

Correspondence

Killing and voluntary euthanasia

SIR

The examples of 'mercy killing' cited in paragraph two of the article *Raping and making love* are different concepts: so are killing and voluntary euthanasia (1988;14:148-149), include the following: 'a doctor who gave an unusually large morphine injection to a patient dying of cancer was found "not guilty" of murder by a jury which brought in a perverse verdict' (3).

Reference (3) is to a report by me in the *Voluntary Euthanasia Society Newsletter*.

This example is justified neither by my report in the newsletter nor by the facts as established in court. It contains the following errors:

1. The crime of which the doctor was acquitted was not murder, (which of course carries a mandatory sentence of life imprisonment) but attempted murder, which, in cases of mercy killing, has usually resulted in a short or non-custodial sentence.

2. (a minor point, though it played an important part in the case): The injection was not morphine but phenobarbitone.

3. Since the doctor was found not guilty and made no admission, the prosecution failed to establish that 'mercy killing' was involved. The defence plea was that the 'unusually large' injection was given in error. The reasons for the 'not guilty' verdict were not stated and are of course unknown.

4. Unlike the newsletter report, which aimed at leaving the reader to draw his or her own conclusions from the facts, the article states categorically that the doctor concerned 'was found not guilty of murder by a jury which brought in a perverse verdict'. This surely amounts to saying that the doctor was not only guilty, but that he was guilty of murdering his patient, an offence with which he was not even charged. Such an allegation, *followed by the identification of the doctor by name*, is not only offensive, but can hardly fail to be damaging.

There is, I am afraid, little chance of the reference to the doctor passing unnoticed, particularly in the relevant locality, where detailed reports of the trial were published daily for over a fortnight. The case must have been of particular interest to your readers, not only because the defendant was a doctor, but because the prosecution was instigated by the doctors at the local hospice, who provided most of the evidence, and were the principal witnesses for the prosecution.

It is not clear why the article draws attention to this very controversial case not only by assuming that it was necessarily an example of mercy killing, but also by mentioning the doctor by name when the other cases cited are left anonymous. In the circumstances, however, it seems particularly important that the facts should be accurately reported, and I must protest at the misleading statements in the article, especially as they are claimed to derive from my report in the newsletter.

I look forward to the publication of a

correction.

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Correction

Raping and making love are different concepts: so are killing and voluntary euthanasia. Jean Davies, *Journal of Medical Ethics* 1988; 14:148-149.

Mrs McBride's letter was sent to Jean Davies, for comment and as a result the lines in the first column of her paper: 'a doctor who gave an unusually large morphine injection to a patient dying of cancer was found "not guilty" of murder by a jury which brought in a perverse verdict' should be corrected as follows: 'a doctor who gave an unusually large phenobarbitone injection to a patient dying of cancer was found "not guilty" of the charge of attempted murder by a jury which brought in a perverse verdict'.

We apologise to readers for the original inaccuracies. No implication that the doctor concerned was guilty is entailed or intended by the use of the term 'perverse verdict' - only that the jury's verdict went in the opposite direction to that of the judge's summing up.

The Editor has been assured by the doctor concerned that no offence has been taken by him.

Editor