Assisted Dying

A briefing to help you write to your MP to ask him/her to oppose any Parliamentary measure to legalise assisted dying

Background

Nick Boles MP (Independent Progressive Conservative, Grantham and Stamford) is aiming to introduce a Bill to legalise assisted dying. Mr Boles called for a debate in Parliament, which took place on 4 July 2019, with the aim of airing the issue in Parliament before attempting to take the matter forward in a Private Member's Bill, in either the House of Commons or the House of Lords. In a Backbench Business Committee meeting in the House of Commons on 4 June 2019, Mr Boles said that

"...the right thing would be to have a general debate in which all views could be expressed and then, hopefully before the next general election we would find a vehicle – probably a Private Member's Bill starting in either House – for a more specific proposal."

The last Private Member's Bill which aimed to legalise assisted dying was the Marris Bill in 2015, which was soundly defeated by 330 votes to 118. We need to defeat any Bill Mr Boles, or a member of the House of Lords, may introduce in the future. If such a Bill receives a majority, we may well see moves to introduce assisted dying into a Government Bill, which could reach the statute book.

What we are asking you to do

• Please write to your MP asking for an assurance that he/she will vote against assisted dying if a Bill is introduced.

Six key points against assisted dying

1. Doctors oppose assisted dying

Nick Boles MP, along with those who want to legalise assisted dying, is pointing to a shift in medical opinion as a justification for pushing for change in the law.

Earlier this year the Royal College of Physicians (RCP) conducted a poll of its 36,000 members and has now adopted a position of neutrality on assisted dying. (A neutral position by a medical body is seen as an indication of support for legislative change.)

However, this was a rigged result. In March 2019 only 25% of doctors voted for the RCP to take a neutral stance, and 43.4% of doctors who took part were opposed to a change in the law. (This is only a slight change from 2014 when 44.4% opposed legalising assisted dying.) Dr Gordon Macdonald, Chief Executive of Care Not Killing said:

'[Doctors] recognise the significant problems of scrapping long-held universal values which protect terminally ill, sick and disabled people from feeling pressured into ending their lives because they fear becoming a care or financial burden.'

2. Assisted dying puts pressure on vulnerable people

Offering people the choice to end their lives creates pressure for them to choose death. Where assisted dying is legal, one reason people choose to die is because they feel they are a burden on others.

- In **Washington State** in 2017, **56%** of people who were killed by assisted dying said that being a burden on family, friends and caregivers was a reason to end their lives.¹
- In **Oregon** in 2018, **54.2%** of people killed by assisted dying said that being a burden on family, friends and caregivers was a reason to end their lives.²

3. Assisted dying is not the answer to pain

Assisted dying is not a solution to pain. Good palliative care should ensure that pain is controlled well. Legalising assisted dying risks less investment being made in palliative care.

https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNIT YACT/Documents/year21.pdf

¹ https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-109-DeathWithDignityAct2017.pdf

Looking at the latest report on assisted dying in Oregon, these are the top three reasons people opt for assisted dying:

- loss of autonomy (91.7%),
- decreasing ability to participate in activities that made life enjoyable (90.5%), and
- loss of dignity (66.7%).³

We must work to enhance life for sick, disabled and elderly people, not pass a law which offers them death as a solution to their problems.

4. Assisted suicide kills those who are not dying

Euthanasia and assisted suicide⁴ (EAS) have been legal in the Netherlands since 2001.

In 2017, 89.4% of cases (5,893) of EAS were people with incurable cancer, neurological disorders (such as Parkinson's disease, multiple sclerosis and motor neurone disease), cardiovascular disease, pulmonary disease or a combination of these conditions.⁵

However, the numbers of people being killed by EAS who were not dying is increasing in the Netherlands.

During 2017:

- In 83 notified cases of euthanasia the patient's suffering was caused by a psychiatric disorder.⁶
- In 166 cases the patient's suffering was caused by early-stage dementia, with an additional three cases of patients with late-stage dementia.⁷

There is concern about this trend:

'Although it was once unthinkable, physicians, primarily in the Netherlands and Belgium, have helped a small but growing number of patients with mental illness but no terminal condition to end their lives.

³ https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-109-DeathWithDignityAct2017.pdf

⁴Assisted dying is used to cover both assisted suicide and euthanasia in countries like Belgium and the Netherlands where both are permitted. Assisted dying is used in the UK (for example in the Marris Bill) where assisted suicide is proposed, but not necessarily euthanasia. In Oregon, for example, where assisted suicide but not euthanasia is legal, the term assisted dying is used.

