

Assisted dying: an argument for a change in culture, law and practice

I am a retired GP and was in practice for almost 40 years. During that time I looked after many patients who were dying. A few of those wanted an assisted death but many more would have benefited from the knowledge that the choice was available. I would like to see a change in the law in the UK so that people have that choice. But my wanting to change the law is not without a personal vested interest as I am now dying of pancreatic cancer.

What is assisted dying?

I should first clarify what I mean by assisted dying. Assisted dying is not suicide, and not euthanasia. Suicide has all sorts of connotations that dying does not, and euthanasia, although directly translated means 'good death', has been used in other contexts and is no longer useful in this debate. I see an assisted death as something that should be available to people who are terminally ill, mentally competent, and suffering against their wishes, giving them the choice to ask for medical help to die. Essentially it is about quality of death, and quality of life.

I believe that the choice of assisted dying should be one aspect of good quality end of life care, and not something to be considered to be opposing it. Palliative care must be as good as it can be, but ultimately, however good palliative care is, my experience is that sometimes patients would still want the choice of an assisted death. The palliative care lobby admit that palliative care is not always a 'blanket panacea' (Finlay, 2009), but what they fail to do is to offer any suggestion of what can be done to ease the suffering of patients who are enrolled in excellent palliative care and are still suffering unbearably and against their wishes at the end of their lives. Suffering does not just mean uncontrolled pain or other symptoms but can include psychological suffering. My offering is that the option of assisted dying for these

people would bridge the gap between un-relievable suffering, and the patient experiencing a good death.

A safe law is possible

I am in no doubt that a safe law which allows the choice of assisted dying to terminally ill, mentally competent adults is achievable. Evidence from states like Washington and Oregon, where assisted dying has been safely allowed to those who want it, demonstrates that a system which allows a dignified death for particular individuals can work. I see no reason why a similar law could not be safe and effective in the UK.

In Oregon, the numbers of people choosing an assisted death have remained very low; assisted deaths account for around 0.2% of deaths annually (Oregon Department of Human Services, 2010). When assisted dying was legalized in Oregon 12 years ago, the floodgates did not open, the slope did not become slippery, and elderly people were not forced to end their lives in order that their greedy relatives could get their hands on their inheritance a few days, weeks or months early (Battin et al, 2007); just a few of

the imagined fears churned out by those opposing a change in the law. The evidence overwhelmingly supports an assisted dying law with upfront safeguards and strict boundaries.

With the backing of 80% of the general public (Clery et al, 2007), which this change in the law has, I see no reason why our lawmakers and politicians cannot produce a law for us which removes the duty to suffer, which I feel is being imposed on me, without replacing it with a duty to die.

Healthcare Professionals for Assisted Dying

I am not the only medical professional who wants to see this change in the law, and that is exactly why Healthcare Professionals for Assisted Dying was born (www.hpad.org.uk). When I wrote about my views in the *BMJ* a year or so ago (McPherson, 2009) my intention was to air my views and initiate a conversation. Following this article, many colleagues and medical professionals I had never met wrote to tell me that they felt the same. I had no idea there was such a movement within the profession, and

KEY POINTS

- Assisted dying is not suicide. Suicide is about ending a life; assisted dying is about exchanging what may be a bad death for a good one.
- The choice of assisted dying and good quality palliative care are not mutually exclusive, they should both be aspects of good end-of-life care.
- Suffering does not just mean uncontrolled pain or other symptoms; there are many aspects of end of life other than pain that patients find unbearable and impossible to relieve.
- Evidence from countries where assisted dying for the terminally ill is legal shows that a safe assisted dying law which prevents a duty to suffer while also safeguarding against a duty to die is achievable.
- Opinion polls consistently show that 80% of the public want a law which allows the option of assisted dying to terminally ill, mentally competent patients.
- There is an expanding group of medical professionals, frustrated that the Royal colleges and British Medical Association are not representing their views on assisted dying.
- I do not know what I will want when I come to the end of my life, but I do know that I want the choice to be able to ask for help to die if my suffering becomes unbearable for me.

these views were certainly not being represented by our professional bodies, particularly the British Medical Association and the Royal colleges.

Healthcare Professionals for Assisted Dying has three ambitious aims. The first is to change medical culture. Death is not a failure of the medical profession, suffering is, and we would like the focus of end of life care to shift from quantity of life to quality of life and death.

The second aim is to change the law, alongside other organizations such as Dignity in Dying, and individuals with that aim. While assisted dying is illegal, some patients will suffer against their wishes at the end of their lives, and we need an assisted dying law with upfront safeguards to ensure that we all have the best chance at having what we consider to be a good death.

Finally, we want to change clinical practice. Assisted dying should be one of a

range of end-of-life options which complements other end-of-life care as it does in other places where assisted dying is legal.

Conclusions

I do not know whether I will want an assisted death or not, and sadly I do not think the change in the law will come soon enough for me to have that choice. The legacy that I and others involved in Healthcare Professionals for Assisted Dying will leave is an important one. I know that change will come.

We will all experience the end of life differently, and should be permitted to do so in the best way possible. I do not want to die, but given that I have no choice in this, I want it to be on my terms. I do not want my end of life dictated to me by an anti-choice lobby with imagined and unfounded fears; one of which being that an assisted dying law will make them and their profession obsolete. **BJHM**

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