

The law should protect life

Campaigners for assisted suicide are stepping up their efforts. There are new legislative proposals at both Westminster and Holyrood to enable terminally ill adults to get help to kill themselves.

Supporters of the moves insist that safeguards will be built in.

But the truth is safeguards are inadequate and just a tactic to crack the law open. Once the big change is made to legalise assisted suicide any safeguards will be chipped away,

as we have seen in other countries.

Suicide is wrong. Assisted suicide denies the value of human life made in the image of God. It pressures vulnerable people into ending their lives prematurely for fear

of becoming a burden. The choice to die

very quickly becomes a duty to die.

This is the opposite of compassion. True compassion for those who are terminally ill means valuing their lives, giving them hope and supporting high quality palliative care for all who need it.



TERMINOLOGY

Assisted suicide and euthanasia are technically different actions but they are equivalent in moral terms. In both cases the intention is to cause the person's death on the basis that their life is not worth living.

Assisted suicide

Assisting another person to kill themselves, with the dying person taking the decisive act. Supporters of changing the law use euphemisms like

'assisted dying' or 'medical assistance in dying'.

Euthanasia

Intentionally killing a person whose life is felt not to be worth living.

Palliative care

Making natural end of life as comfortable as possible, since the person is held to have full worth and value.



Endangering lives

ASSISTED SUICIDE UNDERMINES THE VALUE OF HUMAN LIFE

In January 2021, Lord Sumption controversially suggested that some lives are less valuable than others.¹ Thankfully, there were strong objections to this idea. The value of a human life is not based on perceptions of someone's autonomy, contribution or

capacity. Once we start ranking the value of people's lives in this way, we breach a fundamental principle which protects everyone: that all lives are of equal value.

Conceding this principle will have far-reaching consequences for our society. The law must not affirm the idea that some lives are not worth living. It sends the terrible message to suffering and vulnerable people – who are made in God's image and worthy of respect – that they have a duty to die. No wonder many people with disabilities or terminal conditions do not want the law to be changed.²



Lord Sumption



EXISTING LAW PROTECTS VULNERABLE PEOPLE

People who contemplate ending their own lives and ask for help to do it are at their most vulnerable and emotional. They need a clear, firm law to protect them in their

darkest moments. Instead, campaigners want doctors and others to help people kill themselves. It is the ultimate in hopelessness. If we see someone contemplating

jumping to their death, we do not offer them a push.

Changing the law would put pressure on the vulnerable to end their lives for fear of being a financial, emotional or care burden. Over half of those in Oregon who died by assisted suicide in 2019 and 2020 cited the fear of being a burden on others as a reason for ending their lives.³

Even if individuals do not put this pressure on themselves, there

will inevitably be external pressure in some cases. As pro-life MP Danny Kruger has argued, allowing assisted suicide can create an expectation:

“If you ‘may’ terminate your life because it is not worth living, surely you ‘ought’ to do so? And if you ‘ought’ to do so, surely others should encourage you to do the right thing?”⁴



Proposed 'safeguards' are worthless

Supporters of changing the law cite various proposed 'safeguards'. For example, that the person must be over 18, have a terminal illness that means they are likely to die within six months, and have a "voluntary, clear, settled and informed" wish to end their life.

But so-called safeguards can never work. Once society decides that assisted suicide or euthanasia are valid choices for some, where does it stop? Evidence from other countries shows us that once a society starts down this path the 'safeguards' always disappear.

THE SLIPPERY SLOPE IS INEVITABLE

There is stark international evidence on how ineffective and short-lived 'safeguards' are:



In the Netherlands, the key criterion of "unbearable suffering" is now understood much more broadly. There has been a marked increase in euthanasia cases for dementia (from 12 in 2009 to 162 in 2019) and for patients with psychiatric disorders (from 0 in 2009 to 68 in 2019).⁵ Hundreds of euthanasia cases have involved elderly people who were not seriously ill but had conditions associated with normal old age. Euthanasia has become so accepted that there are attempts to open it up to those who are simply 'tired of life'.⁶



In Belgium, the 2002 law on euthanasia was initially confined to adults. But this was extended in 2014 to allow euthanasia for children with no lower age limit. Euthanasia is now used much more broadly than in its early years. It is now applied to people with the first symptoms of chronic diseases like Alzheimer's, patients suffering from depression, and older people suffering a combination of complaints.⁷ Euthanasia has become embedded in end-of-life care in Belgium and is increasingly seen as a viable option.



Canada only legalised euthanasia in 2016, but has already scrapped the requirement for a person to be terminally ill and will extend it to those with mental illness from 2023.⁸ A court determined that the restriction to the terminally ill was 'incompatible' with Canadian human rights and equality laws. That this happened so quickly after the original legislation shows how soon 'safeguards' can be eroded once the principle is abandoned.



NORMALISING KILLING

Wherever assisted suicide or euthanasia is introduced the volume of cases rises over time as the change to the law changes the culture.



In the Netherlands, reported cases of euthanasia and assisted suicide have more than tripled since the law was introduced (1,882 in 2002 to 6,361 in 2019).⁹



In Canada, both euthanasia and assisted suicide were legalised in 2016. Since then, “medically assisted deaths” have increased significantly every year. There were 7,595 medically assisted deaths reported in 2020, a jump of 34% compared to 2019, which itself was 26% higher than 2018. They now account for around 2.5% of all deaths.¹⁰



In Oregon in 2020, 245 people died under the so-called Death with Dignity Act, a 28% increase from 191 in 2019. This is the highest number since the Act was introduced, and almost four times the number ten years earlier (65 in 2010). Of the 245, only three were referred for psychiatric evaluation to check their mental competency to make the decision.¹¹



In Belgium, reported euthanasia cases have increased more than ten-fold, from 235 in the first full year to 2,656 in 2019.¹²

UK CAMPAIGNERS WANT TO GO FURTHER

UK assisted suicide campaigners openly admit that the proposals put forward for debate here do not go as far as they want.