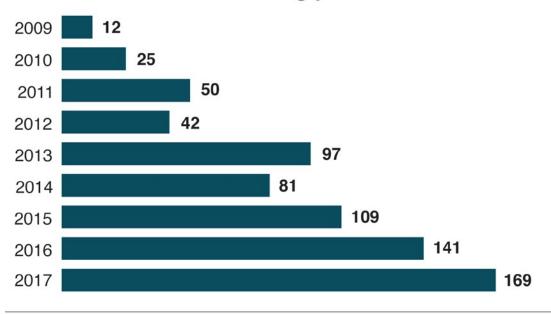
⁵ Regional Euthanasia Review Committees RTE Annual Report 2017 https://english.euthanasiecommissie.nl/documents/publications/annual-reports/2002/annual-reports/annualreports

⁶ Ibid

⁷ Ibid

'From a societal perspective, we believe providing a legal option for mentally ill people who are not terminally ill to receive medical assistance in ending their lives is misguided public policy.'8

Euthanasia cases involving patients with dementia



Source: Dutch Regional Euthanasia Review Committees

BBC

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5. Changing the law will lead to rising numbers of deaths

Wherever euthanasia and assisted suicide have been legalised, the numbers of people being killed in this way have risen steadily.

- **Oregon:** In 1998 there were 16 deaths recorded under the Dignity With Dying Act, which rose to 168 deaths in 2018. 10
- **Washington**: In 2009, the year the law was passed, 47¹¹ people were killed between March and December. 196 people were killed in 2017.¹²
- **Belgium:** In 2002, 24 deaths were reported by the Federal Commission for Euthanasia Control and Evaluation to the Legislative Chambers. 2,022 deaths were reported in 2015.¹³

⁸ Frankin G Miller, PhD and Paul S. Appelbaum, MD. Physician-assisted death for psychiatric patients misguided public policy, NEngl J Med 2018; 883-885

⁹ https://www.bbc.co.uk/news/stories- https://english.euthanasiecommissie.nl/documents/publications/annual-reports/2002/annualreports/annual-reports

¹⁰ Op cit

¹¹ https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-109-DeathWithDignityAct2009.pdf

¹² Op cit

¹³ https://www.ieb-eib.org/docs/pdf/2016-11/doc-1554801216-14.pdf

• **Netherlands:** In 2002¹⁴ there were 1,882 notifications of euthanasia or assisted suicide. In 2017 the number was 6,585.¹⁵

The figures above show how quickly euthanasia and assisted suicide are accepted once legalised. So-called medical assistance in dying (MAiD) was legalised in Canada in 2016. In 2017 a report noted:

'The degree to which MAiD has become normalized ... throughout Canada was unexpected, particularly in view of the controversy preceding its legalization.' ¹⁶

6. Assisted dying is wrong in principle

The most basic reason to oppose legalising assisted dying is because it is wrong in principle.

- Assisted dying allows the lawful killing of innocent people in certain circumstances.
- It is an attack on the 'inalienable and inviolable' right to life of innocent human beings as set out in the Universal Declaration of Human Rights.
- It fails to protect the right to life of all citizens no matter how weak, vulnerable or disabled their lives may be.
- It undermines the common good, those aspects of society which benefit everyone.
- It undermines the ethical practice of medicine and the trust between medical staff and patients.

These are all reasons why any future Bill to legalise assisted dying should be rejected outright.

Please take action as soon as possible

• If your MP has opposed assisted dying in the past, please write a personal letter asking for an assurance that he/she will oppose any Parliamentary measure to legalise assisted dying.

¹⁴Op cit

¹⁵Op cit

¹⁶Madeline Li, MD, PhD and colleagues, 'Medical Assistance in Dying – Implementing a Hospital-Based Program in Canada N Engl J Med 2017; 376:2082-2088

- If your MP has no record on assisted suicide or has abstained or been absent from votes in the past, please write to urge him/her to take a position against assisted suicide in any future measure to legalised assisted dying.
- If your MP supports assisted suicide, you may like to write to express your own opposition to assisted dying. It is important that anti-life MPs know that they have constituents who are opposed to assisted dying.

Personal stories

Please write a personal letter, including any stories about vulnerable friends or relatives who would be at risk if assisted dying is legalised. It is very important that MPs hear about your concerns as well as the arguments in this briefing. A personal letter makes all the difference. Personal stories could be:

- Concerns for an elderly and/or disabled family member or friend who would feel afraid and vulnerable if assisted dying was legalised.
- A personal experience of a great doctor(s) who cared for a relative or friend at the end of life or during a life-threatening illness. This vital trust in doctors would be dented or destroyed if assisted dying was legalised.
- A disabled person, or the parent of a disabled person known to you who has expressed fears about what assisted dying would mean for them. Or a disabled person you know who is happy to be alive and for whom assisted dying is a threat.

Please include your story in your letter to your MP. We would be very grateful to receive at HQ a copy of both the letter you send and the reply you receive. These letters are very helpful to us in the campaign.

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