

The law should protect life

Assisted suicide Bills being considered at both Westminster and Holyrood would enable terminally ill adults to get help to kill themselves. Supporters of the moves insist that safeguards will be built in. But this is just a tactic to crack the law open. No such safeguards exist. Once the principle of assisted suicide is accepted, eligibility criteria get wider and wider, as we have seen in other countries. 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 different actions but they are equally wrong. In both cases the intention is to cause the person's death in the belief that their life is not worth living, rather than care for them as they need. Advocates use euphemisms like 'assisted dying' or 'medical assistance in dying'.

Assisted suicide

Assisting another person to kill themselves, with the dying person taking the decisive act.

Euthanasia

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

Palliative care

Providing active care for those with advanced, incurable, life-limiting illness, making the natural end of life as comfortable as possible.



From 'right to die' to 'duty to die'

EXISTING LAW PROTECTS VULNERABLE PEOPLE

People who contemplate ending their own lives and ask for help to do it are at their most emotional and vulnerable. 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. Around half of those in the US state of Oregon who have died by assisted suicide cited the fear of being a burden on others as a reason for ending their lives.¹

There will inevitably be external pressure too. Professor of Biomedical Ethics at the University of Geneva Samia Hurst-Majno acknowledges that these pressures



“are not necessarily explicit. There can be societal biases that send implicit messages that someone is no longer wanted or is no longer a ‘useful’ member of society.”²

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?”³

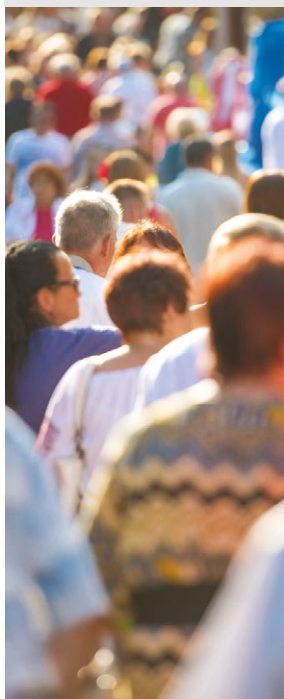
ASSISTED SUICIDE UNDERMINES THE VALUE OF HUMAN LIFE

Every human life has intrinsic value. This is not based on perceptions of someone's autonomy, contribution or capacity. It is based on the fact that we are all made in the image of God. This is just as true of those who require a lot of medical care because of old age or illness. But introducing assisted suicide will inevitably affect how, for example, elderly and disabled people view their own worth, and how they are viewed by others. It would plant the idea in the minds of some of the most vulnerable in our society that they are worth less than others. Abandoning the principle that all lives are

of equal value will have far-reaching consequences. The law must not affirm the idea that some lives are not worth living. Many people with disabilities or terminal conditions do not want the law to be changed.

“For many disabled people the assumption that we’d be ‘better off dead’ is something that we get used to hearing. We do not believe that any safeguard can adequately protect us from coercion, abuse, mistake and discrimination.”⁴

Liz Carr, disabled actress and Not Dead Yet campaigner



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 clear international evidence on how ineffective and short-lived 'safeguards' are:



In the Netherlands, the key criterion of "unbearable suffering" is now applied much more broadly. There has been a marked increase in euthanasia cases for dementia (from 97 in 2013 to 336 in 2023)⁵ and for patients with psychiatric disorders (from 42 in 2013 to 138 in 2023). Hundreds of euthanasia cases have involved elderly people who were not seriously ill but had conditions associated with normal old age.⁶ Euthanasia has become so accepted that there are attempts to open it up to those who are simply 'tired of life'.⁷ Euthanasia for children has also been legalised.⁸



Assisted suicide has been legal in Oregon since 1997 for adults deemed to be terminally ill and not expected to live for more than six months. Recently, patients with non-terminal illnesses have also been approved for assisted suicide, including those with treatable conditions like arthritis, anorexia and even hernias.⁹ In 2023, 367 people died under the law, over five times more than a decade earlier.¹⁰ In 2020, the law changed to allow patients believed to have a short prognosis to skip the 15-day waiting period. In 2023, 28 per cent of those who received prescriptions for lethal drugs were granted this exemption.¹¹ Those living outside the state are now allowed to access assisted suicide in Oregon – over six per cent of deaths under the law were from outside the state in the first year after this change.¹²



Just five years after legalising euthanasia in 2016, Canada scrapped the requirement for a person to be terminally ill. A court determined that this restriction was 'incompatible' with Canadian human rights and equality laws.¹³ The qualifying criteria was extended to those with mental illness (though this has now been delayed).¹⁴ 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. The change to the law changes the culture.