In June 2021, Andrew Mitchell MP, co-chair of the All Party Parliamentary Group on Choice at the End of Life, conceded that current proposals are narrower than many advocates would like.¹³

Campaign group My Death My Decision (MDMD), formerly the Society



for Old Age Rational Suicide, wants assisted suicide to be legal solely on the basis of an individual's feelings of suffering, without any

requirement for an end-of-life prognosis.¹⁴ Michael Irwin, a patron of MDMD, believes assisted suicide should be offered to those who feel “their lives have been fully lived”, and has even proposed making all old people over a certain age eligible for help to commit suicide.¹⁵

AC Grayling is a strong supporter of assisted suicide. He objects to limiting it to terminally ill patients, believing this is “too tentative”. He says it is simply “a good first step”.¹⁶



Medics oppose killing patients

Until recently all of the medical colleges were opposed to assisted suicide. However, recognising the strategic importance of doctors, euthanasia activists have been trying to change the colleges' positions.

In 2019, the Royal College of Physicians (RCP) decided to move to a 'neutral' position on the issue after surveying its members.



But the largest group of respondents, 43 per cent, wanted the college to continue to oppose assisted suicide.¹⁷

Despite the efforts of euthanasia campaigners, in 2020 the Royal College of GPs – the largest of the royal colleges – voted to maintain opposition to assisted suicide.¹⁸



The British Medical Association (BMA) polled its members in 2020.



Although half of respondents personally supported a change in the law, only 36 per cent said they would be willing to prescribe the drugs themselves. Even more tellingly, the majority of those involved in palliative care or geriatric medicine were opposed to a change in the law.¹⁹

Assisted suicide undermines medical care



Legalising assisted suicide discourages investment in genuine medical treatment and palliative care because killing people is far cheaper than caring for them.

In US states that have legalised assisted suicide,

terminally ill patients have seen medical insurance companies refusing to fund their treatment but offering to fund assisted suicide.²⁰ Hospices in British Columbia, Canada, that receive over half of their funding from the Government have been told they must provide euthanasia, or lose that funding.²¹

Pro-euthanasia groups such as Dignity in Dying (formerly the

Voluntary Euthanasia Society) like to talk about 'assisted dying'. Of course, helping people in their dying moments is a good thing. But that's what good palliative care does.

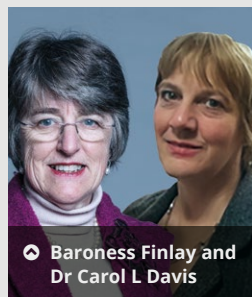
Almost no patient is beyond the help of palliative care, and the UK has some of the best in the world.²² We should be focusing on making sure it is available to all who need it.

Palliative care can control pain

Leading palliative care doctors challenge the idea that assisted suicide is required to avoid dying in unbearable pain. Dr Carol L Davis, lead consultant in palliative medicine at University Hospital Southampton, and Baroness Finlay of Llandaff, a professor of palliative medicine at Cardiff University School of Medicine, have said it is a "myth that 'assisted dying' is needed to avoid dying in pain".

The specialists stated that "with modern analgesia pain is much easier to control than once it was" and that consequently, as US research has shown, "pain, or fear of it" was well down the list of reasons given by people seeking "fatal drugs".

They concluded: "It is high time that the argument that 'assisted dying' is necessary to avoid a painful death is exposed as a fallacy."²³



Baroness Finlay and Dr Carol L Davis

The warning from 'Do Not Resuscitate' orders

DNR scandals during the pandemic exposed how some in our society do not properly value every human life. Legalising assisted suicide would further encourage the dehumanisation of vulnerable and elderly people.



WHAT ARE DNRs?

Do Not Resuscitate orders (DNRs) are also commonly called DNARs or DNACPRs – 'Do not attempt resuscitation' or 'Do not attempt cardiopulmonary resuscitation'. Unlike assisted suicide, they have legitimate uses in appropriate clinical contexts. CPR takes an extreme physical toll on a person and has a relatively low rate of success in many situations. If someone is dying a natural death, a DNR can be a means of ensuring they do so in a dignified and peaceful way.

However, this assessment should be made by experienced medical professionals, in consultation with the individual or their family. DNRs are always to be applied on an individual case-by-case basis and never as a blanket policy. People with long-term but stable conditions should not have DNRs applied.²⁴

COVID-19 DNR SCANDALS

Various blanket or other inappropriate uses of DNRs were revealed during the pandemic:

- A report by the Care Quality Commission in England found the human rights of more than 500 patients may have been breached in the past year when DNRs were put in place without discussion with them or their families.²⁵
- Academics from the University of Bristol found that dozens of DNRs applied in England to those with learning disabilities last year were done incorrectly or without consultation with patients or carers.²⁶
- According to the British Institute of Human Rights, over 40 per cent of healthcare workers said it was assumed disabled or elderly patients with DNRs did "not have mental capacity" to discuss their treatment.²⁷



The shocking misuse of DNRs shows that we need to be strengthening protections for vulnerable people towards the end of their lives, not weakening them.

References available at christian.org.uk/as21-ref

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