

## Book Review

### Medicine Betrayed; The Participation of Doctors in Human Rights Abuses

A report prepared by a Committee of the British Medical Association, Published by Zed Books Ltd, London, 1992.

This is essentially a medical reference book and not one for the home library, for, its relevance in New Zealand is slight. That said, it is indeed intriguing to find the BMA, first in 1986 on the initiative of the late Dr John Dawson, and now in a 1992 revision, offering an authoritative report on human rights issues such as torture, judicial execution or mutilation, hunger strikes and distorted psychiatry. In both the United Kingdom and here in New Zealand, hopefully the closest we get to these often horrendous examples of a professional person's inhumanity to others, is the occasional case of death or injury in custody where medical care may have been sub-optimal.

Nevertheless this reminder of what has occurred in Sri Lanka, El Salvador, Sudan, USSR, East Timor and Tibet - to name only a few of the examples - is harsh and disturbing reading. More than once in the text the point is made that doctors involved in these abuses "are not psychopaths but family men who considered they were doing their patriotic duty". Some have clearly drifted into these excesses within their role as armed forces or prison medical officers. Others may be seriously coerced. In these respects the report emphasises the importance of world bodies, like the United Nations or World Medical Association, in appeals, investigations and in mobilising world opinion.

The report concludes with 46 recommendations and it would be hard to quibble with any. The authors see it as vital that the doctors who are aware of abuses are encouraged to come into the open and supported in their disclosures: to be, in short, pro-active and to enter debate and publicity from the strong ethical and professional base we have the privilege to enjoy.

The saddest thing of all is that such a book *has* to be written and that it can call on such cruel and frightening examples of damage to humanity perpetuated by the medical profession.

Professor David Cole  
Auckland

## Readers Views

### Persistent Vegetative State

Dear Editor

I have read the report on *Persistent Vegetative State and the Withdrawal of Food and Fluids* prepared by the Centre in February 1993. I'm disturbed to see an apparent intrusion of the anti-interventionist economic dogma into the medical arena. I believe the following issues have been inadequately canvassed:

1 The Report attempts to redefine "life" as excluding those in a "persistent vegetative state". Yet it concedes on page 6 that "the diagnosis .... is considerably less certain than that of whole brain or brain stem death" and "(a rate of error) of less than 1 in 1000 may be slightly optimistic". Surely we should give the patient the benefit of the doubt where there remains such medical uncertainty.

2 The Report is fundamentally flawed in terms of research when it states (page 8) that "the incidence of PVS in New

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Zealand is unknown". The financial problem alluded to of high cost maintenance of such patients may not even exist.

3 The Report admits that PVS patients are not terminally ill and many survive over 20 years. If we allow "life" to become more narrowly defined, it will set a precedent for the removal of life support for other people whose quality of life is not deemed to be sufficient.

Readers are invited to submit articles on matters of bioethical concern for our *Commentary* or *For Debate* sections. We suggest a length of 800-1000 words.

We also welcome letters responding to material published in the *Newsletter*.

4 Can anyone know for certain what is felt by someone, merely because they cannot respond? Recent publicity of the horrors of people who were improperly anaesthetised, yet unable to respond, should make us think twice.

5 The Report seems to forget that the provision of food and fluids is not a medical intervention, but a prerequisite for life. We all need food and fluids, and when we are unable to provide it ourselves, it is not considered wrong for us to be fed. The human race would quickly die out if it were considered an unacceptable intervention for a mother to feed her baby. So-called "PVS" patients are obviously still able to metabolise their food, and this to me suggests life.

6) The Report seems to be trying to introduce a twilight zone between life and death, and I doubt if this is medically supportable on current knowledge. There appears to be consensus in society (who should ultimately decide this issue) on what constitutes death. I believe if a person is not dead, they should be presumed to be alive and always given nutrition.

Ian Andrews  
Waiheke Island