Quotations

Paul Hodgkin
- British Med J 1996; 313: 1568

In a post-modern world anything goes. There are no overarching frameworks to steer by. Instead, everything is relative, fashion and ironic detachments flourish, and yesterday's dogma becomes tomorrow's quaint curiosity. To the post-modern eye, truth is not "out there" waiting to be revealed but is something, which is constructed by people, always, provisional and contingent on context and power.

Within medicine one response to the relativism and uncertainly created by post modernism has been to emphasize the evidence on which medicine is based. After all, if there are knowable medical truths "out there" then we should get our act together and apply them. Evidence based medicine promises certainty ¾ do enough MEDLINE searches and you will find the answer to your prayers. (...)

However, an evidence-based approach will only work for as long as we all view medicine as "modern" - that is, as making statements about an objective, verifiable external reality. To the post-modernist the question is whose "evidence" is this anyway and whose interests does it promote?

So what is to become of us serious medical technocrats in this post-modern age where multiple versions of the truth abound? Surely the rationalist, scientific project of biomedicine is immune to all this post-modern relativistic junk where one version of reality is as good as another. After all a diabetic coma requires specific actions to be taken which can not depend on whim but are the same for all times and all places.

Lewis P. Rowland
- New Eng JM 1998; 339: 987

For an uncommon disease, amyotrophic lateral sclerosis (ALS) commands a great deal of attention from the media, especially in the debate about physician assisted suicide. (...)

What is it about ALS that raises the question of suicide? The progressive paralysis leads to increasing loss of function, culminating in complete dependence on the help of others for all activities of daily living and, if life is sustained by assisted ventilation, loss of the ability to communicate or swallow. (...)

To avoid anticipated agony, a patient might opt for physician assisted suicide as a rational choice that is independent of feelings of depression. In most states, however, physician assisted suicide is illegal. (...)

The choice of physician assisted suicide for patients with ALS involves several problems. Firstly, patients opting for suicide have to decide on the date. There are no guidelines for this decision, and it is difficult to imagine any that would help identify a time that was neither too soon nor too late.

Secondly, physician assisted suicide has a strict meaning, at least in Oregon; it refers specifically to a prescription for a lethal dose of a drug. The Oregon law prohibits lethal injection. But all patients with ALS who live long enough will lose the use of their hands. If these patients have the same rights to autonomy as other terminally ill patients, someone must administer the drug; but that would be euthanasia, not assisted suicide. (...)

Thirdly, the public, the courts, and much of the medical community have had difficulty separating refusal or discontinuation of therapy, both of which are legally accepted, from assisted suicide and euthanasia, which are not. The distinction between assisted suicide and euthanasia may be the most controversial issue of all.