

Depressed 'could get help to die'

Assisted suicide could be offered to Britons who are chronically depressed rather than terminally ill, the head of a controversial Swiss group has said. Ludwig Minelli announced that his organisation, *Dignitas*, is asking the Swiss Supreme court to allow a change in the law. Existing laws have already allowed *Dignitas* to help 54 Britons to die and Mr Ludwig said another British man was due to follow. Speaking at the Liberal Democrats conference, he urged the UK to drop its suicide laws. (*BBC News* 2006; 20 September) Minelli's comments have drawn huge criticism from both anti-and pro-euthanasia groups (*Daily Mail* 2006; 20 September) and led to a series of newspaper testimonies from patients who had been successfully treated for depression, thankful that there was no law allowing assisted suicide during their illnesses. (*Daily Mail* 2006; 21 September, *Daily Telegraph* 2006; 22 September)

Many not funding old age care

Two-thirds of the baby boomer generation have made no plans for their future care needs, a poll suggests. A survey of 942 adults for the charity Help the Aged showed 62% of 45-65 year olds had made no provision for care. One in five admitted they felt 'life is too short' to worry about something which may not happen - and many were ill-informed about the current rules. A government consultation on reform of NHS-funded continuing care is due to end this week. (*BBC News* 2006; 19 September)

Vegetative patient 'communicates'

A patient in a vegetative state has communicated just through using her thoughts, according to research. A UK/Belgium team studied a 23-year-old woman who had suffered a severe brain injury in a road accident, which left her apparently unable to communicate. By scanning her brain, they discovered she could understand spoken commands and even imagine playing tennis. They said their findings, published in *Science*, were 'startling', but cautioned this could be a one-off case. (*BBC News* 2006; 7 September)

Alcohol worse in pregnancy than previously thought

Pregnant women are drinking over the recommended alcohol limit and are putting their babies at risk of permanent brain damage, a children's charity has claimed. A survey of 1,100 pregnant women conducted by the charity Tommy's found that one in 20 pregnant women regularly admitted to going over the recommended limit of one or two units of alcohol once or twice a week. Tommy's wants the recommendation changed to a total ban. Heavy drinking during pregnancy can cause fetal alcohol syndrome; about one in 1,000 babies are born with the syndrome each year worldwide. But a milder condition, fetal alcohol spectrum disorder, is far more common - affecting one in 100 children - and is now the leading cause of learning difficulties. More and more doctors believe that this can be triggered by moderate drinking. Children with the milder condition can suffer from severe learning difficulties and behavioural problems, may be small for their age and have impaired sight and hearing. (*The Times* 2006; 19 September)

New stem cell centre

A £2 million stem cell research centre is to be built in Scotland. The Roslin Cell Centre, which is to be set up in Edinburgh, has the support of Edinburgh University, the Roslin Institute and the Scottish National Blood Transfusion Service. It will provide stem cell lines for research and therapy and, according to a spokesman for Scottish Enterprise Edinburgh and Lothian, 'act as a catalyst for the future development of the stem cell sector'. (*The Scotsman* 2006; 27 September, reported in *SPUC Digest*)

Spiritual issues in the care of dying patients

Spiritual issues arise frequently in the care of dying patients, yet health care professionals may not recognize them, may not believe they have a duty to address these issues, and may not understand how best to respond to their patients' spiritual needs. A recent article in the September 2006 issue of the *Journal of the American Medical Association* distinguishes spirituality from religion; describes the salient spiritual needs of patients at the end of life as encompassing questions of meaning, value, and relationship; delineates the role physicians ought to play in ascertaining and responding to those needs; and discusses the particular issue of miracles, arguing that expectations of miraculous cure ought not preclude referral to hospice care. (*JAMA* 2006; 296(11):1385-92)

Australian inquiry into complementary medicines

An ethical debate has arisen among Australia's doctors after the federal government announced plans to investigate the sale of complementary medicines by GPs. The Australian Medical Association said that doctors' purchase of vitamins on a wholesale basis to sell to patients was an ethical minefield. But a former president of the association, Kerry Phelp, has rejected allegations of conflict of interest, saying that there is little difference between doctors selling complementary medicines and veterinarians selling dog food. Queensland GP Scott Masters told *The Australian* newspaper that a colleague in nutritional medicine was buying \$A10,000 (£4,000) worth of vitamin E supplements at the start of each year and then selling them to patients at ten times the purchase price. (*The Australian News* 2006; 21 September)

Spiritual Care in the PICU

Spiritual issues are hugely important for the parents of dying children and need to be better addressed, argues an article in the September 2006 edition of *Paediatrics*. The Boston Massachusetts survey of 56 parents whose children had died in PICUs after the withdrawal of life-sustaining therapies, concluded that many parents drew on and relied on their spirituality - including prayer, faith, access to and care from clergy, and belief in the transcendent quality of the parent-child relationship that endures beyond death - to guide them in end-of-life decision-making, to make meaning of the loss, and to sustain them emotionally. The study concluded by encouraging 'staff members, hospital chaplains, and community clergy to be explicit in their hospitality to parents' spirituality and religious faith, to foster a culture of acceptance and integration of spiritual perspectives, and to work collaboratively to deliver spiritual care'. (*Pediatrics* 2006; 118(3):e719-29)