



Editorial

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Founding Editor

ASSISTED SUICIDE. SIR EDWARD DOWNS QUINDECENNIAL ISSUE

I know this is the Quindennial issue of our magazine. I know we should break out the champagne and give cheers. However, important issues beckoning the practice of medicine prevent us from that luxury. In the last few months, an event that has profoundly affected me personally was the death of a friend I most admired and loved. He was the gifted, knighted, and holder of the rank of Commander of British Empire (CBE), conductor Sir Edward Downes. He was 85. The lives of both his and his wife, Lady Joan, were shortened by design. Here is the story:

Sir Edward was partially deaf and completely blind suffering from terminal illnesses and failure of multiple organs including heart and kidneys. His wife, Joan, 74, had terminal cancer and was in a great deal of pain requiring enormous quantities of narcotics and opiates. They wanted to take their lives,

but the British law does not provide for such plans. Therefore, they travelled to Switzerland, where the law on assisted suicide is the world's most liberal. Their son and daughter watched them as they drank a

lethal dose of barbiturates and died while holding hands.

In most of the Western world, suicide is not a crime but helping another to commit suicide is a crime. Not all the incapacitated, terminally ill, or permanently disabled patients are willing to wait for a natural death. Nor are they willing to take the messy and uncertain measures to kill themselves without medical help. Increasingly, they travel to Switzerland often with members of their families to seek assistance in terminating their lives. In Switzerland, assisted suicide is a crime only if it is done for gain. However, there are strict rules and guidelines as to who qualifies. Belgium, the Netherlands, Luxemburg, and the American states of Oregon and Washington are a few places in the world where assisted suicide is allowed. People who go to Switzerland to receive assistance for suicide are often called suicide tourists.

The history of assisted suicide in England is interesting. In every case of assisted suicide police investigates the suicide thoroughly.



Sir Edward Downes



Sir Edward and Joan

Over one hundred cases, including Sir Edward and Joan, there have been no prosecutions of those who accompanied seeker of suicides. In the case of Sir Edward, Joan, their son, and daughter, no slippery slopes of misdeed and no conspiracy have ever been uncovered. Nonetheless, In England, July 2009, a law to guarantee exemption from prosecution of those persons who accompany suicide tourists was defeated. Likewise, it is the case in the United States. The laws are strictly against assisted suicide. Our readers recall the case of pathologist Jack Kevorkian who was sentenced to 25 years of imprisonment and is now free on parole. He defied the law and assisted terminally ill with lethal doses of drugs.

It is not suggested to do away with the existing laws without thoughtful debate. The laws are designed to protect the elderly against avaricious shuffling and coercing older relatives off to die before they wasted their assets on nursing home fees and depleting their inheritance. In addition, granted, many terminally ill suffer reversible depression. In my own daily practice of geriatric psychiatry, I see many elderly who suffer from reversible depression. They need to be treated and returned to enjoyable life. However, we have adequate diagnostic skills to separate those who are depressed from those who are terminal and close to death. We should allow the patients of this category to die quickly and peacefully. We also have enough linguistic skills to frame a law that clearly offers guideline to achieve these goals. Studying the laws of Netherlands, Switzerland and Belgium could be helpful (I have copies of these laws and would be happy to share with readers.)

A law of this sort would have allowed the esteemed, honored, honorable, the famed composer and conductor, Sir Edward Downes and his wife, Lady Joan, to die as they wished in their own country and in their own home.

Physicians and organized medicine, such as American Medical Association (AMA) and American Psychiatric Association (APA) should bring this matter to the forefront of public consciousness. We must.

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RETURN HOME

by Holden Thorp, PhD
Chancellor, UNC, Chapel Hill

It's a treat to be back in the pages of the Wake County Physician. Since my last regular column, the Thorp family has quite an exciting ride. We moved from Carrboro to the Chancellor's residence at Quail Hill and we moved from Section 222, Row R at the Smith Center to the third row next to Dick Vitale. We've all learned a lot. For me, one of the most rewarding aspects of my new work is my enhanced role in the day-to-day workings of the UNC Health Care System. I am a member of the Board of Directors of the UNCHCS and am on the Executive and Compensation committees. In addition, Bill Roper reports to me in his roles as Vice-Chancellor of Medical Affairs and Dean of the School of Medicine.

