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The law should protect life

In recent years there has been extensive public debate on "assisted suicide", a form of euthanasia.

Pro-euthanasia campaigners such as Dignity in Dying are making concerted efforts to alter our current law, which expressly outlaws euthanasia and prohibits doctors or anyone else from assisting another to commit suicide. The campaigns are being fought in the courts and in Parliament.

Supporters of a change in

the law usually argue that their approach is compassionate toward those who are suffering and that there is a 'right to die' in such situations.

However, the truth is that any weakening of the current law would be dangerous. A 'right to die' can easily become a duty to die and the law should not affirm the belief that some lives are not worth living. Those who are really concerned about people's suffering should support the development of palliative care services.



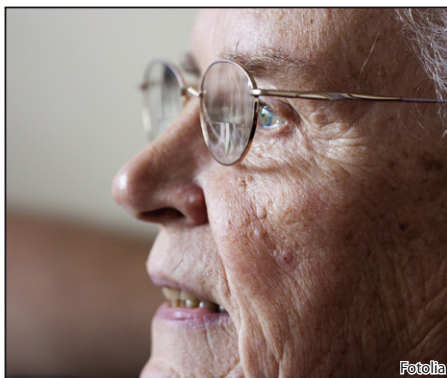
Pressurising the most vulnerable

A vulnerable person may start to think they would be 'better off dead'. But 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 on

those close to them.

If assisted suicide were legal many would feel they had a duty to request an early death, especially if it was offered by their doctor 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 inside).

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

New Bill for assisted suicide introduced in the Commons

Labour MP Rob Marris has introduced the Assisted Dying (No. 2) Bill. He says it will be “essentially the same” as the unsuccessful recent Bill promoted by Lord Falconer in the House of Lords.

The Bill would allow doctors to give lethal drugs to adults thought to be mentally competent and expected to have less than six months to live.

A debate at Second Reading stage is due to take place on 11 September, only four days after MPs return from their summer break. It is



Rob Marris, Labour MP for Wolverhampton South West, introduced the Assisted Dying (No. 2) Bill in June 2015.

expected that MPs will have a free vote.

Lord Falconer’s Bill was called a ‘blank cheque’ for assisted suicide by senior lawyers and faced severe criticism from disability

groups. It was amended in the Lords to require a judge to approve an individual’s request for assisted suicide on the advice of medical practitioners, but this is

likely to become a mere formality – giving judicial ratification to the view that some lives are not worth living.

The British Medical Association has warned that “there is no way to guarantee the absence of coercion in the context of assisted suicide”.

In May the Scottish Parliament decisively rejected an assisted suicide Bill by 82 votes to 36 .

- ¹ Dignity in Dying, Press Release, *Assisted Dying Bill to be introduced in the House of Commons this year*, 9 June 2015
- ² *The Times*, 1 May 2015
- ³ *The Guardian*, 27 May 2015

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.



Quasarphoto

Swiss clinic Dignitas helps British dementia sufferer to kill himself

A few UK citizens have chosen to go abroad to kill themselves. The most high profile destination is the infamous Dignitas suicide facility in Zurich, Switzerland, which attracts many foreign nationals. According to Dignitas’ own figures, this has included 273 Britons.¹

The majority of suicides at Dignitas are for terminally ill people, but has also included dementia sufferers.²

A high-profile case in May this year saw Jeffrey Spector, a husband and father, helped to kill himself at Dignitas. Mr Spector feared that he would become quadriplegic having been diagnosed with an inoperable tumour, but was still able to walk and drive and was not in any pain.³

Dignitas has been mired in controversies in recent years,



Clinic founder Ludvig Minelli

including the discovery of urns containing human remains in Lake Zurich and being accused of profiting from the deaths. Mr Minelli has become a millionaire since setting up the clinic.⁴

- ¹ Accompanied suicides per year and residence, Dignitas, see <http://tinyurl.com/qcvlhjx> as at 22 June 2015
- ² *Daily Mail*, 31 May 2013
- ³ *MailOnline*, 25 May 2015, see <http://tinyurl.com/pzsf539> as at 25 June 2015
- ⁴ *Telegraph Online*, 27 April 2010, see <http://tinyurl.com/2ws6dzt> as at 25 June 2015; *The Daily Telegraph*, 25 June 2010

UK world leader in palliative care

According to one study, the UK is the world leader in providing palliative care, helping the patient and their family cope physically and emotionally with the distress of advanced illness.¹

Experts say that almost no patient is beyond the help of pain-relieving medicine, yet allowing any form of assisted suicide would inevitably undermine the motivation to invest in developing and extending such services.

