

REVISED AND UPDATED

The law should protect life

Campaigners for so-called 'assisted dying' want to enable terminally ill adults to get help to kill themselves.

In October 2024, the Dáil voted to note the report of an Oireachtas committee, which recommended legalising assisted suicide for adults in Ireland and Irish citizens resident in Northern Ireland or elsewhere. Pro-assisted suicide TDs are pushing to implement the report, determined to keep it on the agenda.

Supporters claim that safeguards will be built in. But the truth is no such safeguards exist. The claims are just a tactic to crack the law open. Once the big change is made to legalise

euthanasia, experience from other countries indicates any 'safeguards' will be ditched.

Ending another's life is wrong. Euthanasia and assisted suicide deny the value of human life made in the image of God. They pressure 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 very opposite of the compassion the activists say they want.

True compassion for those who are terminally ill means valuing their God-given lives, bringing 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. Supporters of changing the law use euphemisms like "assisted dying" or "medical assistance in dying".

Assisted suicide

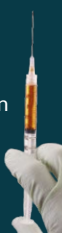
Assisting another person to kill themselves, with the dying person taking the decisive act.

Euthanasia

Intentionally killing a person. Lethal drugs are usually administered by a doctor.

Palliative care

Making the natural end of life as comfortable as possible, since the person has full worth and value.



From the right to die to the duty to die



EUTHANASIA AND ASSISTED SUICIDE UNDERMINE 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 equally true for those who require a lot of medical care because of old age or illness. Introducing euthanasia and assisted suicide will inevitably affect how elderly, ill 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.

Losing the principle that all lives are of equal value will have far-reaching consequences for our society. 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. As Independent Living Movement Ireland has put it "who decides what quality of life is?"¹

The Irish High Court ruled in 2013 that *"even with the most rigorous systems of legislative checks and safeguards, it would be impossible to ensure that the aged, the disabled, the poor, the unwanted, the rejected, the lonely, the impulsive, the financially compromised and emotionally vulnerable would not avail of this option to avoid a sense of being a burden to their family and society"*.²



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. That is why they need a clear, firm law to protect them in their darkest moments.

Campaigners want doctors and others to help people kill themselves. This 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. Almost 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.³ Figures

from Canada tell a similar story: in 2024, over 48% of people requesting euthanasia said they felt they were a "burden on family, friends or caregivers".⁴

Even if individuals do not put this pressure on themselves, there will inevitably be external pressure in some cases. A right to assisted suicide when your life is deemed not to be worth living

could quickly become a duty to "do the right thing".



Proposed 'safeguards' are worthless

Supporters of changing the law cite various supposed 'safeguards'. For example, that the person must be over 18, have a terminal illness that means they are likely to die within six months, or have a "voluntary, clear, settled and informed" wish to end their life. But the so-called safeguards can never really work. Once society decides that assisted suicide or euthanasia are valid choices for some, it soon moves on to others. Evidence from other countries shows that once society starts down this path the 'safeguards' always disappear.

THE SLIPPERY SLOPE IS INEVITABLE



Despite assurances from leading Australian euthanasia advocates that "the law will not be changing",⁵ key safeguards are being eroded. The law in Victoria has been expanded, with the six-month prognosis extended to twelve months and doctors now able to raise assisted suicide with patients unprompted. Restrictions around 'voluntary assisted dying' are simply "unnecessary barriers" according to the Premier of Victoria, Jacinta Allan.⁶

Dementia Australia supports the expansion of euthanasia to those with dementia.⁷

Campaigners like federal MP Kate Cheney and Western Australia Attorney-General Tony Buti want to allow euthanasia assessments to be carried out via phone or video call.⁸ This would remove one of the few protections for abuse victims – requiring an in-person appointment.



Assisted suicide for adults deemed to be terminally ill and not expected to live for more than six months has been legal in Oregon since 1997. The law later widened to allow patients with a short prognosis to skip the 15-day waiting period. In 2025, three in ten of those who received prescriptions for lethal drugs were granted this exemption.⁹

The interpretation of 'terminal illness' is now also very broad. People with treatable conditions like arthritis, anorexia and even hernias have all been approved for assisted suicide.¹⁰



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 human rights and equality laws.¹¹

Dr Madeline Li says that while the concept of a 'completed life', or 'being tired of life' as a qualifying criteria for MAID is theoretically against the law, "the truth is, it is legal in Canada". For many doctors, she says, "if a patient wants this, it's not up to us to judge. We should provide."¹²





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 fivefold increase in reported cases of euthanasia and assisted suicide (1,882 in 2002 to 10,341 in 2025).¹³ Euthanasia deaths now account for around six per cent of all deaths.¹⁴



Since 2017, the first full year of the MAID law in Canada, the number of annual deaths using it has risen by almost 500% from 2,838 to 16,499 in 2024.¹⁵



Australia's 'voluntary assisted dying' (VAD) laws are relatively recent. But deaths are already increasing at an alarming rate. Between 2023-24 and 2024-25, it is estimated that VAD deaths rose by 48% overall, and by as much as 73% in Tasmania.¹⁶

WHAT DO CAMPAIGNERS WANT?

