There would, of course, be no shortage of applicants for the role of despatcher, and training would not be a problem; we know from experience that almost anyone, even surgeons, can be taught to gain venous access, and the drug cocktail employed would be a standard one.

OK, I sound flippant, but that's just me trying to get you to listen – there's a serious point to be made here. Because this is nothing new – the 1967 Abortion Act showed that it is all too easy for politicians to implement well-intentioned legislation and then leave doctors to deal with the ethical flack. Euthansia, like abortion on demand, is a manifestation of social engineering, and nothing to do with healthcare. The woolly-minded proponents of voluntary euthanasia would be only too happy for the actual mechanics of the process to be hidden away behind the closed doors of a clinic or hospital, leaving them to bask in the smug satisfaction of a job well done. We should not allow them that luxury. If they want people killed, let them be responsible not only for devising the regulatory framework and logistics of the process, but let them also press the plunger and deliver the coup de grace. Killing people has nothing to do with medicine, and we should firmly decline to get involved.