ASSISTED DYING - A RIGHT OR A WRONG?

We are all dying from the day we are born, it's only a question of the timing. Clearly every life has value and deserves respect, and people talk about "the sanctity of life": but there are nevertheless some conditions and states of life that are worse than death for the person suffering from them – terminal cancer, degenerative neurological diseases for which there is no treatment – the wholly apt phrase used in Dutch legislation is "hopeless and unbearable suffering".

What can or should be done for those people, given that euthanasia is illegal in the United Kingdom? Under the Suicide Act 1961, "assisting or encouraging" another person's death is prohibited, and could be prosecuted as murder or manslaughter. Since 2009, 167 cases have been referred to the Crown Prosecution Service: and while only three have resulted in successful prosecutions, a lot of other people must have felt themselves on a knife-edge. Official policy guidance within the CPS suggests that cases must be fully investigated, but that a prosecution needs to be "in the public interest" – and that it isn't likely to be in the public interest if the victim had reached "a voluntary, clear, settled and informed decision to commit suicide, and if the suspect was wholly motivated by compassion". In other words, the CPS itself may be compassionate if it wants to be.

Euthanasia is permitted in some other countries: New Zealand, Australia, Canada, Belgium, Luxembourg, Holland, Spain, Germany, three states of the USA. But Switzerland is the only country allowing euthanasia for non-residents. And around fifty British people a year go to Dignitas for "a physician-assisted suicide".

In the UK, over 300 dying people end their own lives at home every year: and around 1000 people every year receive (illegal) help to die from a doctor. In a recent public poll, 84% of those canvassed supported some form of doctor-assisted death for those with terminal illnesses; 50% supported similar measures for those suffering from a painful but not terminal illness; and 54% of doctors supported changing the law to enable patients to

die with dignity. A separate poll found that 79% of 'religious people' support a change in the law on assisted dying.

From a medical perspective, the key purpose of medicine is the relief of human suffering. The Hippocratic Oath imposes "a duty to do good" and a second duty "not to do harm". However, terminally ill patients and distressed relatives sometimes ask for "something to be done", or at least to hint at it.

In terms of changing the law, a private members' bill is currently in the system, and an inquiry by the Commons health & social care committee is expected to report back by the end of the year. The main issue with any new law is safe-guarding against the possibility of abuse: maybe by doctors, but more likely by patients' relatives applying pressure. But also, what about personal conscience for doctors as with abortion: how much would doctors be prepared to jump in, or not – being in favour of changing the law is not the same as actually being prepared to do the deed? And then, where exactly do you draw the line about "hopeless and unbearable suffering"; and how do you ensure that the patient has given proper consent – assisted dying has to be controlled by the dying person, and if that's not achieved then no law can possibly be valid.

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(Statistics from Campaign for Dignity in Dying)