

Dying with dignity – advance directives

To the Editor: We may be grateful to Dr Larsen for drawing our attention to the recent launch of Dignity SA.¹ Dignity SA aims to support the provision of palliative care plus an option of legalised assisted dying; their website is <http://dignitysa.com/>. In this aim, they reflect the UK organisation: Dignity in Dying, with its years of experience and their 'Campaign for choice, for compassion, for change'. Their website, www.dignityindying.org.uk, and that of their companion organization, www.compassionindying.org.uk, are well worth visiting.²

Strongly faith-based discourses make debate difficult. Indeed, the 1998 South African Law Commission, in its report to the Minister of Justice, argued that it was inappropriate for the legislature to seek to balance religious views in a pluralist society.

There need not be polarisation between voluntary euthanasia and high-quality palliative care. Jan Bernheim and colleagues³ published a valuable article entitled 'Development of palliative care and legislation of euthanasia: antagonism or synergy?' which described 'how in Belgium the two camps grew up side by side to mutual benefit'. Clare Dyer⁴ has just reported in the *British Medical Journal (BMJ)* that the European Association of Palliative Care, comparing six European countries, reports that the legalisation of assisted dying does not undermine the provision of good palliative care.

The way forward depends on acknowledging the right to choice. This is expressed in a letter in the *BMJ* under the heading 'Assisted dying debate' and titled 'Time to be neutral?' by Peter Bruggen:⁵ 'I can see no reason for those who want themselves and others to wait for nature's time to seek to forbid those who want to die when they choose. It's a permissive bill we are after. Other people would be able to continue their lives as long as they want to. Some may think it morally wrong to take your own life; but if that is the case, I expect they can respect the "right" of others to be morally wrong.'

Of course 'dying individuals are extremely vulnerable; their problem-solving skills are frequently impaired, and it is very difficult for an observer to assess them accurately'.¹ That is why advance directives, made while a person is of sound mind, and predicated upon a prior sharing with close family and general practitioner, carefully thought through and revised when necessary, make a valuable contribution to end-of-life care.⁶

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1. Larsen JV. Death with integrity. *S Afr Med J* 2011;101:780-782.

2. South African Law Commission. Euthanasia and the artificial preservation of life. Report 86: Nov 1998. Obtainable from the Secretary of the Law Commission, Private Bag X668, Pretoria 0001.

3. Bernheim JL, Deschepper R, Mullie A, Bilsen J, Deliens L. Development of palliative care and legislation of euthanasia: antagonism or synergy? *BMJ* 2008;336:864-867.

4. Dyer C. Legalising assisted dying 'does not harm palliative care'. *BMJ* 2011;343:871.

5. Bruggen P. Time to be neutral? *BMJ* 2011;342:458.

6. Ingle RF. Advanced directives are valuable. *South African Family Practice* 2009;51(6):517.

Malignant persecution of doctors by the HPCSA

To the Editor: A person is likely to complain to the Health Professions Council of South Africa (HPCSA) about a doctor, judging by TV advertisements by lawyers and the headline in our local newspaper, the *Daily Dispatch*, 'How to sue your doctor!' The complaint should then be assessed (the Schabir Shaik case comes to mind) and an inquiry made as to what has transpired (this is made by the Legal Department, and 20 pages of regulations are enclosed).

A doctor replies in good faith, and presumably in most cases this involves providing an adequate and comprehensive report. There is no reply indicating whether this report has been received, but the doctor is then autocratically summonsed to appear before a 'Medical Committee' to supply more information. No attempt is made to contact the doctor by telephone or letter. This appearance before the 'Medical Committee' is at the doctor's own inconvenience and expense, as the HPCSA points out in their initial letter.

I have many documented accounts of doctors from East London having to appear before this Committee for insignificant matters. There is no explanation why this ludicrous appearance should occur when the situation could be solved with communication. I do not think this situation is unique to East London – it is probably a national phenomenon!

Is this not gross abuse of misplaced bureaucratic power?

If the doctor does not appear before this 'Medical Committee' with good documented reasons, the next step is a summons to appear before a 'Disciplinary Committee'. There is no communication, apart from lawyers' letters (there cannot be any shortage of people in the legal department at the HPCSA), as the only reply one gets is a lawyer's summons.

This process takes years, during which time the doctor is obviously unnecessarily stressed. The HPCSA has the audacity to publish in their bulletin of 2011 'Stress'. Is this not the kettle calling the pot black!

The mandate of the HPCSA is 'to protect the public and guide the doctors' – perhaps this should be reversed, i.e. 'to protect the doctor and guide the public'. This would help to stem the mass exodus of doctors. An added benefit would be not antagonising the doctors remaining in South Africa with the HPCSA's Gestapo-type approach.

Surely the South African Medical Association (SAMA) would be interested to hear of other doctors' reports about the malignant harassment (persecution) of doctors who have had similar problems when there has been 'no offence'. These minor issues should be handled by SAMA.

C B Schultz

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Erratum

An error occurred on page 840 of the November 2011 *SAMJ*, in the guideline 'Recommendations for the management of adult chronic myeloid leukaemia in South Africa'. In the 3rd line of the abstract the chromosomal translocation was stated as being between the long arms of chromosomes 9 and 12, when in fact it is chromosomes 9 and 22. The online version was corrected on 23 November 2011. The full reference is: Louw VJ, Dreosti L, Ruff P, *et al.* Recommendations for the management of adult chronic myeloid leukaemia in South Africa. *S Afr Med J* 2011;101:840-846.