

Reflections on dying

Reflections on *Freedom to choose · Dying with dignity · Voluntary euthanasia* Dr. B. N. Colabawalla
Mumbai: Society For The Right To Die With Dignity. 2001. 40 pages. Paperback. Rs. 40.00.

(Copies may be obtained from Dr. Colabawalla at A-3, Ben Nevis, Bhulabhai Desai Road, Mumbai 400026.)

Dr. Colabawalla is an urological surgeon of distinction who retired as a professor at the Grant Medical College and St. George Hospital, Mumbai. He later set up the department of urological surgery at the Jaslok Hospital and Research Centre. As part of his second career, he serves the Society For The Right To Die With Dignity and is currently its Chairperson.

He has dedicated this slim book to Mr. Minoos Masani. The late Mr. Masani's many qualities of the mind and heart are well known to many and the dedication reflects Dr. Colabawalla's admiration for him. As with Mr. Masani, so with Dr. Colabawalla – the spade is a spade and not an implement meant to turn the earth over.

The inside cover of the book provides an all-too-brief glimpse of some of the facets of Dr. Colabawalla's life and work.

The prefatory note outlines the scope of the book and states the reason for addressing the Indian audience differently from those in the West.

Eight sections follow, ranging from perspectives on living and dying to Dr. Colabawalla's personal epilogue. These sections take the reader by the arm, gently but firmly, steering clear of ambiguity and lack of reason. The joy of living is emphasised, as is the inevitability of death. A distinction is made between measures taken to save life and those that merely prolong death. The tragic aspects of modern medical high technology have been highlighted.

Dr. Colabawalla provides the reader an understanding of his own reasoning and traces logically the means by which he has reached his own decisions on dying with dignity, the freedom to choose how he would like to die and when it may be necessary for the medical profession or others to help a person die.

There is no attempt at skirting delicate issues. Matters of philosophy and religion are treated with dignity and discussed without passion. The generation of light, not heat has been the motive in the production of this volume. I commend it. It will help you come to terms with issues not commonly discussed. It may help you overcome prejudice and open your mind to further thought.

The interested reader may wish to obtain a copy of the eight-page booklet describing the need for us to write a living will. It provides a model will, which can be modified by the individual reader. It is available from the address noted above.

Sunil Pandya

Trade and our health

■ This editorial notes that while developing countries' negotiations with the World Trade Organization on trade related aspects of intellectual property rights will be important for their access to essential drugs for life threatening diseases, the WTO's agreements also affect national policies on a range of other health-related issues.

“Some of the proposals under negotiation regarding GATT indicate that developing countries will be asked to open up health service markets to foreign competition... experience in middle income countries indicates that foreign competition in health service markets tends to worsen equity in financing and reduce access to care for the poor.”

Health care will be affected even without a liberalisation of trade in health services, as the WTO discusses other services such as health insurance. As the US and the European Union demand access to the insurance market in countries like India, the experience of private insurance in Latin America teaches a lesson on how these companies operate, selecting the healthiest people and dumping high-cost patients on to the public sector.

“After trade related aspects of intellectual property rights and access to drugs, the next major health issue on the agenda of the World Trade Organization may well arise in the course of negotiations on trade in services. Health professionals need to work with trade officials to minimise the risks to health equity from liberalisation of services trade, and ensure that any resulting economic gains in health related service sectors generate tangible public health benefits.

Lipson Debra J. The World Trade Organization's health agenda Opening up the health services markets may worsen health equity for the poor. Editorial. *BMJ* 2001;323:1139-1140.

In favour of sex selection

■ In recent months, a series of articles have appeared in ethics journals in the West, discussing the ethics of sex selection. These essays are particularly important for those following current developments in India on sex selective abortion and other sex selection techniques. David McCarthy argues that that medically assisted sex selection for non-medical reasons ought to be legal: it cannot do harm to individual children, there is no evidence that it is affecting the sex ratio of western societies. Sex selection is one form of reproductive autonomy, giving parents the right to choose the child of a particular sex.

McCarthy David. Why sex selection should be legal *J Med Ethics* 2001; 27:302-307.

It's immoral but not necessarily illegal

■ J M Johnston examines the law and practice on sex selective abortion in New Zealand, and also examines the various arguments for and against the practice.