



## BRIEFING

### Inquiry into Assisted Dying/Assisted Suicide

**Call for evidence deadline: Friday 20 January 2023**

The House of Commons Health and Social Care Committee has launched an inquiry into assisted dying, also known as assisted suicide.<sup>1</sup> Views received from the public will be used to help inform the Committee in its report, which will include recommendations for the Government.

The brief, anonymous online form is composed of only six questions and can be accessed [here](#).<sup>2</sup> It should take a minimum of 10 minutes. VfJUK provides suggested responses below which you may want to use. We advise that you always use your own words. Responses that appear to be the same are likely to be given less weight or ignored. While responses themselves will not be published, extracts may be cited in the Committee's report. VfJUK provides our own suggested responses to the six questions [here](#).

#### Brief overview

In recent years, there have been multiple attempts in Westminster through Private Members' Bills to legalise assisted suicide. This Select Committee, a cross party group of MPs,<sup>3</sup> exists to scrutinise the Government's health policy. It is crucial that your views are heard so that elderly and vulnerable people remain protected from State-sponsored killing. Select committees do not hold powers to change the law but their recommendations will be used to help shape future parliamentary debate when the issue inevitably returns to Parliament.

Assisted dying or assisted suicide<sup>4</sup> are terms referring to the administering of lethal drugs to end someone's life. In some countries, the law uses the term 'euthanasia'. As assisted suicide is not legal within the UK, this debate can and should have recourse to evidence from jurisdictions where the practice of assisted suicide is already legal. Readers may note that State authorities will usually publish the annual death statistics from assisted suicide or euthanasia, together with the legal reasons cited in support of the approval process. VfJUK understands that this process has become a dangerous tick-box procedure. For those with the time to look further into this wider topic, see

the reading resources below for a range of articles by experts who analyse the evidence. **In order to respond to the current six question survey, it is not a pre-condition to have read these research articles.**

Debate within the UK on this highly sensitive subject must be based on the best available evidence from countries and regions that have already legalised the practice and not just isolated personal stories. UK assisted suicide advocates are at pains to assure us that safeguards will be stringent if the law is changed. Yet these very same assurances were made by the activists and legislators who made the case for safeguards in countries that have been found wanting.

In jurisdictions where assisted suicide is already legal, criteria typically include a presumption that a person is mentally competent, has made a settled decision, has given informed and voluntary consent and is free from undue pressures or duress. It is by no means straightforward to judge when someone is to be deemed “mentally competent”, especially when they find themselves facing vulnerabilities caused by or associated with suffering. For legislators to invent neat eligibility tests or so-called safeguards obscures the fact that this is an ethical minefield.

In some countries, medical personnel judge that a patient has “unbearable” suffering. But how much pain qualifies as ‘unbearable’? Alternatively, eligibility tests include a medical diagnosis of less than six months to live, a benchmark that featured in previous UK parliamentary Bills. Such prognoses are more art than actual science. Therefore, life and death decisions should hardly be based on such uncertainty and unpredictability.

UK advocates have always been at pains to stress that strict eligibility criteria and safeguards would be adequate, so that people would therefore be sufficiently protected, especially when faced with conditions like terminal illness and/or extreme suffering. Yet, a growing body of international evidence shows that people are often not protected, regardless of the legal safeguards.<sup>5</sup>

In some jurisdictions, the scope of who qualifies to receive the so-called medicine (lethal drugs are sometimes called “medicine”) has widened considerably to include disabled people,<sup>6</sup> children<sup>7</sup> and those with psychiatric conditions.

**VfJUK holds that all human life is worthy of protection and support under the existing law and that suicide is never a solution to suffering. Any legal changes that enable people to help end their life will inevitably undermine suicide prevention efforts and hospice care provision and funding.** Modern advancements in palliative care are adequate for the majority of medical conditions, yet the media spotlight is

often disproportionately shone on highly emotive cases.<sup>8</sup> ‘Hard cases’ are said to make ‘bad law’. For those wanting to study the subject further, a brief list of resources is provided further below.

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<sup>1</sup> <https://committees.parliament.uk/work/6906/assisted-dying-assisted-suicide/>

<sup>2</sup> <https://www.smartsurvey.co.uk/s/M66AML/>

<sup>3</sup> <https://committees.parliament.uk/committee/81/health-and-social-care-committee/membership/>

<sup>4</sup> A broad definition is provided by the Parliamentary Office of Science and Technology and can be found at: <https://committees.parliament.uk/work/6906/assisted-dying-assisted-suicide/>

<sup>5</sup> In one review of the literature concerning the clinical implications for UK doctors, it was found that requests for physician-assisted suicide (PAS) can be influenced by coercion, that depression is much under-recognised in terminally ill patients, thus increasing the risk of inappropriate use of PAS, and evidence from other countries showed that safeguards did not adequately protect vulnerable patients from the misapplication of PAS. See: *Physician-assisted suicide: a review of the literature concerning practical and clinical implications for UK doctors*, BMC Primary Care, Madelyn Hsiao-Rei Hicks, 7, Article 39, (2006).

