



# SHOULD ASSISTED SUICIDE BE LEGALISED?

## What the UK can learn from the experience of other jurisdictions

Few issues are more contentious than assisted suicide but no comparable issue has had more parliamentary time devoted to it. Legislation for its introduction has been tabled eight times in the last 10 years and it has been debated twice in Westminster Hall – on 4 July 2022 and on 29 April 2024. It is almost certain that the legalisation of assisted suicide will be debated in the next parliament.

This briefing reflects the experience of countries where assisted suicide is lawful; the detrimental effect on the provision of palliative care, the increasing pressure on the economically marginalised to end their lives, the rise in suicide in the general population and other unforeseen consequences.

### UNDERMINING PALLIATIVE CARE

Advocates of assisted suicide argue that it is the only compassionate response to the suffering of the terminally ill. In fact, where it is already practiced, intractable pain is not among the most commonly cited reasons for requesting assisted suicide. In 2023, the three most reported end-of-life concerns recorded under Oregon's Death with Dignity Act<sup>1</sup> were:

- loss of autonomy (91.6%)
- decreasing ability to engage in activities that made life enjoyable (88.3%), and
- loss of dignity (63.8%)

Loss of control of bodily functions was fourth at 46.6%, and becoming a burden on family, friends and caregivers was fifth at 43.3%. Concern over adequate pain control was only in sixth place at 34.3%. While still comparatively low, this figure has increased for the second consecutive year. In 2021, concern over inadequate pain relief was just 27.1%, then rose to 31.3% in 2022. If this trend continues, it should raise questions about the impact that increasing numbers of assisted suicide (from 304 in 2022 to 367 in 2023 – an increase of 20.7%) has had on access to palliative care in Oregon.

Good palliative care should control pain. In 2019, during the legalisation of the Voluntary Assisted Dying Bill in Western Australia, Dr Anil Tandon, chair of the WA Palliative Medicine Specialist Group said it was no coincidence that states with the worst palliative care were often the most supportive of euthanasia.<sup>2</sup>

According to research palliative care can significantly improve quality of life, alleviate physical symptoms and reduce depression.<sup>3</sup> Yet, legalised assisted suicide can undermine the provision of palliative care. In Belgium, healthcare facilities reluctant to practise assisted suicide have been threatened with the loss of public funding.<sup>4</sup> At some palliative care units medical personnel left because they felt that their function had been “reduced to preparing patients and their families for lethal injections”.<sup>5</sup>

In Canada, funding was withdrawn from several hospices that refused to participate in the country’s “Medical Assistance in Dying” (MAiD) scheme.<sup>6</sup> A 2020 study of palliative care found that MAiD had a negative impact on palliative care.<sup>7</sup>

## **SAFEGUARDS ARE PROGRESSIVELY IGNORED AND REMOVED**

Once it is introduced, safeguards come to be seen as barriers and the criteria for assisted suicide are invariably widened or removed. Oregon and Vermont have recently removed residency requirements.<sup>8</sup> Hawaii reduced its statutory waiting period from 20 days to five.<sup>9</sup> In California, this was reduced from 15 days to 48 hours,<sup>10</sup> which may explain the sudden surge in assisted suicides from 522 in 2021 to 853 in 2022.<sup>11</sup> Since arguments for assisted suicide and voluntary euthanasia are so similar, its legalisation in some places has led to vulnerable groups like disabled infants or dementia patients, who have not requested death, being euthanised. The laws of Belgium and the Netherlands now permit the non-voluntary euthanasia of children. Reports from Belgium and Holland up until 2010 show that between 7% and 9% of all infant deaths involved active euthanasia by lethal injection.<sup>12</sup> In the Netherlands, the number of dementia patients killed by euthanasia rose from 12 in 2009 to 162 in 2019.<sup>13</sup>

## **LEGALISING ASSISTED SUICIDE PUTS VULNERABLE PEOPLE AT RISK**

A major reason people choose to end their lives is the fear of becoming a burden. In 2023, 43.3% of people killed by assisted suicide in Oregon gave this reason for ending their lives.<sup>14</sup> This fear can be exploited through undue influence, subtle pressure and coercion. One study found vulnerable people considering assisted suicide to be “strongly influenced by fears, sadness and loneliness”. It also raised concerns about trends that “increase social pressure on older people and reinforce negative ideas surrounding old age”.<sup>15</sup>

When the seriously ill are told that they can choose to end their lives, it conveys the idea that they might be better off dead.

