

# The death of Harold Shipman

**“ Dr Harold Shipman died on 13 January in Wakefield Prison. He hanged himself on the day before his 58th birthday. He was convicted in January 2000 of the murder of 15 people. However, it is estimated that he killed at least 215 mainly elderly people. As well as being the UK’s most prolific serial killer, what is most shocking is that his victims were his patients. They looked up to him as a trusted GP and friend. What significance does this have for those concerned with palliative care in both the UK and beyond?**

All medical practice, but particularly palliative care, relies on the establishment of a relationship of trust between patients and their healthcare professional advisers. This trust is threatened by dishonesty on the part of doctors or nurses. For this reason, the palliative care movement has embraced the philosophy of truthful disclosure of clinical information to patients if that is what is asked for. This philosophy is sometimes confused with total disclosure of every last documented outcome and complication of a proposed management plan, whether or not the recipient of the information is in an emotional or intellectual state to process it. This offloading of detail may be advocated as part of the process of obtaining informed consent, or it may be the result of defensive practice to protect against future litigation. Neither is in the patient’s best interest. Furthermore, frank disclosure does not imply brutal use of stark prognostic details, without first listening carefully to the patient’s informational requests. So honesty and truthfulness are prerequisites for trust. Trust in turn is essential to prevent advice from becoming paternalism.

Harold Shipman used opioids to kill his victims. We will never know the details of dose and methods, but it is safe to assume that he gave very large doses to opioid-naïve patients. This fact has not always been reported to the public, with the unfortunate consequence that there is now increasing suspicion of strong opioids even when such drugs would relieve severe pain. This makes palliative care more

difficult and results in increased suffering, especially for the vulnerable.

Although Shipman showed no remorse or inclination to collaborate in establishing his motives, while he was still alive there was the chance that we might eventually have gained some insight into his psychopathology. Now he has killed himself, we are simply left to speculate that in death as in life his motive was the need to exert control over all those around him.

The popular press has named his activity as ‘euthanasia without consent’. This term is unfortunate for several reasons. We do not have evidence that all his victims died peacefully and without anguish. They were certainly not given any opportunity to complete unfinished business with family and friends. In the immediate aftermath of Shipman’s death, anger and resentment among relatives has increased not diminished. There would seem to be no sense of closure which either understanding or remorse might have brought. The use of the word euthanasia only muddies the water in a debate which is difficult in any event. Finally, although death can be viewed as the inevitable relinquishment of autonomy, at least in a physical sense, choices can be exercised before such relinquishment. Shipman removed consent, choices and, therefore, all autonomy and self-determination. His activity was murder with or without an understandable motive.

Since the conviction four years ago, there has been an exhaustive judicial inquiry of current law and regulations relating to death registration, monitoring of single-handed general practice, prescriptions, availability and supply of controlled drugs. The Prime Minister has already said that the recommendations of this review will be implemented in full. There is, however, considerable anxiety that this may result in a straitjacket for sensible community palliative care. It would be doubly tragic if Shipman’s legacy of murder resulted in the frustration of good palliative care. An exceptional case makes for bad law.

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Andrew Hoy, Editor, UK