Inquiry into Assisted Dying/Assisted Suicide

Our responses to the Survey

Call for evidence deadline: Friday 20 January 2023

The Committee's questions are shown below with our suggested responses. VfJUK has produced a summary overview of this topic together with a range of reading resources here. Prior reading is *not* a condition when responding to the survey. The brief online form is composed of only six questions and can be accessed here.

Question 1. Suicide and attempted suicide are not crimes in England and Wales. However, it is a crime for a person to encourage or assist the suicide of another person. Euthanasia (healthcare professionals administering lethal drugs) is also illegal.

Of the three options provided, you are asked which one best reflects your view. We suggest you choose: "I broadly agree with the law on this issue in England and Wales."

Question2. Why have you responded as you have set out above? (**300 words limit**)

While the Health and Social Care Committee asks you not to provide any personal information that could identify you, we suggest you could include a personal example, if relevant to the issues below. In your own words, you may choose to summarise a combination of issues laid out below. The examples we provide takes account of previous proposals to legalise assisted suicide within the UK, plus the existing state of play for the legal regimes of other jurisdictions.

- **Suicide is never the solution for vulnerable people.** Patients who suffer physically should continue to receive the best medical care to alleviate their suffering. For mental health conditions, again, the very best of therapy and/or psychiatry should be offered. As a response to suffering, 'giving up' on people is effectively treating them as disposable and should never be a 'medical' option in a caring society. If society legalised assisted suicide, economics and the 'right to choose' would likely place a duty on doctors to present options that include assisted suicide. If a vulnerable person who is seeking support is told they can be helped to commit suicide, the intimate bond of trust that secures the doctor-patient relationship would be broken.[1]

- **When economics dictates who lives.** It is not difficult to see that, when the cheap option of assisted suicide is available, costlier and longer-term treatments ordinarily provided by the NHS, and separately by private medical insurance, could be dropped. There are cases in the US of patients who, instead of being offered treatment under their health insurance, were given the choice of assisted suicide.[2] It is unknown how common this phenomenon is but such examples are not uncommon. It is thought that, regardless of the legal safeguards that any law would provide, economic necessity would likely determine if certain patients receive life-saving medicine or the cheaper option of assisted suicide.

- **Palliative care is undermined.** As NHS budgets are always limited, resources must be allocated in a cost-effective manner. Therefore, economic necessity suggests the provision of palliative care would be at risk.

- **Suicide prevention is undermined**. When the law allows assisted suicide, vulnerable people are known to be at heightened risk of ending their life. In Switzerland, over a ten-year period beginning in 2009, assisted suicide deaths rose from 297 to 1196, an increase of over 400%.[3] In another example, Oregon, the US state frequently showcased by activists as an exemplary model of assisted suicide, records that in 2020, there was a 28% increase of cases from 2019, while being nine times that of 2000.[4] If extrapolated to the UK population, over the same period, the 245 deaths by assisted suicide in 2020 would translate to some 3880 deaths.[5]

- **Elderly people can feel they are a "burden".** While there may be a complex of reasons leading to the decision to end one's life, in the latest 2021 official figures from the state of Oregon, 54% of cases of what is known as 'death with dignity', were for reasons of being a "burden on family, friends/caregivers".[6]

- **Vulnerable people are at risk of coercion.** It is well known how vulnerable people can feel pressured by relatives to believe they are a burden.

- **Risk of undermining otherwise available treatments**. A consideration of existing practices in liberal societies suggests how the UK could reasonably open itself to unintended consequences. For example, in Belgium, since the Euthanasia Act of 2002, this legislation has been followed by an increase in all types of medical end of life practices, including euthanasia, withholding or withdrawing life prolonging treatment, continuous and deep sedation until death, etc.[7]

- **Disabled people have legitimate fears**. Previous attempts to legalise assisted suicide in the UK have not included disabled people but those with terminal illness, and who are deemed to have less than six months to live. Advocates for assisted suicide argue disabled people would not be affected by legal changes. However, if the law only covered terminal illness, human rights activists would demand further liberalisation, because of existing discrimination between eligible and excluded groups. The argument is: If ending extreme suffering is one primary reason to legalise assisted suicide, why should it be limited to people with terminal illness? People suffering with incurable but not terminal illness, including debilitating disabilities, could be seen as equally worthy candidates, whose misery could be ended with lethal drugs.