I've taken a lot of time to learn about the inner workings of UNC Hospitals and US health care in general. This includes shadowing in the operating room, emergency department, and labor and delivery. I have a hospital badge with my picture on it, and I wear it with pride.

It is a privilege to work with Bill Roper. He has seen the US health care system from every perspective imaginable. He ran the CDC for George H. W. Bush and Medicare for Reagan. He has been dean of both public health and medicine at Carolina. So he knows the substance and the politics of health care as well as anyone.

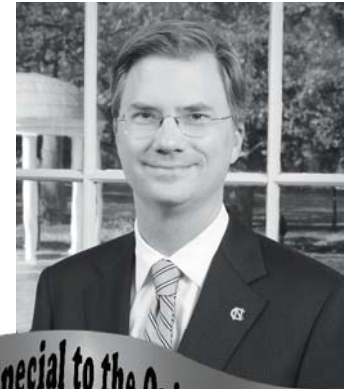
It has been great to have Bill as my guide during this learning process for me and this time of incredible change in the US system. A close look at the balance sheet of UNC Health Care shows why change is needed. This year, UNC Health Care System expects to provide \$300 million in uncompensated care.

Our physicians consider meeting the needs of our indigent patients to be an indispensable aspect of our work as the peoples' hospital. It is a vital part of our mission.

Late last year, we worried that we would not be able to meet our obligations in uncompensated care, because our income from patients with insurance was falling behind. Fortunately, Bill and his team made adjustments that allowed us to continue. However, neither Bill nor I believe that the current system is sustainable indefinitely, and we are hopeful reform will take place.

Two aspects of health care reform are worth special attention. The first is the need to control costs. It is apparent from my time shadowing in the hospital that there are inefficiencies in the system. While UNC HCS has done a great job of addressing these – including a thorough review by the Boston Consulting Group – numerous aspects of the way health care is practiced in the US add to the costs.

One of the big problems is our lack of information about comparative effectiveness. We only have hard data on a tiny fraction of US patients – only those involved [Continued on page 11]



Quindecennial Issue

Fifteen years ago, few believed the two and a half to three page Wake County Medical Society Newsletter would turn into such a well respected and sought after magazine that eminent writers, philosophers and scientists read and for which they are delighted to write (see table of content). We owe this literary and intellectual advancement of our beloved medical society, Wake County Medical Society, to our thoughtful and diligent columnists, contributors as well as our editorial board. In addition, we owe much gratitude to Paul Harrison, Wake County Medical Society, resourceful and intelligent CEO, for supporting the effort throughout the nine and one-half years of his tenure with us. Paul is a superb artist and writer in his own right. We had one of Paul's paintings adorn the cover of Wake County Physician last year. In addition, one should not neglect the artistic contributions of Tina Frost who has pumped life, exuberance, and *elan* to the

pages of the magazine since she took over a couple of years ago.

Some additional good news:

We have been most fortunate to have acceptance from Dr. L. Jarrett Barnhill, professor of Child Psychiatry, University of North Carolina School of Medicine Chapel Hill, to become the newest member of the magazine's editorial board. Dr. Barnhill is no stranger to the readers of Wake County Physician. After Holden Thorp's ascendency to Chancellorship, University of North Carolina, we conducted an urgent and wide search for someone to write the Intersession column. Dr. Barnhill accepted the responsibility. Jarrett is the closest thing to a 21st century polymath. He is written widely on his many areas of interest including medicine, anthropology, philosophy, the arts and poetry.

In addition, we are very fortunate to have the consent of a gifted journalist, Fiona

Morgan, the daughter of our learned colleague, Dr. Dean Morgan, Chief Hospitalist, Raleigh Duke Hospital, to consider joining the Editorial Board. She will be writing "Profile of the Month."

This is your magazine. Write to us and for us.

