



Fetal analgesia guidance

After three decades the Department of Health recognises fetal pain

Review by **James Evans**
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The 18th century philosopher Jeremy Bentham wrote of animals: "The question is not "Can they reason?", not "Can they talk?", but "Can they suffer?" Professors Glover and Fisk, in their 1999 paper¹ say that Bentham caused such a change in attitude towards animals that in the UK, even frogs and fish are required by Act of Parliament to be anaesthetised during invasive procedures.

Within the living memory of some clinicians, medical students were taught that unborn babies did not feel pain and did not need such consideration.

It was not until 1997 that the first official investigation by the RCOG recommended fetal analgesia for diagnostic or therapeutic procedures on the fetus *in utero* at or after 24 weeks – notably omitting abortions. After the Science and Technology Committee's paper on abortion in 2007,² the Department of Health commissioned a second review by the RCOG which was published in 2010.³

This RCOG report remains in place as the official position on fetal awareness, despite drawing both national⁴ and international⁵ criticism (including from CMF⁶) for flying in the face of scientific literature.

However, it now seems the Department of

Health has finally done a U-turn, despite maintaining their denial of the existence of fetal pain as recently as January 2019.⁷ Following an announcement that fetal surgery to address spina bifida *in utero* will be made routinely available on the NHS,⁸ the Government was asked about fetal pain relief in such cases. In response, a written parliamentary answer on 14 February this year, states that: "Pain relief for the unborn baby will be delivered intra-operatively. This is administered before the fetal surgery, after the uterus is opened... The surgery takes place between 20 and 26 weeks of gestation."⁹

Will this guidance be extended to other invasive procedures? What will be the lower limit for the use of fetal analgesia? Will the current NICE Consultation on Terminations consider fetal analgesia for abortions?¹⁰ Will DFID change its guidance on late term abortions that the British government funds overseas?¹¹ And will any of this influence the Dáil in drafting Ireland's new abortion legislation?¹²

To achieve the best patient care and to restore trust, surely the way forward now is for a comprehensive, fully transparent review around fetal awareness by a multidisciplinary team, including expertise in paediatrics, fetal surgery, neurology and anaesthesia. They

should use the scientific evidence to inform a compassionate clinical approach and recommend a starting point for fetal analgesia that errs on the side of caution.

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RCP assisted suicide poll

Royal College of Physicians polls its members on assisted suicide

Review by **Rosemarie Anthony-Pillai**
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The Royal College of Physicians (RCP) announced on 10 January this year, its intention to poll its 35,000 members on assisted suicide. The poll commenced on 5 February and finished on 1 March 2019. The college last polled its members in 2014 when 44.4% of its membership thought the college should oppose a change in the legislation, 31% said the college should be neutral and 24.6% felt the college should support legislative change.¹ These results affirmed the college's position of opposition, a position the college clarified in 2018.²

One of the primary purposes of the new poll is to identify what the college's position on assisted suicide should be. However, the college has taken the unusual step of stating that after the poll the college will adopt a position of neutrality unless the results indicate a 60% supermajority for either support or opposition. The final results (published 21 March) showed little shift from the 2014 poll, only the support

for a neutral position had shrunk to just 25%.³ This has caused anger among many college members and fellows, 23 of whom signed a letter in *The Times*. A petition delivered to the college president contained 1,500 signatures opposing the RCP's actions. They accuse the RCP of playing into the hands of pro-assisted suicide lobbyists; Dignity in Dying has welcomed the RCP's intention to become neutral.

The framing of the poll has been called a 'sham' with a 'rigged outcome' by their ex-ethics committee chair. The RCP is facing the prospect of a judicial review.⁴ The RCP has stated that a position of neutrality means they neither support or oppose any change in legislation and that neutrality will allow the college to represent the views of its members. Fellow and council member, Raymond Tallis, who has provided the RCP's argument for neutrality has also been quoted as saying "I am an optimist and I believe that we shall bring these bodies round to an appropriate stance of neutrality and that, with

this obstacle out of the way, Parliament may indeed come to support legislation in favour of assisted dying."⁵

There is deep concern that in adopting neutrality the college may find itself in a position not dissimilar to that of the BMA, when they went neutral for one year and found themselves almost side-lined from the debate.⁶

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