- **People can change their minds:** Typically, in jurisdictions where people apply for the drugs to end their life, they are given a short time of days to weeks to further reflect on their decision. While advocates argue that any law would only apply to people of "settled mind", there are always going to be people who reconsider their decision. Unlike other decisions, the problem with the decision to end one's life is that it is irreversible. The best medical assistance should always be considered as the primary response to those seeking support. A caring society should never provide suicide as a response to suffering.

Question 3. You are asked which of the following factors are most important to you when considering the issue? You can select up to three. Some of the options can be used to show why assisted suicide *should* be legalised. Therefore, we suggest you choose those in bold.

- **Impact on healthcare professionals**
- Personal autonomy
- Personal dignity
- Reducing suffering
- **Risk of coercion of vulnerable groups**
- **Risk of devaluing lives of specific groups**
- Sanctity of life
- Other (please give more details in the text box below)

Question 4. If you chose 'other' to the previous question, you are asked which other factors are most important to you when considering the issue. [Word limit: 50 words] You are asked to not include any personal or other data that could identify you in your response. We are not offering any suggestions.

Question 5. Do you think any of the following would be helpful? Tick all that apply

- Citizen's assembly (a representative group of people who are selected at random from the population to learn about and make recommendations in relation to a particular issue)
- Further independent research
- Referendum (when a question is decided by putting it to a public vote)
- **Other (please give more details in the text box below)**

VfJUK believes that this serious life and death issue requires more independent research. We believe that holding a referendum would be premature. The general public has not yet had the opportunity to fully understand the basic implications and repercussions of legal change. Mainstream media reports have paid little or scant attention to the evidence and arguments. Instead, they have put the spotlight almost exclusively on 'hard cases', therefore conveying a distorted picture of the basic facts. VfJUK understands that there is much misinformation circulating on this topic and so any referendum outcome would at this point in time be unreliable. We suggest you choose 'other'.

Question 6.

If you responded 'other' to the previous question, you are asked to provide which other resources would be helpful in the debate. [Word limit: 50 words]
There's a wealth of available resources showing the dangers of legalising assisted suicide in those jurisdictions where the law has already changed.

Sources

1 Consider the arguments from Baroness Campbell, disability rights campaigner who suffers with a degenerative illness. *Right-to-die: For and against assisted suicide*, BBC, 25 June 2014. https://www.bbc.co.uk/news/blogs-ouch-27922966

2 USA: *Physician Assisted Suicide - The Real Effects* (Podcast), "Insurance companies are denying treatment & access to patients who want it. Dr. Callister's first hand experience with his patients is disturbing." May 31, 2017. https://www.youtube.com/watch?v=CWrpr_5e4RY.

Canada: *RCMP called to investigate multiple cases of veterans being offered medically assisted death*, CBC News · Posted: Nov 24, 2022 https://www.cbc.ca/news/politics/veterans-maid-rcmp-investigation-1.6663885?fbclid=IwAR1AC4UHeo2IN28jt9ycbjpIgPepTv3leDRMi91pGoEo-Uv5LqSYcI%E2%80%93Q10

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

[4] https://www.carenotkilling.org.uk/articles/oregon-assisted-suicides-jump-28/

[5] Ibid.

[6] *Oregon Death with Dignity Act*, 2021 Data Summary, Oregon Health Authority. https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year24.pdf

[7] Cohen-Almagor, Raphael, *First Do No Harm: Intentionally Shortening Lives of Patients Without Their Explicit Request in Belgium*, Journal of Medical Ethics, June 2015. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2614587