THE ASSISTED DYING BILL

What the Bill Says

Lord Falconer's Private Member's Bill seeks to legalise what it calls 'assisted dying'. In plain language, this means licensing doctors to supply lethal drugs to terminally ill patients who request them in order to commit suicide and who are thought to meet certain criteria - that they had a settled wish to end their lives, that they have the mental capacity to make the decision and that they are not being coerced or pressured.

What does the Church say about assisting suicide?

In a message addressed to Catholics in Ireland, Scotland, England and Wales, Pope Francis said, "Even the weakest and most vulnerable, the sick, the old, the unborn and the poor, are masterpieces of God's creation, made in his own image, destined to live for ever, and deserving of the utmost reverence and respect". The Church supports high quality care for the dying and protection for the weak and vulnerable. The Church teaches that life is a gift from God (*John* 10:10) and that suicide is the ultimate inability to accept the gift of life. Although attempting suicide should be treated with compassion rather than with blame, suicide should never be encouraged or promoted. Moreover the Church teaches that deliberately ending or helping to end someone else's life, even if that person may have requested it, is wrong. Those who take someone else's life take to themselves the power of life and death, which ultimately belongs to God.

What's Wrong with the Bill

I. This Bill would:

- **fly in the face of social attitudes to suicide**. While as a society we treat people who attempt suicide with compassion and understanding, there is widespread acceptance that suicide is not something to be encouraged or assisted. Lord Falconer's Bill stands this perception on its head.

- **reinforce pressures on vulnerable people.** The advocates of the bill tend to forget the background against which they are seeking to change the law. Recent examples of neglect in care homes as well as the many pressures faced by the elderly, disabled and vulnerable, who often feel a burden in a society focused on health, youth and beauty, should provide ample warning about the dangers of removing the vital protections afforded by the current law. As well as opening the door to abuse, legalising assisted suicide risks sending the message that a patient's life is no longer worth living and could easily confirm a patient's worst fears that the patient would be better off dead. We should be focusing instead on caring for vulnerable people and on supporting the message of the value of each person.

- **remove the deterrent of the present law**. Someone who was minded to put pressure on a relative to end their life for personal gain or for other malicious reasons would have nothing to fear other than that a request for assisted suicide might be refused. Under the present law they would have to reckon with a spotlight being shone on their actions after the event and of any malicious intent coming to light.

- **replace the firm boundary of the present law with a purely arbitrary one.** The present law rests on the clear principle that we do not involve ourselves in deliberately bringing about the deaths of others. An 'assisted dying' law says that there are some people whose deaths it is acceptable to hasten. Such an arbitrary boundary is hard to defend against extension to others - if the terminally ill, why not the chronically ill or people with disabilities? If the underlying principle of the Bill is the relief of suffering, there is no logic in the selection of terminal illness as a criterion.

II. **More specifically, this Bill:**

- **contains no specific safeguards to protect the vulnerable.** All it contains is a few criteria - mental capacity, settled wish, freedom from coercion. But it mandates no minimum steps that a doctor must take to ensure that these criteria are met.

- **places responsibility for assisting suicide on the shoulders of doctors.** But most doctors do not regard assisting suicide as an acceptable part of clinical practice and would not participate in it if it were to be made legal. Consequently many people seeking assisted suicide would have to find, or be referred to, a minority of doctors they had never met before who would know nothing of them beyond their case notes.

- **would encompass large numbers of people**. A qualifying person would need to be diagnosed as having "an inevitably progressive condition which cannot be reversed by treatment". But this could include chronic conditions such as Parkinson's, MS and heart disease as well as other relatively-short trajectory illnesses, like cancer. Such chronic and incurable conditions, while life-shortening, are not terminal illnesses in the normally understood sense of the term but, for some patients (eg the elderly or frail), they could easily attract a prognosis of "reasonably expected to die within six months". Even in what is normally seen as terminal illness accurate prognosis is fraught with difficulty. The Royal College of General Practitioners told Lord Mackay's select committee in 2004 that, with prognoses at a range of more than a week or two, "the scope for error can extend into years".

- **ignores the problems of mental capacity assessment.** The Bill requires people requesting assisted suicide to have "the capacity to make the decision to end their life". But what sort of capacity is that? When doctors assess capacity, they do so with a view to protecting patients from self-harm, not to clearing the way for their suicide. Mental capacity can be affected by all kinds of things, including depression (a frequent concomitant of serious illness) and the effect of medication that is being taken to relieve the symptoms of serious illness. Yet the bill assumes that doctors would be able to determine whether or not a patient has mental capacity without a referral to a psychiatrist for specialist assessment.

- **offers information on end of life care but not experience of it.** The bill requires that the qualifying person has been fully informed of the palliative, hospice and other care which is available to someone seeking assisted suicide. But, even it is available (and in some parts of the country it is not), it is not enough just to be informed. As Help the Hospices wrote in evidence to Lord Mackay's select committee, the promise of pain control is radically different to experience of pain control and a decision to seek 'assisted dying' without having had the opportunity to experience good end of life care could not be said to be fully informed.