

British High Court ruling opens way for euthanasia of disabled

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A High Court ruling April 22 against the family of a disabled 12-year-old boy has serious implications for healthcare in Britain. The court refused to require the hospital to consult with the parents of the child before terminating life support for him.

Mrs. Carol Glass had taken Portsmouth Hospital NHS Trust to court after doctors treating her severely disabled son David decided to let him die. David was born with hydrocephalus and suffers from blindness, spastic quadriplegia and severe learning difficulties.

Last October he developed a chest infection and was admitted to hospital. Without any discussion with the Glass family, the Hospital Trust decided that David's quality of life was so limited he should be left to die. Diamorphine--a powerful heroin-based painkiller--was administered to the child. When the family learned of the decision, they forced their way into the children's ward, removed the diamorphine drip and resuscitated him. David is now at home with his family.

Criminal charges are now pending against some family members as a consequence, and the Portsmouth Hospital Trust has refused to treat David in the future. A hospital in nearby Southampton has agreed to admit him if necessary, but refused to guarantee that they would not deny him treatment if his health deteriorates.

Mrs. Glass took her case to the High Court in an attempt to ensure that doctors would have to provide normal treatment to her son in the future. In court, lawyers for the family argued that the Hospital Trust had acted unlawfully when it decided David should "die with dignity", without the permission of the family.

Dr. Anthony Cole prepared a report to the court about David's condition. In it he concluded that David "is a very disabled boy and has been from birth, but I agree with his mother's assessment that he is basically a

happy child." David was seen on television playing happily following the case. Dr. Cole told BBC *Breakfast News*, "Normally I would say that the mother has the best interests of the child at heart, and in this case all she's really asking for is that when David next gets a chest infection he gets the normal treatment for a chest infection." However, Dr. Cole agreed that a line had to be drawn on deciding whether to keep a patient alive, and that the cost of such treatment had to be considered.

The Hospital Trust drew such a line in David's case. Whilst the court hearing did not attempt to probe any of the financial factors which may have led to its decision, "rationing" is the unofficial policy in virtually all Health Trusts. A survey in January 1999 conducted by *Doctor* magazine found that one in five general practitioners said they knew patients who had suffered as a result. More than 5 percent of the 3,000 doctors surveyed also said they knew of patients who had died as a result of being denied treatment on the National Health Service.

Following the introduction of local budgets under the previous conservative government, many doctors' practices became "fund-holders". This means they must budget for all the drugs and treatments they prescribe. However, there is no national policy regarding what level of treatment must be provided for patients. At the moment, Regional Health Authorities decide on spending priorities. Invariably, better-off areas have more access to treatment than poorer neighborhoods.

Examples of drugs rationing include Beta Interferon, a treatment for multiple sclerosis, which costs £10,000 per patient per year. Due to its high cost, few doctors prescribe it. Taxol, used in the treatment of ovarian cancer, is also effectively rationed. Licensed for use in the UK since 1988, it costs £1,500 per injection and the

average course requires six of these. Studies show that treatment with Taxol extends a patient's life by one year, but it is not readily prescribed to all ovarian cancer sufferers.

Hospital Trusts are also responsible for the allocation of resources including the financing of hospital treatment. Increasingly, the financial implications of a particular course of treatment have come to influence medical decisions, rather than patient need.

The case of David Glass is a terrible warning of what this implies. A young child goes into hospital with a chest infection. He is not terminally ill, nor was he suffering permanent severe pain. It was by no means likely that he would die, as his family's quick intervention proved. But as a disabled child, with complex needs, it is reasonable to assume that in the course of his life he will require a greater degree of medical care and intervention than would an able-bodied child.

In this case, the hospital prescribed a course of action that would have ensured the child's death. The High Court then ruled that any other hospital responsible for David's treatment is legally entitled to do the same. The child's family now face legal proceedings because of their life-saving intervention. The rationing of healthcare in Britain has taken an unprecedented turn.



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