Assisted Suicide and Palliative Care briefing paper

Many thanks to those of you who supported the PMM on Palliative Care and Assisted Suicide to make the debate possible and to the Business Committee for scheduling time for the debate.

The current motion combines three themes which are inextricably linked, the excellent palliative care heritage we have in this country, the issue of gross underfunding of Palliative Care by the Government and the consequent pressure for the introduction of Assisted Suicide because of perceived failures in Palliative Care.

The definitions of terms involved in the debate are confusing but important to grasp:
a). Assisted Dying is used by many to refer to the prescription of life terminating drugs, usually large doses of barbiturates or cocktails of a number of drugs, for self-administration to mentally competent patients within a strictly defined terminal prognosis usually of 6 months. This is the term applied to the legalised practice in a number of USA states, some Australian States and New Zealand.
b). Assisted Suicide is a broader term where those with longer term progressive illness as well as the terminally ill are given assistance to die by the prescription of drugs that are self-administered. This is permitted in Switzerland.
c). Voluntary Euthanasia is the term used where a physician directly administers drugs to end a patient's life at their request where there is a clinical indication. This is currently permitted in Belgium, Luxembourg, the Netherlands and Canada.
But within the terms of the current legislation in the United Kingdom all these are described as Assisted Suicide and prohibited under Section 2 of the 1961 Suicide Act.

It may be helpful to give some perspective as to why this is an important and timely debate. The issue was last debated in 2012 following a PMM (GS1851A) by Sarah Finch on the Independent Commission on Assisted Dying which was at that time deliberating. The motion at that time included support for the current law on Assisted Suicide. The vote that followed the debate resulted in 284 votes in favour and none against with four abstentions. Since that time however there has been constant pressure in Parliament to revisit the issue and revise the Section 2 of the Suicide Act 1961 to allow assisted dying with 4 attempts to introduce legislation the most recent ending with the timing out of Baroness Meacher's Assisted Dying Bill. At present there is a hiatus but inevitably the issue will again be brought before Parliament by proponents of Assisted Suicide in the foreseeable future. This is an excellent opportunity for General Synod to debate, and it is my sincere hope reaffirm, our position on Assisted Suicide before a further Parliamentary debate is triggered.

Why should we debate the issue?

1. Most importantly we need to uphold our Christian understanding of the sanctity of life. The most cogent reason for opposing Assisted Suicide is that we understand life to be God's gift to us:
a). Genesis 2:7 God breathed into his nostrils the breath of life, and the man became a living being.
b). Psalm 139:16 All the days ordained for me were written in your book before one of them came to be.
c). Psalm 31:15 My times are in your hands.
There will be many other relevant references in scripture which further validate this.

2. We need to speak out for those who are vulnerable in our society who would be at risk from any change in the law and subsequent further revisions:
a). Those no longer having mental capacity.
b). Those suffering from mental illness.
c). Those with learning difficulties.
d). Those with disability or progressive degenerative conditions.
e). Those who are terminally ill who may feel pressure from relatives to end their lives.

3. The Doctor Patient relationship would be at risk with the erosion of the principal of the Doctor doing no harm (Primum non nocere). Palliative Care doctors might well feel compromised in their approach to terminally ill patients. Experience from countries where Assisted Suicide has been legalised has demonstrated that it may be difficult for a Doctor to conscientiously object to being involved and

studies from Canada have clearly demonstrated the negative effects on Doctors' mental health since the introduction of Assisted Suicide. Also, recruitment and retention of staff specialising in Palliative Care has become increasingly difficult since the introduction of Assisted Suicide. There would also be the risk of complaint and litigation if doctors in the UK did not have the protection the current Suicide legislation affords.

The examples of Canada and Organ in the United States are important indicators of what changes in Assisted Suicide legislation would bring. In Canada there has been progressive liberalisation of the law since the Medical Assistance in Dying (MAID) Bill was passed in 2016 allowing both Assisted Suicide and Euthanasia with not only the terminally ill now being eligible for MAID but also those with Chronic disabling conditions. From March 2023 Mental Health conditions will become a potential sole main reason for a person applying for MAID. Currently 2.5% of all deaths in Canada are through MAID. Oregon has a longer history dating back to 1997 when the Death with Dignity Act (DWDA) was passed to legalise Assisted Suicide and the annual reports detail the steady growth in the number of prescriptions of lethal medication being issued, but the lack of medical supervision and particularly the lack of psychiatric assessment of those seeking prescriptions.

There are 2 excellent webinars hosted by the All-Party Parliamentary Group Dying Well https://www.dyingwell.co.uk/ which give details of the situation in Canada and Oregon
Canada: https://www.youtube.com/watch?v=oacp4xkj274
Oregon: https://www.youtube.com/watch?v=4R3_TML6xhk
There is also an excellent booklet *Assisted Dying* (ISBN 978-0-90519-528-5) by Professor John Wyatt published by CARE which provides an extremely comprehensive resume of the subject.

Some possible themes to develop in the debate:

1. The need to uphold the Christian understanding of the Sanctity of life.
2. The urgent need for the Government to properly fund Palliative Care.
3. The risk to terminally ill people from covert pressure from relatives or friends to accept assisted suicide and the mixed motives that may be involved.
4. The risk to the disabled and the mentally ill if legislation were progressively changed as in Canada.
5. The misleading use of the term "Assisted Dying" which in fact refers to the use of medications to prematurely end a person's life and in UK law is Assisted Suicide.
6. Assisted Dying isn't a "clean death" but is subject to all kinds of complications.
7. The limited value of Public opinion polls to truly reflect what people think due to the lack of understanding by the public as to what Assisted Dying entails. Many equate Assisted Dying with current Palliative Care practice.
8. Changing the law would be irreversible. You can't put the genie back in the bottle!

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