Physician-assisted suicide — an oxymoron?

To the Editor: I read, with agreement, your comments on physician-assisted suicide (PAS) and voluntary active euthanasia (VAE).1 However, your concluding statement lacked the lucidity of thought and argument that flowed through your earlier observations and comments.

Nowhere in his essay does Landman suggest that PAS and/or VAE ought to be applied as appropriate responses to South Africa’s ‘eminently preventable and curable conditions . . . and diseases of social and economic deprivation and neglect. . . . Surely, the irrational association with which you conclude is erroneous, an unintended slip of the pen based on a misunderstanding of Landman’s article — or is it not?

If your comment was indeed carefully considered, then it must have been calculated to dismiss the relevance of First-World ‘post-modern concepts’ like PAS and VAE to the ‘majority of South Africans’, who succumb to predominantly Third-World (unarguably) disease patterns.

I am perturbed to find the Editor of the official scientific journal of the South African medical profession, which consists of ‘some of the finest and best-trained doctors in the world’,2 propounding the sinister propaganda that we revere only intellectual discussion that is relevant to the ‘majority of South Africans’.

Sir, as earthlings now living on an ever smaller rock in this information age, the local medical profession does, should, and will continue to immerse itself freely in both First- and Third-World intellectual medical debate, conjecture and practice. This is unavoidable, given the dual economic and social nature of the South Africa in which we coexist, and our irrevocable commitment to increasing the First-World component of our country, not the other way around!

Furthermore, while postmodern concepts have their origins in the eurocentric First World, they are definitely not inapplicable to Third-World communities. Are concepts such as subjectivity, particularity and the importance of context not relevant to the practice of postmodern medicine everywhere in the world?

Finally, the supreme authority in the hard-fought-for democratic South Africa is the Constitution, which confers rights, duties and obligations on all South Africans, not just the majority! Consequently, First-World medicine has a right to coexist with Third-World medicine in democratic South Africa. Most of us choose to remain here and spend every working day progressing towards the time when we can talk simply of medicine, which is non-racial and all-inclusive.

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