

The Assisted Dying No. 2 Bill

Does it pass the two key tests?

Rob Marris's Private Member's Bill would license doctors to supply lethal drugs to terminally-ill patients to enable them to take their own lives.

Two questions need to be asked:

Do we need to change the law?

Would what is being proposed be better?

Our answer to both questions is 'No'.

Do we need to change the law?

The present law¹:

- prohibits encouragement of or assistance with suicide;
- has penalties in reserve to deter malicious or manipulative assistance;
- allows discretion to be exercised in genuinely compassionate cases;
- is clear and is supported by a published prosecution policy;
- is effective - assisted suicide is a rare offence and discretion is exercised where appropriate;
- accurately reflects social attitudes to suicide - that, while we are not judgemental about it, we do not as a society regard suicide as something to be encouraged, much less assisted;
- applies equally to all of us, irrespective of age, gender, race - and state of health;
- accords with the 'do no harm' principle underpinning medical practice.

Would an assisted suicide law be better?

An assisted suicide law:

- removes the deterrent;
- sends the social message that, if you are terminally ill, taking your own life is something it is appropriate to consider;
- caters for strong-willed individuals who want to hasten their deaths; but
- exposes more vulnerable people to pressure to take their own lives when they are seriously ill in order to avoid being a burden on others.

¹Suicide Act 1961

But wouldn't there be safeguards?

- There are no safeguards in Mr Marris's bill - just vaguely-worded qualifying conditions for assisted suicide.
- Most doctors refuse to have anything to do with assisting patient suicides. So the doctors who would assess requests would often be a minority of referral doctors who had never met the patient before.
- The inclusion of the High Court in the process adds no protective value. The Court is required only to 'consent' to doctors' decisions and to do so in a timeframe that makes independent scrutiny all but impossible.

Aren't doctors doing it already on the quiet?

- No. Independent research has concluded that illegal action of this nature by doctors in Britain is "rare or non-existent"².
- The Chair of the campaigning group Dignity in Dying has stated that it is "highly unlikely" because "doctors now work in teams"³.

What about opinion polls?

- Polls suggesting public support for legalisation are often sponsored by campaigning groups and worded in such a way as to invite desired responses.
- The results are often quoted selectively, with convenient responses highlighted and less helpful ones downplayed.
- Polls of doctors - of the people who would be in the front line - show that most are opposed to legalisation and very few would be prepared to have anything to do with it if it were to be legalised.

Isn't it working well in Oregon?

- Oregon's death rate from legalised assisted suicide is nearly seven times what it was when the law was changed - and shows no signs of abating.
- Some people with undiagnosed clinical depression have got through the net and taken their lives with legally-supplied lethal drugs.
- There is no investigative system in place to shine a light on how requests for assisted suicide are being handled in practice and approved.

²Seale C. End-of-Life Decisions in the UK involving medical practitioners, Palliative Medicine 2009;00:1-7

³Address to meeting in Parliament (July 2015) to launch Mr Marris's Bill