

# We are told we are a burden. Legalising assisted suicide would further devalue our lives

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As someone who relies extensively on social and medical care I understand Noel Conway's fears, but our welfare should not be seen as a luxury . Jamie Hale is a poet and disabled activist



The retired lecturer Noel Conway, who has motor neurone disease, outside the high court, where he is challenging the UK's ban on assisted dying. Photograph: Stefan Rousseau/PA

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**N**oel Conway's challenge to the 1961 Suicide Act goes before the high court this week. His argument is that the UK's ban on assisted suicide breaches the right to a private life under the Human Rights Act - and his aim is to have it legalised for terminally ill people who have less than six months to live.

As someone who relies extensively on social and medical care, I have great empathy for his fear of losing dignity, and the desire to avoid suffering or a drawn-out death. However, legalising assisted suicide is a dangerous way of achieving those goals.

Conway's fears are not groundless. When social care visits are rushed, being left wearing a filthy incontinence pad feels undignified; and when palliative care is cut, death can result from dehydration on a hospital ward. But this is neither necessary nor inevitable. The resources and experience exist to give everyone the care they need to have a dignified, self-directed life, and a painless, smooth death - and we should be campaigning to expand access to those resources, not to replace them with a lethal cocktail.

When legislating to allow assisted suicide, it is impossible to implement effective safeguards that limit it to people at the end of their lives who are not experiencing mental illness or undue pressure. Feeling like a burden is one of the greatest risk factors for suicide: disabled and terminally ill people like me are constantly told that we are a financial, emotional and practical burden on society, with the strong implication that we would be better off not being a burden.

Moreover, the medical profession is notoriously bad at predicting how long people have to live, and there is no way of being certain that someone accessing assisted suicide isn't suffering from depression or experiencing external pressure. Assisted suicide would turn these predictions and judgments into a matter of life and death - and even one unnecessarily early death resulting from a change in the law would be one too many.

As we have seen in many other countries, assisted suicide laws typically undergo a process of incremental expansion and legislative drift. Once assisted suicide is legalised, campaign groups argue, it will be difficult to justify offering it only to those with less than six months to live. What about those with less than a year to live, or those experiencing "incurable suffering"? In Belgium, the Netherlands, and Luxembourg (among others), assisted suicide has been legalised for people suffering from mental illness alone, and safeguards have been repeatedly ignored. An emphasis on ending lives is replacing an emphasis on suicide prevention - and the difficult but worthwhile process of recovery.

The majority of groups in favour of assisted suicide are coordinated by people who are not disabled or terminally ill, and either fear an undignified death or have witnessed a loved one dying without good palliative care. Meanwhile, neither groups run by and for disabled and terminally ill people nor the British Medical Association support assisted suicide, which would fundamentally destroy our trust in doctors to support us in making decisions that maximise our health and quality of life.

If medical, social and palliative care are treated as an expensive luxury for disabled and terminally ill people compared with the lower cost of assisted suicide, this will inherently

devalue our lives, and affect the care offered to all of us. Remaining alive will become a selfish decision that burdens our families, risks their inheritances, and has a huge financial cost to society. Disabled and terminally ill people are being told that, while other lives can improve and other people should be deterred from killing themselves, our lives are so bad we should actually be offered assisted suicide, and it would be best for other people if we accepted it.

In a world where disabled people received truly equal treatment, assisted suicide wouldn't be an option. Instead, we would find people who had professional, well-paid assistance that allowed them to live independently, work where possible, and have access to the best treatments for their conditions. Assisted suicide might be cheaper and easier, but the necessary social and medical care to experience a dignified decline and a painless, comfortable death would be infinitely more valuable than the unnecessary shortening of peoples lives.

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