

Assisted dying: searching for the solution

Despite the Suicide Act 1961 making assisted suicide a crime punishable by up to 14 years imprisonment, research found that approximately 900 patients each year are helped to die by their doctors at their explicit request (Seale, 2006). This unregulated assistance poses grave risks both to patients and doctors.

Additionally on average, 16 British citizens each year travel to Switzerland to be helped to end their lives and in the process place their loved ones, who accompany them, at risk of prosecution.

There are also a significant number of terminally ill patients who suffer unbearable deaths because their doctors are not willing to accede to their requests to break the law by assisting them to die.

The solution is a change in the law

Unfortunately palliative care is not the solution for all terminally ill patients, a fact recognized by, among others, the British Medical Association (2004). On 17 July 1997, the National Council for Hospice and Specialist Palliative Care Services (now known as the National Council for Palliative Care) adopted a statement opposing euthanasia which included the following:

'Universal availability of excellent palliative care services will not and can never eliminate all such rational and persistent requests for euthanasia.'

In August 2004 in its evidence to the Select Committee on the Assisted Dying for the Terminally Ill Bill (House of Lords) the Council withdrew this statement 'in order to carry out further research' (House of Lords, 2005). Naturally those who are in favour of assisted dying agree with the above extract from the withdrawn statement.

It was in order to provide a solution to prevent such avoidable suffering that the Assisted Dying for the Terminally Ill Bill was introduced in the House of Lords in 2005. The Bill, which fell at the Second

Reading, would have allowed terminally ill and mentally competent adult patients, who had successfully passed through an array of safeguards designed to protect vulnerable members of society, to ask their doctors to help them to die by prescribing medication which the patients would self-administer. Participation in the process by health professionals including doctors would be voluntary. The aim of the Bill was not to encourage patients to ask for assisted dying, but only to make it available as an additional option at the end of life.

The response of health professionals

Although surveys of society as a whole over the last 20 years consistently show that approximately 80% support assisted dying (Clery et al, 2007), it is clear that, while a change in the law is a matter for society as a whole to decide upon through its legislators in parliament, careful attention must be paid to the views of health professionals.

The shifting position of the medical bodies such as the British Medical Association and the Royal College of Physicians demonstrate a range of opinions among health professionals on this issue. The British Medical Association was originally against assisted dying, then changed to a neutral position for a year and then reverted to opposition. The Royal College of Physicians followed a not dissimilar path.

A survey conducted by *GP* newspaper in February 2009 found that 40% of GPs were in favour of seeing assisted dying legalized, while 38% said that they would be prepared to help a terminally ill patient end his/her life (Tanday, 2009). In a poll in November last year conducted by the *Student British Medical Journal*, 56% voted 'yes' to the question: 'Should doctors be allowed to help patients die?' (<http://student.bmj.com/write/polls.php>).

In assessing the validity of the concerns which have been raised by health profes-

sionals, it is essential to distinguish between speculation as to what might happen, which the opposing health professionals tend to rely upon, and evidence of what has actually happened in countries or states where assisted dying has been lawful. Further details of this are given in the article by Field and Curtice on p. 280 of this issue.

Concerns about legalizing assisted dying are not supported by evidence

Some of the main concerns are set out below with responses:

Palliative care will be undermined

The evidence in Oregon, the Netherlands, and Belgium is that palliative care has flourished since the introduction of assisted dying. In Oregon, for example, the number of patients who used hospices increased from 2000 in 1988 to 15 000 in 2003 (Jackson, 2005). In Belgium the quality of palliative care is third only to Iceland and the UK (Bernheim et al, 2008) and in the Netherlands there has also been great progress (Korte-Verhoef, 2004).

Patients would lose confidence in doctors

According to a YouGov survey in 2004, 79% of respondents said that if assisted dying were legal they would trust their doctors the same amount or more (YouGov, 2004).

The slippery slope argument

Fears of a vast increase in the numbers opting for assisted dying are not supported by the evidence in Oregon and the Netherlands. The numbers making use of the Oregon law is only 1.5 in every 1000 deaths (Oregon Department of Human Services, 2008). The number of deaths from assisted dying and voluntary euthanasia in the Netherlands is actually falling (van der Heide et al, 2007).

Vulnerable members of society will be put at risk

In answer to this legitimate concern, any future Bill will contain a similar array of safeguards to those in the 2005 Bill. That Bill made provision for:

- Two written requests by the patient to his/her doctor asking for assistance to die
- Consultations with two independent doctors, one a consultant who must examine the patient and satisfy him-/herself that the patient is suffering from a terminal illness, is mentally competent, is acting voluntarily and has made an informed decision
- Reference to a consultant psychiatrist if there is concern about the patient's mental condition
- A consultation with a palliative care specialist and
- A waiting period.

If the patient satisfies all the safeguards, the doctor may provide him/her with a prescription for medication to end his/her life which can be self-administered at a time and in a manner of the patient's choosing. These safeguards are based on, but are more rigorous than, the Oregon legislation.

The opponents of assisted dying are particularly concerned about patients who may succeed in slipping through the array of safeguards or patients who will give in to external pressure or opt for assisted dying because they consider themselves a burden on their families. Such patients could only get through the safeguards by untruthfully misleading both doctors who examined them.

However, there has been no credible evidence of any abuse of vulnerable patients in Oregon, the Netherlands or Belgium, a view substantiated by research in relation to Oregon and the Netherlands (Battin et al, 2007). Research in Oregon (Ganzini et al, 2008) did show that three patients who

had been diagnosed as clinically depressed were assisted to die but there was no evidence that their depression affected their competence. Any future Bill will prevent mentally incompetent people from having an assisted death.

If a change in the law is not a solution, what is?

The evidence shows that assisted dying laws work satisfactorily in the countries where it is lawful. The question to health professionals who oppose assisted dying is why then should it not work equally satisfactorily in England and Wales?

The equally important question is what solution do they propose for terminally ill patients who will not be relieved from their suffering by good palliative care and whose final wish is to decide for themselves on the time and manner of their deaths?

As a caring society, we cannot sit back and complacently accept that terminally ill patients who are suffering unbearably should simply continue to suffer until they die. We must find a solution and, in the absence of any other, a change in the law to allow assisted dying appears to be the only option. **BJHM**

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KEY POINTS

- The current law is not working.
- A change in the law is the solution.
- There is a range of opinions among health professionals on the issue of assisted dying.
- Concerns about the danger of legalizing assisted dying are not supported by the evidence.
- The opponents of assisted dying have failed to come up with a solution.