<https://bmcpriamcare.biomedcentral.com/articles/10.1186/1471-2296-7-39>

Other studies for consideration include:

*Disability and Assisted Suicide: Elucidating Some Key Concerns*, Professor Tim Stainton, Anscombe Bioethics Centre, 2022. <https://bioethics.org.uk/media/xwwnctsp/disability-and-assisted-suicide-elucidating-some-key-concerns-prof-tim-stainton.pdf>

*First, Do No Harm: How Canadian Law Allows for Euthanasia and Assisted Suicide for Patients with Psychiatric Disorders*, Dr Mark S. Komrad, , Anscombe Bioethics Centre, 2021.

<https://bioethics.org.uk/media/0qmdoigk/first-do-no-harm-how-canadian-law-allows-for-euthanasia-and-assisted-suicide-for-patients-with-psychiatric-disorders-dr-mark-s-komrad.pdf>

*Euthanasia and assisted suicide for people with an intellectual disability and/or autism spectrum disorder: an examination of nine relevant euthanasia cases in the Netherlands (2012–2016)*, Irene Tuffrey-Wijne, BMC Medical Ethics volume 19, 17 (2018).

<https://bmcmethics.biomedcentral.com/articles/10.1186/s12910-018-0257-6>

<sup>6</sup> See: *Disability and Assisted Suicide: Elucidating Some Key Concerns*, Professor Tim Stainton, Anscombe Bioethics Centre, 2022. <https://bioethics.org.uk/media/xwwnctsp/disability-and-assisted-suicide-elucidating-some-key-concerns-prof-tim-stainton.pdf>

<sup>7</sup> This is permitted in Belgium and the Netherlands with parental consent.

<sup>8</sup> For some personal stories from the perspective of people who reject the legalisation of assisted suicide, see: <https://www.carenotkilling.org.uk/personal-stories/+/legislation/>

## Reading resources

### Evidence from foreign jurisdictions

*Euthanasia and Assisted Suicide: A Guide to the Evidence*, Anscombe Bioethics Centre (See section two for an overview of official statistics from foreign jurisdictions where euthanasia or assisted suicide is legal)

<https://bioethics.org.uk/research/all-research-papers/euthanasia-and-assisted-suicide-a-guide-to-the-evidence/>

*First, Do No Harm: How Canadian Law Allows for Euthanasia and Assisted Suicide for Patients with Psychiatric Disorders*, Dr Mark S. Komrad, Anscombe Bioethics Centre,

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2021. <https://bioethics.org.uk/media/0qmdoigk/first-do-no-harm-how-canadian-law-allows-for-euthanasia-and-assisted-suicide-for-patients-with-psychiatric-disorders-dr-mark-s-komrad.pdf>

*The Danger of Assisted Suicide Laws: part of the Bioethics and Disability Series*, National Council on Disability (NCA is an independent, US federal agency), 2019. (Provides an analysis of evidence of limits to the existing legal safeguards and examples of abuses within the US context)  
[https://ncd.gov/sites/default/files/NCD\\_Assisted\\_Suicide\\_Report\\_508.pdf](https://ncd.gov/sites/default/files/NCD_Assisted_Suicide_Report_508.pdf)

### **General resources**

*Suicide Prevention: Does Legalising Assisted Suicide Make Things Better Or Worse?* By Professor David Albert Jones, Anscombe Bioethics Centre, 2022.  
<https://bioethics.org.uk/media/mhrka5f3/suicide-prevention-does-legalising-assisted-suicide-make-things-better-or-worse-prof-david-albert-jones.pdf>

*Voluntary Euthanasia & Physician-assisted Suicide: The Two ‘Slippery Slope’ Arguments*, by Professor John Keown, Anscombe Bioethics Centre, 2021.  
<https://bioethics.org.uk/media/vrkdljgu/voluntary-euthanasia-physician-assisted-suicide-the-two-slippery-slope-arguments-prof-john-keown.pdf>

### **Briefing paper from UK Parliament**

*Assisted Dying*, UK Parliament, briefing paper from the Parliamentary Office of Science and Technology, no. 47, Devyani Gajjar and Abbi Hobbs, 26 September 2022.  
<https://researchbriefings.files.parliament.uk/documents/POST-PB-0047/POST-PB-0047.pdf>

### **Disability**

*Disability and Assisted Suicide: Elucidating Some Key Concerns*, Professor Tim Stainton, Anscombe Bioethics Centre, 2022.  
<https://bioethics.org.uk/media/xwwnctsp/disability-and-assisted-suicide-elucidating-some-key-concerns-prof-tim-stainton.pdf>

### **Other resources**

For a wide range of authoritative resources on previous legislative UK Bills, palliative care, medical expert opinion, the voices of disabled people, and international developments and much more, go to: <https://www.carenotkilling.org.uk/resources/>