## **THE DISABLED FEAR ASSISTED SUICIDE**

Advocates of assisted dying claim it is not a threat to the disabled, yet many disabled people fear being pressured to end their lives. While disabled people are not usually terminally ill, the terminally ill are often disabled.<sup>16</sup> Legalising assisted suicide sends a message that disabled people facing these issues are right to want to die. It means that people who are considered healthy will receive suicide intervention, while the sick or disabled will receive suicide assistance. It would create a two-tiered system with the less valued group encouraged to die.<sup>17</sup> That is why Scope, Action on Elder Abuse, Mencap and the Veterans Association UK oppose it.<sup>18</sup>

## **ASSISTED SUICIDE LEADS TO MORE SUICIDE GENERALLY**

Research published in the *Journal of Ethics in Mental Health* refuted claims that the introduction of the Voluntary Assisted Dying Act in 2017 would reduce the number of unassisted suicides in the Australian state of Victoria by at least one per week. It not only failed to do that but since the law came into force, suicides among older people in the state increased by more than 50%.<sup>19</sup>

A 2015 study in the US found that assisted suicide was linked to a 6.3% increase in total suicides and a 14.5% increase in the over 65s.<sup>20</sup> Changing the law was associated with “an increased inclination to suicide in others”. Data from Europe and the US indicate that following the introduction of assisted suicide, it is women, in particular,

who have been placed at the greatest risk of avoidable premature death from increased rates of unassisted suicide.<sup>21</sup> Contrary to the claims of the assisted suicide lobby, experience shows that more people are likely to take “matters into their own hands with tragic consequences” when the law is changed.

## **ASSISTED SUICIDE DOESN'T GUARANTEE THAT PEOPLE WON'T SUFFER “A PROLONGED AND PAINFUL DEATH”**

Experts writing in the British Medical Journal argued that the adverse effects of the lethal drugs used in assisted suicide “include vomiting, myoclonus [the sudden, involuntary twitching or jerking of muscles] and a prolonged dying process of up to 47 hours.”<sup>22</sup> Dr Joel Zivot, an associate professor of anaesthesiology and surgery, said: “I am quite certain that assisted suicide is not painless or peaceful or dignified. In fact, in the majority of cases, it is a very painful death.”<sup>23</sup> The most recent statistics from Oregon show that median times to death have increased from 22 minutes in 1998 to 52 minutes in 2023. One person in 2023 took 137 hours to die.

## **FINANCIAL PRESSURES**

A 2020 study calculated the “wasted resources” spent on caring for terminal cancer patients.<sup>24</sup> In the NHS, “Quality Adjusted Life Years” (QALYs) is used to assess the cost-effectiveness of treatment decisions for patients considered to have a poor quality of life. Under this formula, someone’s life can be judged worse than being dead.<sup>25</sup> Financial pressures could lead to the promotion of assisted suicide as the preferred option for those seen as a drain on NHS resources. The cost of medical treatment was cited as a factor in 8.2% of assisted suicides in Oregon in 2023, an increase from 5.9% in 2022. Luc Van Gorp, the president of Belgium’s largest healthcare provider recently called for laws there to be relaxed to allow those who are tired of life the opportunity to end it themselves arguing that this policy would save the government the cost of caring for an aging population.<sup>26</sup>

## **ASSISTED SUICIDE IS INCOMPATIBLE WITH THE ROLE OF A DOCTOR**

The majority of UK doctors, especially those working closely with dying patients, do not support assisted suicide. When last polled, 82% of members of the Association for Palliative Medicine of Great Britain & Ireland rejected the legalisation of assisted suicide<sup>27</sup> and the Royal College of General Practitioners<sup>28</sup> and the British Geriatrics Society remain opposed.<sup>29</sup> A 2020 poll commissioned by the British Medical Association found that 76% of palliative care physicians opposed legalisation.<sup>30</sup> A 2019 survey from the Royal College of Physicians (RCP) put support at just 9%.<sup>31</sup> If it was legalised, most doctors caring for the terminally ill would be unlikely to participate in assisted suicide. The RCP survey showed only 24% of doctors were willing to prescribe lethal medication. Only 18% of doctors in geriatric medicine, 24% in medical oncology and 5% in palliative care stated that they would be willing to participate.<sup>32</sup>

The 1949 International Code of Medical Ethics states: “A doctor must always bear in mind the obligation of preserving human life.”<sup>33</sup> The World Medical Association condemns physician-assisted suicide<sup>34</sup> and the American Medical Association considers it to be “fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.”<sup>35</sup>

Medical professionals should be the last people to help their patients kill themselves.

## **MAKING PARLIAMENTARY TIME AVAILABLE**

Since 2013, the legalisation of assisted suicide has received more parliamentary time than almost any comparable issue with legislation proposed on eight occasions over 10 years.<sup>36</sup>

**If you need any more information, please contact Alithea Williams, SPUC’s Public Policy Manager, by emailing [alitheawilliams@spuc.org.uk](mailto:alitheawilliams@spuc.org.uk), or calling 0207 820 3121**

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