Pro-euthanasia campaigners are calling for a radical assisted dying law.

One doctors' group has stated that its motivation is a strong belief in individual patient autonomy.¹⁷ It believes that "only the patient can define their pain and what constitutes their suffering as intolerable".¹⁸ It wants to see 'assisted dying' included alongside



palliative care as a legitimate option.

Worryingly, the group also endorses the Canadian MAID regime, which

has seen disabled people approved for euthanasia rather than being provided with the support they need to help them.



GOOD NEWS FROM SCOTLAND

The Scottish Parliament voted to reject a Bill to legalise assisted suicide by 69 votes to 57. The vote in March 2026 was the third time in 16 years that Holyrood has refused to endorse state-sponsored suicide.



The grim warning from Canada



Over 16,000 people were euthanised in Canada in 2024 under its Medical Assistance in Dying (MAID) law – 5.1% of the total number of deaths.¹⁹ In 2021, scrapped the requirement for a person's death to be "reasonably foreseeable". This made it possible for people to access MAID even if not deemed terminally ill. A court had determined that such a restriction was "incompatible" with human rights and equality laws.

IMPACT ON PALLIATIVE CARE

High-quality palliative care helps people in their dying days. But provision in Canada is poor, partly due to a lack of specialist doctors.²⁰ Patients do not receive palliative care early enough, as many do not qualify until they are at the very end of their lives.²¹

The use of the euphemistic term 'Medical Assistance in Dying', along with its friendly-sounding acronym, MAID, has blurred the lines. Dr Balfour Mount, known as the father of palliative care in Canada, said this has caused "fear" among patients and the general public as to "the nature



of Palliative Medicine".²² Unbelievably, 2019 guidance for caring for those with Parkinson's disease even listed MAID as a recommendation under 'palliative care support'.²³ This has not been amended, despite palliative care doctors publicly raising concerns.²⁴

Many end-of-life care clinicians have reportedly left the profession because the emotional and moral distress has taken its toll on them.²⁵

Delta Hospice Society, British Columbia, lost \$1.5 million in public funding and was evicted from its premises because it refused to allow euthanasia.²⁶

FAILED BY THE SYSTEM

- **A doctor in Ontario** who conducted a MAID assessment outside a coffee shop and later drove the patient to be killed was given just a verbal caution and six months' supervision.²⁷
- **Normand Meunier**, who is quadriplegic, was hospitalised with a respiratory infection. After spending four days without a suitable mattress, he developed a painful bed sore that led him to apply for MAID. He spoke with Radio-Canada the day before he was euthanised: "I don't want to be a burden."²⁸
- **Mother-of-three Rose Finlay** suffered a spinal cord injury at 17 and is quadriplegic. She says it is much easier to pursue MAID than to get Government support for her disability, noting that while the MAID eligibility assessment takes 90 days, it can take up to eight months to receive disability support.²⁹

EMBEDDED IN SOCIETY

Worryingly, 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



Palliative care experts oppose killing patients

The strongest medical opposition comes from those on the front line of caring for the elderly and terminally ill. The Irish Association for Palliative Care (IAPC) is firmly opposed. It said its members were committed to “caring for a person with a life limiting illness, not about ending life”.³²



Irish Association For Palliative Care
A Collective Voice for Palliative Care in Ireland since 1993



ASSISTED SUICIDE INCOMPATIBLE WITH GENUINE CARE

The IAPC said palliative care “should not involve any action or treatment which is designed to cause a patient’s death” and is therefore entirely incompatible with assisted suicide. “Our focus is on supporting people experiencing physical and existential distress” the paper stated, adding: “The IAPC does not support any change in the law to legalise euthanasia or physician assisted suicide”. The law preventing healthcare professionals from assisting vulnerable patients to kill themselves, it argued, protects

those “who may be basing their decision to die” on “a sense of being burdensome” or due to “mental health conditions”.³³

Dr Feargal Twomey, chair of the Irish Palliative Medicine Consultants’ Association (IPMCA) and spokesperson for the Royal College of Physicians of Ireland, has said legislating for assisted suicide would “irrevocably change” the doctor-patient relationship, and that there should be no role for doctors in assisted suicide or euthanasia.³⁴

FOCUS ON PALLIATIVE MEDICINE

It is a myth that an assisted suicide law is needed to avoid a painful death. Palliative care specialist Dr Kathryn Mannix has said that “normal human dying” is “a really gentle process” that has become “the really best kept secret in medicine”.³⁵ Bad deaths are not the norm. Once this is explained to many patients and families, their fears are quickly and drastically reduced. A painful death is the result of bad care, not uncontrollable pain.³⁶ With proper care, very often a patient’s wish to end their life changes.³⁷

Of course, as the Irish Hospice Foundation has said:

“Investment in palliative care and home care will require resources”. It went on to express concern that ‘assisted dying’ must not “in any way be seen as a more ‘cost effective’ approach to addressing the needs of those facing end of life”.³⁸



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

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