In the Netherlands, there has been a more-than fourfold increase in reported cases of euthanasia and assisted suicide (1,882 in 2002 to 9,068 in 2023).¹⁵



In Canada, the number of annual deaths under the Medical Assistance in Dying (MAID) law has risen by over 350% since its first full year of operation in 2017. There were 13,241 reported in 2022, an increase of almost a third compared to 2021.¹⁶



In Belgium, reported euthanasia cases have almost doubled in ten years, from 1,807 in 2013 to 3,423 in 2023.¹⁷

PALLIATIVE CARE DOCTORS OPPOSED

Opposition to assisted suicide among doctors is highest for those who are most involved in end-of-life care. When the British Medical Association polled its members in 2020, the majority of those working in palliative care or geriatric medicine were opposed to a change in the law.¹⁸

Bringing in an assisted suicide law will prevent

specialist palliative care being prioritised. Dr Juliet Spiller, a consultant in palliative medicine, said: "There's no question that an assisted dying law would very negatively impact wider access to palliative care. The idea that you can focus on providing access to assisted suicide and palliative care is misguided. You can't do both."¹⁹

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". They concluded: "It is high time that the argument that 'assisted dying' is necessary to avoid a painful death is exposed as a fallacy."²⁰

95% of doctors surveyed would not prescribe lethal drugs for an assisted suicide.

97% would not administer the drugs.

86% believe that assisted suicide would have a negative or very negative impact on palliative care services.

88% did not think that the proposed legal safeguards would prevent harm to vulnerable patients.

78% believe that assisted suicide would have a negative or very negative impact on their conversations with patients and families.



The stark warning from Canada



Canada legalised euthanasia and assisted suicide in 2016. In 2022 alone, more than 13,000 people were killed under its Medical Assistance in Dying (MAID) law – 4.1% of the total number of deaths. The vast majority of these were from euthanasia, with only a handful of people choosing to self-administer the lethal drugs.²¹

EUTHANISING THE POOR

Horrifying cases have emerged:

- The only health condition listed on 61-year-old Alan Nichols' application for MAID was hearing loss. His family argued that the hospital improperly helped him make the request as he was not suffering and lacked the capacity to understand the process.²²
- Michael Fraser was approved for MAID despite not being deemed close to death. One of the doctors who approved him admitted that "the fact that [Michael] had trouble paying his rent" was one of the reasons he had asked to die.²³
- Amir Farsoud suffers with debilitating back pain, depression and anxiety. When the house he rented was put up for sale and he could not afford anywhere else, a doctor approved him for MAID.²⁴
- The rising cost of living means that some people accessing food banks are asking how to apply for MAID.²⁵



EXPANDING CRITERIA

Things could get even worse. The expansion of eligibility criteria to include people whose sole underlying condition is mental illness was passed by Parliament in 2021, although implementation has now been delayed until 2027. Health Canada said, "the health system is not yet ready for this expansion".²⁶ The Canadian Mental Health Association has previously warned it is "not possible" to determine whether any particular case of mental illness is incurable and strongly opposes changing the law.²⁷ Even this widening of the law would not be enough for some. Dying With Dignity Canada wants to extend the law to include children.²⁸ Other campaigners have said euthanasia "should be available" for people "in unjust social circumstances".²⁹



EMBEDDED IN SOCIETY

A 2023 poll found that:

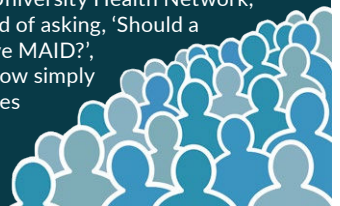


Around **THREE IN TEN** Canadians think euthanasia due to homelessness or poverty is acceptable.



ONE IN FIVE think euthanasia should be available on request to anyone, regardless of the reason.³⁰

Medical professionals now have to deal with MAID requests as a matter of course. Madeline Li, a psychiatrist and developer of the MAID programme at Toronto's University Health Network, says instead of asking, 'Should a patient have MAID?', many are now simply asking, 'Does a patient qualify?'.³¹

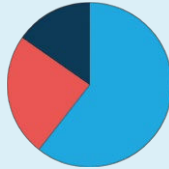


Poll shows public see dangers

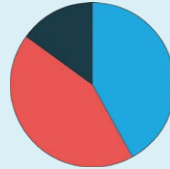
56% say legalising assisted suicide would lead to the normalisation of suicide



60% believe changing the law would affect the patient/doctor relationship



42% of assisted suicide supporters say there are “too many complicating factors” to legalise safely

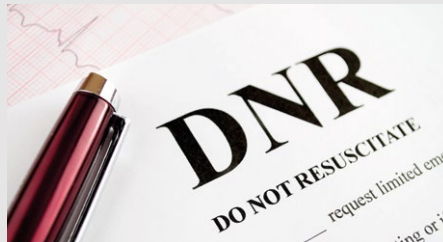


Whitestone Insight, *Living and Dying Well*, 5-6 June 2024. 2,001 GB adults.

SCANDAL OF DO NOT RESUSCITATE ORDERS

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

The Equality and Human Rights Commission found that voices of older people in care homes were ignored and that their right to equal and respectful treatment had not been properly considered. It also noted the addition of DNR notes to



residents' care plans against their wishes or without consultation, while some were denied access to vital health services during the first wave of the virus.³²

A 2021 report by the Care Quality Commission in England found the human rights of more

than 500 patients may have been breached in the previous year when DNRs were put in place without discussion with them or their families.³³

Academics from the University of Bristol found that dozens of DNRs applied in England to those with

learning disabilities in 2020 were done incorrectly or without consultation with patients or carers.³⁴

The British Institute of Human Rights found that 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.³⁵

These scandals show that we need to strengthen protections for vulnerable people towards the end of their lives, not remove them.

References available at christian.org.uk/as24update-ref

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