

inside

- ▶ The value of human life in our society
- ▶ Medics against assisted suicide
- ▶ The experience in Holland and Oregon
- ▶ The impact on end-of-life care
- ▶ Controversy surrounding the Dignitas facility
- ▶ Read about those who chose life over death

About the Coroners and Justice Bill

The Coroners and Justice Bill as proposed by the Government clarifies and tightens the current law against assisted suicide.

These changes are primarily intended to make it clearer that websites promoting suicide are acting unlawfully.

However, attempts are being made to use the Bill to weaken the law on assisted suicide.

There are calls for a special exemption from the law to allow people to help others (e.g. relatives) travel abroad to be killed in countries where assisted suicide is legal.

The present laws against euthanasia and assisting suicide give the full protection of the law to vulnerable people.

Creating an exemption will lead some vulnerable people to feel they have a duty to die and purported 'legal safeguards' accompanying such a move will always be open to abuse.

An exemption would also remove the logical objection to legalising assisted suicide in the UK: if Parliament accepts that people should be allowed to travel abroad to assist a suicide, there will soon be calls to allow assisted suicide here.

Weakening the law would pressurise the vulnerable

No one is 'better off dead'. Those tempted to think about themselves in this way need protection and counselling, not legal assistance to kill themselves.

The pro-euthanasia lobby features a vocal minority of independently-minded and articulate patients who want to control their time and manner of death.

However, the vast majority of those seeking to access legal assisted suicide would not fit this category.

Rather, they would be society's most vulnerable members: the elderly, the terminally ill, the incapacitated and the depressed.

These people often feel uncertain about whether their lives are worth living and fear becoming a burden to others.

If assisted suicide were legal many would feel they had a duty to request an early death, especially if it was offered by their physician as a possible 'therapeutic' option.

Some would face the added risk of coercion by others who might stand to gain



from their death. The experiences of the few jurisdictions where assisted suicide is legal show that it is impossible to establish sufficient safeguards to prevent abuse and protect vulnerable patients (see page 3).

Intended to enable and control assisted suicide for a few, such laws invariably encourage the vulnerable to end their lives prematurely, or lead to instances of malpractice, manipulation and involuntary euthanasia.

All people are valuable – not just the young, the productive, or the able

The debate surrounding assisted suicide is not just about isolated high-profile cases. At the very heart of the issue is our attitude as a society to life, death and human value.

The value of a life should not be determined by what a person can do, or what they can contribute. Yet this is the attitude underpinning some calls for legalised assisted suicide.

Baroness Warnock described dementia sufferers as “wasting people’s lives” and “wasting the resources of the National Health Service”.¹

This wrongly evaluates people purely in terms of their benefit to others or what society gains from their existence, denying their intrinsic value as a human being made in the image of God.²

Deciding that the intentional ending of human life can be not only acceptable but ‘therapeutic’ – a legitimate means of ‘relieving’ pain and distress – is a monumental step for any society to take.

If human life can be terminated when it becomes ‘too difficult’, and some people really are ‘better off dead’, how will society determine which



lives are proper candidates for termination and which are not?

How will we prevent the principle that certain lives *can* be terminated becoming a rule that they *should* be? Acute human suffering should not be dealt with by disposing of the person facing it.

¹ *The Daily Telegraph*, 19 September 2008

² Genesis 1:26-27

Terminology

Although assisted suicide (helping someone end their own life) and voluntary euthanasia (ending someone’s life at their own request) are technically different actions, they are equivalent in moral terms because in both cases the intention is to cause the person’s death. Both assume the profoundly unethical principle that killing someone can be a form of treatment.

Medics against assisted suicide

The professional association for doctors, the British Medical Association (BMA) is opposed to both physician-assisted suicide and euthanasia. It also believes that the ongoing improvement in palliative care allows patients to die with dignity.

The BMA argues that there are “limits to what patients can choose if their choice will inevitably impact on other people”.¹

The last legislative proposal in the House of Lords to permit assisted suicide was Lord Joffe’s Assisted Dying for the Terminally Ill Bill. The Bill was rejected by Peers and was opposed by:

- The Royal College of Physicians
- The Royal College of General Practitioners
- The Royal College of Psychiatrists
- The Royal College of Nursing
- The Royal College of Anaesthetists
- The Association for Palliative Medicine of Great Britain and Ireland
- The British Geriatric Society

¹ See http://www.bma.org.uk/ethics/end_life_issues/Assisdyingsum.jsp as at 3 June 2009



Experience in Holland and Oregon

The Netherlands formally legalised voluntary euthanasia and physician-assisted suicide (PAS) in 2002. The practice of *involuntary* euthanasia is now established, with 546 deaths in 2005 as a result of lethal drugs not explicitly requested by the patient.¹ A House of Lords Committee concluded that if the Dutch euthanasia rate was replicated in the UK it would mean approximately 13,000 medically-assisted deaths per year, including 1,000 without a specific request.²

