

British case mimics Rodriguez case, court result same

A woman with an incurable disease has lost her bid to commit assisted suicide in the first case of its kind tried under the Human Rights Act of the United Kingdom. The case bears a striking resemblance to that of Sue Rodriguez, a British Columbia woman with amyotrophic lateral sclerosis who lost a similar fight in Canadian courts in 1993.

Diane Pretty, 42, has motoneuron disease and is paralyzed below the neck. A mother of 2, she wants her husband to help her die when she's ready, but in Britain this is a crime. Pretty wanted assurances from the director of public prosecutions (DPP) that her husband would not be arraigned if he helped her die; the DPP could give no such assurance.

Pretty felt that decision, while correct under the law, contravened articles 3 and 8 of the recently introduced Human Rights Act, which bestow the right of freedom from inhuman or degrading treatment and the right to privacy of family life without interference.

In October she applied for permission to bring the case to judicial review. However, she lost her final appeal to the House of Lords on Nov. 29, when 5 law lords agreed that the act did not support her claim. The senior law lord said it would have been a "gross abuse of power" if the DPP had promised that a crime yet to be committed would

not lead to prosecution. Pretty's next stop will be the European Court of Human Rights.

Pretty has had support from the Voluntary Euthanasia Society and the pressure group Liberty, whose legal officer, Mona Arshi, has served as her solicitor. "We believe this case has importance not just for the Prettys but also for a small but significant number of people who, though in dire circumstances and fully able to make a rational decision to end their lives, are prevented from doing so legally by their physical disability," Arshi says. "We believe that effectively Mrs. Pretty is being discriminated against by the state because she is physically unable to take her own life."

At the first judicial review Oct. 18, 3 senior judges said there was some public support for allowing doctors to end the life of a person suffering a painful, incurable disease if that person had requested it, but they concluded that the Pretty case is different. "We are not being asked to approve physician-assisted suicide in carefully defined circumstances with carefully defined safeguards. We are being asked to allow a family member to help a loved one die, in circumstances of which we know nothing, in a way of which we know nothing, and with no continuing scrutiny by any outside person."



Canapress

Diane Pretty: the right to die is a human right

The British Medical Association welcomed the ruling. A spokesperson told *CMAJ* that the organization has consistently opposed euthanasia and physician-assisted suicide and that it does not recommend any change in the existing law.

In Canada, the Supreme Court rejected Sue Rodriguez' bid for physician-assisted suicide by a 5-4 margin Sept. 29, 1993. She died of a drug overdose Feb. 12, 1994, with an unidentified physician and Member of Parliament Svend Robinson in attendance. No charges were laid. — *Caroline Richmond*, London, England

Salesman succeeds in bringing MD recruits to BC

Maurice LeBlanc has already brought pharmacists to British Columbia from his native South Africa, and now he's doing the same thing with physicians.

LeBlanc, who has lived in Mackenzie, a town of 6000 in northern BC, for a decade, travelled to South Africa in 1999 to find pharmacists for his business. When 4 of the town's 5 family doctors left the town last winter, the former salesman approached Dr. Jennifer Rice, medical director of the Northern Interior Regional Health Board in Prince George, and offered to travel to South Africa to recruit FPs. He asked for \$3000 to help defray his travel expenses; Rice,

who was used to paying professional recruitment companies \$7500 for each doctor they recruited, readily agreed.

LeBlanc was well aware that he had to be discreet during his visit because South Africa is opposed to recruiting of its doctors by foreigners. "You don't want to walk around with a poster saying 'I'm here from Canada recruiting doctors.' It was easier as an individual to go there very quietly and work my way around."

He did his homework carefully, building up a list of contacts and pinpointing the cities where he was most likely to find potential recruits. During

the 3 weeks he met with 72 doctors and returned to Canada with 20 résumés of well-qualified candidates. Rice was "absolutely thrilled."

Six of the doctors are currently going through official procedures to immigrate and will be coming to the region, and Rice is directing the others elsewhere. She predicts long-term benefits: "What I have now, through [LeBlanc], is a network of contacts so that when physicians decide they do want to move on, we will be able to replace them without these gaps in service, which make rural practice so difficult." — *Heather Kent*, Vancouver