The Association for Palliative Medicine of Great Britain and Ireland has stated its opposition to assisted suicide.²

¹ *The quality of death: Ranking end of life care across the world*, Economist Intelligence Unit, July 2010

² Association for Palliative Medicine of Great Britain and Ireland, statement on physician assisted suicide, December 2011, see <http://www.aponline.org/documents/132406163664879.pdf> as at 27 June 2014



All people are valuable – not just the able and productive

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



AlexanderRaths

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

Medical professionals stand opposed to killing patients

The professional association for doctors, the British Medical Association (BMA) remains 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 changing the law “would be contrary to the ethics of clinical practice, as the principal purpose

of medicine is to improve patients’ quality of life, not to foreshorten it”.¹

Many other medical bodies, including The Royal College of Physicians, The Royal College of General Practitioners and The British Geriatric Society also oppose changing the law.



¹ See <http://bma.org.uk/practical-support-at-work/ethics/bma-policy-assisted-dying> as at 25 June 2015

DPP guidance on assisted suicide

Alison Saunders, the Director of Public Prosecutions (DPP) has changed the CPS policy on assisted suicide so that doctors and nurses who help people commit suicide but do not have a “relationship of care” with the victim are less likely to be charged.¹

The guidelines, first issued in 2010 by former DPP Sir Keir Starmer QC, set out the factors to be considered for or against prosecution.

The guidance stated that prosecutions are unlikely if the act

was “motivated by compassion”. Sir Keir emphasised at the time that the guidelines were not changing the law but were a guide to prosecutors.²

In June 2014 the Supreme Court unanimously rejected a challenge to the lawfulness of the DPP’s guidance by a man known as ‘Martin’.³

Martin argued that the guidelines are unclear on whether someone other than a close friend or relative would be charged if they helped him to travel to Dignitas in

Switzerland to kill himself.

A Government minister has confirmed that 91 assisted suicide or euthanasia cases were referred to the Crown Prosecution Service (CPS) by the police between 1 April 2009 and 13

February 2014. Of those 91 cases, 65 were not proceeded with by the CPS, 13 were withdrawn by the police and there were eight ongoing cases at the time.

One case of attempted assisted suicide was successfully

prosecuted in October 2013.⁴

¹ The Daily Telegraph, 17 October 2014

² BBC News Online, 25 February 2010, see <http://news.bbc.co.uk/1/hi/health/8536231.stm> as at 25 June 2015

³ R (on the application of AM) v DPP [2014] UKSC 38

⁴ House of Lords, Hansard, 5 March 2014, col. 1429



Alison Saunders, Director of Public Prosecutions since 2013.

Supreme Court defers to Parliament

In June 2014 the UK Supreme Court examined the existing law on assisted suicide and declined, by seven to two, to say that it is incompatible with human rights legislation.¹

The case was brought by Paul Lamb, who is

paralysed, and the family of Tony Nicklinson – Mr Nicklinson died in 2012 and could only communicate by blinking and nodding.

Lawyers representing Lamb and Nicklinson argued that Section 2 of the Suicide Act 1961 is

contrary to Article 8 of the European Convention on Human Rights (respect for private and family life).

Of the seven Justices in the majority, four said that the matter should be left to Parliament to decide. The other three were more open to declaring the law incompatible with human rights, but said it would be inappropriate to do so without allowing Parliament the chance to reconsider the matter.²

Lord Sumption pointed out in his judgment that legalising assisted suicide “would be followed by its progressive normalisation, at any rate

among the very old or very ill’.³

He added that “in a world where suicide was regarded as just another optional end-of-life choice”, the pressure on the vulnerable and those who feel they are becoming a burden on others to kill themselves is “likely to become more powerful”.⁴

¹ R (on the application of Nicklinson and another) v Ministry of Justice [2014] UKSC 38

² The Supreme Court, Press Summary, 25 June 2014, see http://www.supremecourt.uk/decided-cases/docs/UKSC_2013_0235_PressSummary.pdf as at 25 June 2015

³ R (on the application of Nicklinson and another) v Ministry of Justice [2014] UKSC 38, at para. 228

⁴ *Loc cit*



Lord Sumption warned of the pressure on the very old or very ill if assisted suicide was legalised.

Legalisation: experiences from around the world

Belgium



Belgium legalised euthanasia for adults in 2002. There were 1,816 cases of euthanasia in 2013, which was nearly 27% higher than deaths by euthanasia in 2012.¹

In February 2014 the Belgian Parliament passed a law making the nation the first in the world to allow euthanasia for children of any age who are thought to be terminally ill and in a state of “unrelieved suffering”.