The US state of Oregon legalised PAS in 1997. The law has led to patients 'doctor shopping' for willing practitioners, using doctors who have minimal knowledge of their past and who may be ideologically disposed to fulfil their request. In 2008, 50 per cent of patients requesting suicide were assisted to die by a doctor who had been their physician for eight weeks or less.³

¹ Van der Heide et al, *NEJM*, 356(19), pages 1959-60

² Select Committee on the Assisted Dying for the Terminally Ill Bill, vol. 1, HL Paper 86-I, para. 243

³ See <http://www.oregon.gov/DHS/ph/pas/docs/yr11-tbl-1.pdf> as at 8 June 2009

Impact on end-of-life care

The UK is a world leader in the provision of specialist palliative care, helping both the patient and their family cope with the physical symptoms and emotional distress of advanced illness.

However, while UK standards of palliative care provision are high, provision remains inconsistent – partly due to scarce resources and financial constraints. By providing a

relatively inexpensive alternative, legalised assisted suicide would inevitably undermine motivation to further expand and develop palliative care services.

A 2006 survey of the members of the Association for Palliative Medicine of Great Britain and Ireland found 94 per cent opposed to any change in the law on assisted suicide.¹

¹ *The Press Association*, 10 May 2006

Dignitas shrouded in controversy



Ludwig Minelli, the controversial founder of Dignitas

Some UK citizens have chosen to travel to countries where assisted suicide is legal in order to end their lives.

The most high-profile destination for this 'death tourism' is the infamous Dignitas suicide facility in Zurich which attracts many foreign nationals. This is believed to have included over one hundred Britons.¹

Yet in Switzerland Dignitas is shrouded in controversy. It has been the subject of very serious accusations of malpractice from a former staff member and is currently the subject of two separate legal investigations: one for profiteering from patients' deaths² and the other for helping a depressed man kill himself.³

Dignitas founder Ludwig Minelli has openly admitted to helping psychiatric patients

die, and Swiss psychiatrists are refusing to co-operate with the facility.

In a recent BBC interview he described suicide as "a marvellous possibility" and revealed his intention to test the limits of Swiss law by helping a healthy person to die.⁴

A study by Zurich University found that more than one fifth of those who die at Dignitas are not terminally ill.⁵

¹ *BBC News Online*, 2 April 2009, see <http://news.bbc.co.uk/1/hi/uk/7977017.stm> as at 8 June 2009

² *Daily Mail*, 26 January 2009

³ *The Daily Telegraph*, 23 May 2009

⁴ *BBC News Online*, 2 April 2009, see <http://news.bbc.co.uk/1/hi/uk/7977017.stm> as at 8 June 2009; *The Times*, 3 April 2009

⁵ Fischer S, Huber C A, Imhof L et al, 'Suicide Assisted by Two Swiss Right-to-Die Organisations', *Journal of Medical Ethics*, 34(11), pages 810-814

Delighted not to have ended it all

Alison

Alison was born with severe spina bifida, and is often in extreme pain to the extent that she cannot move or speak. She attempted to commit suicide several times and for ten years had "a settled wish to die". Now she runs a charity called Enable to help children with disabilities in India. She says: "I'm especially thankful there was no possibility of persuading my doctors to legally help me die."¹



¹ See <http://observer.guardian.co.uk/comment/story/0,,837273,00.html> as at 3 June 2009; see <http://www.spuc.org.uk/about/no-less-human/alison> as at 3 June 2009

Betty

Severe multiple sclerosis left Betty confined to a wheelchair. With eyesight and strength reduced, at times the burden seemed intolerable. "There were three periods when I longed for the end," she admitted, "and, if euthanasia had been legal, I would certainly have asked for it. As it is now, however, life is so worth living that I am very glad euthanasia was not allowed."¹

¹ Smith, A M, *Euthanasia: A Licence to Kill?*, Kingsway Publications, 2006, page 54

Martin

Facing terrible pain and fearing "being a nuisance" to his hospice nurses, cancer-stricken ex-soldier Martin asked a doctor to help him die. Instead she arranged for him to attend a parade of cadets he had trained, who threw a party in his honour. His remaining days were transformed by new purpose and a realisation of his own value to others. Martin died peacefully two days later.¹

¹ Jeffrey, D, *Against Physician Assisted Suicide: A Palliative Care Perspective*, Radcliffe Publishing Ltd, 2009, pages 95-97

Matt

Like tragic Dignitas victim Daniel James, Matt Hampson was a promising young rugby player until a collapsing scrum left him paralysed from the neck down and requiring a ventilator to breathe. While Daniel was assisted to commit suicide, Matt has been able to set up a website, is writing an autobiography and is patron of a disability charity called Special Effects. "I don't live a bad life," he says, "I live a different life."¹

¹ *The Times*, 18 October 2008