The European Institute of Bioethics has noted that although in theory the euthanasia law requires patients to be suffering from an incurable or life-threatening disease, “there is no question today that these conditions have shifted”.²

The Belgian Society of Intensive Care Medicine says euthanasia can be appropriate even when no discomfort is felt, and that the final decision lies in the hands of the doctors.³

Identical twins Marc and Eddy Verbessem were killed in December 2012 by lethal injection, despite not being terminally ill.⁴

¹ *La Libre*, 28 May 2014, see <http://tinyurl.com/qf3dn8q> as at 25 June 2015

² ‘Euthanasia in Belgium: 10 years on’, see <http://tinyurl.com/prk2dcd>, page 5

³ Vincent J-L, Schetz M, De Waele J J et al, ‘Piece’ of mind: End of life in the intensive care unit Statement of the Belgian Society of Intensive Care Medicine’, *Journal of Critical Care*, 29(1), February 2014, pages 174-175

⁴ *Telegraph Online*, 14 January 2013, see <http://tinyurl.com/apcedyw> as at 25 June 2015

Oregon, USA



Assisted suicide for terminally ill adults with six months to live was legalised in the US state of Oregon in 1997. In 2014, 105 people died under the Act. The equivalent would be around 1,680 deaths per year in the UK, since Oregon’s population is a fraction of ours.

Alarming, only three of the people who died under the law in 2014 had been referred for psychiatric evaluation. Forty per cent of those who killed themselves said they felt that they were a burden on their family, friends or caregivers.

The Oregon law shows how the authorities can approach patient care when there is the option of offering assisted suicide as an alternative to more expensive drugs. Barbara Wagner, who was suffering from cancer, was refused new chemotherapy by Oregon’s health officials but was instead offered lethal drugs to kill herself which are much cheaper. Mrs Wagner rejected assisted suicide.

¹ ‘Oregon’s Death with Dignity Act – 2014’, see <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year17.pdf>

² *Loc cit*

³ *Mail Online*, 10 August 2009, see <http://www.dailymail.co.uk/debate/article-1205138/The-chilling-truth-city-pay-people-die.html> as at 25 June 2015

The Netherlands



In 2002, The Netherlands became the first country to formally legalise voluntary euthanasia and assisted suicide. The law requires that a person must be experiencing “hopeless and unbearable suffering” and the doctor and patient must discuss other possible options.

The number of deaths by euthanasia reached 4,829 in 2013, up 15% from 2012. Euthanasia now accounts for over 3% of all deaths in the country.¹ Under a similar law, the UK could see over 17,000 deaths per year by euthanasia.

The 2013 figures show that 97 people were killed because they had dementia, and there were treble the number of cases due to psychiatric disorders compared to 2012.² The Dutch Paediatric Association has called euthanasia to be available to under-12s.³

In 2012 an end-of-life clinic was set up in The Hague for those who could not find a physician to end their lives. It has accepted around 250 requests for euthanasia. In 2013, 24 cases involved patients with dementia and 23 were age-related physical complaints.⁴ A woman with severe tinnitus has also been killed at the clinic.⁵

¹ *Mail Online*, 3 October 2014, see <http://tinyurl.com/knlo2ck> as at 25 June 2015

² *Loc cit*

³ *The Daily Telegraph*, 20 June 2015

⁴ See http://www.refdag.nl/nieuws/binnenland/133_keer_euthanasie_levenseindekliniek_in_2013_1_797208 as at 25 June 2015

⁵ *DutchNews*, 19 January 2015, see <http://tinyurl.com/o3jm2vp> as at 25 June 2015

Delighted not to have ended it all

Bram Harrison



Bram Harrison has locked-in syndrome. Left almost completely paralysed after a cycling accident, he can only move his eyes. But he says, “it’s crazy for anyone to think locked-in syndrome is the end of your life”. Using an eye-controlled computer, Bram can produce sentences which the computer ‘voice’ then reads out. He has presented his own radio show under the name DJ Eye Tech and said: “I don’t want people to think that locked-in syndrome is unbearable. I enjoy my rather limited life.”¹

¹ *Independent Online*, 31 March 2012, see <http://www.independent.co.uk/news/people/profiles/locked-in-but-still-lost-in-music-uks-bravest-dj-7604143.html> as at 25 June 2015

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

Michael Wenham

Despite having a rare form of motor neurone disease, Michael Wenham has not found his life any “less valuable”, he told the group Care Not Killing.

Michael opposes assisted suicide. He says that for the disabled, chronically ill and the elderly, the campaign for weakening the law “feeds on and fuels our fear” of being regarded as “disposable burdens”. He also believes that for doctors assisted suicide would be an “intolerable reversal of their *raison d’être*”. Michael wants people to see that there “is still life after diagnosis, however short or long”.¹

¹ See <http://tinyurl.com/ks7xtm8> as at 25 June 2015

Matt Hampson



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.

Since then, Matt has been able to set up his own charitable foundation to support others with catastrophic injuries. He is also a rugby coach and patron of Special Effect, a disabled children’s charity! He said his challenge was now to help others and show people that “you can live a life after a spinal injury”.²

¹ See <http://matthampsonfoundation.org/about-us/matt-hampson/> as at 25 June 2015

² *BBC News Online*, 27 February 2012, see <http://www.bbc.co.uk/news/uk-england-leicestershire-17142904> as at 25 June 2015