



THE CASE AGAINST ASSISTED SUICIDE

questions people ask

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INTRODUCTION

This booklet has been written to give factual answers to some of the questions people ask about assisted suicide. You can use this booklet to inform yourself and others about the dangers of legalising assisted suicide in the UK.

We suggest that you can use this booklet:

- To write to your political representatives
- To write letters to local or national newspapers, particularly if you have a personal story to tell to support your objection to assisted suicide.
- To give to friends and family, and people in your community political representatives

You can order more copies of this booklet, free of charge, by contacting the Society for the Protection of Unborn Children on 020 7091 7091 or by emailing: orders@spuc.org.uk

ASSISTED DYING OR ASSISTED SUICIDE?

In this booklet we use the term “assisted suicide” throughout. “Assisted suicide” is also known as “physician assisted suicide”. The term “assisted dying” is often used to cover both assisted suicide and euthanasia in countries like Belgium and the Netherlands where both are permitted. In the UK, the term is used by its proponents as a softer sounding alternative to assisted suicide and euthanasia, but it has no meaning in law.

The definition provided by the Parliamentary POST briefing on the subject is:

‘Assisted dying’ refers here to the involvement of healthcare professionals in the provision of lethal drugs intended to end a patient’s life at their voluntary request, subject to eligibility criteria and safeguards. It includes healthcare professionals prescribing lethal drugs for the patient to self-administer (‘physician-assisted suicide’) and healthcare professionals administering lethal drugs (‘euthanasia’).¹

All proposals in UK parliaments have so far been for assisted suicide, not euthanasia.

WHY DO PEOPLE CHOOSE ASSISTED SUICIDE?

A major reason people choose to end their lives is the fear of becoming a burden. In 2020, 53.1% of people killed by assisted suicide in Oregon gave this reason for ending their lives.² This fear can be exploited through undue influence, subtle pressure and coercion.

Other reasons, revealed in one study, include:

- **Fears, sadness and loneliness:** Vulnerable people considering assisted suicide were found to be “strongly influenced by fears, sadness and loneliness”.
- **Negative ideas about old age:** The same study highlighted concerns about trends which “increase social pressure on older people and reinforce negative ideas surrounding old age”.³

When seriously ill people are told that they can choose to end their lives, it conveys the idea that they might be better off dead. Legalising assisted suicide puts vulnerable people at risk.

WHAT DO DISABLED PEOPLE THINK ABOUT ASSISTED SUICIDE?

Many disabled people fear the consequences of legalising assisted suicide, and not one disability group has spoken publicly in support of such a proposal. Disability organisations including Scope, Action on Elder Abuse, Mencap and the Veterans Association UK oppose assisted suicide.⁴

The Reclaiming Our Futures Alliance (ROFA) is a national alliance of disabled people’s groups and individuals. At the time of the Marris Bill which sought to legalise assisted suicide, ROFA put out this statement:

“We are opposed to the legalisation of assisted suicide. It will remove equality and choice from disabled people and further contribute to our oppression. If the Assisted Dying Bill is passed, some disabled people and terminally ill people’s lives will be ended without their consent through mistakes, subtle pressure and abuse. No safeguards have ever been enacted or proposed that can prevent this outcome – an outcome that can never be undone.”⁵

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.⁶

Although intractable pain has been emphasized as the primary reason for enacting assisted suicide laws, the top five reasons Oregon doctors actually report for issuing lethal prescriptions are:

1. “loss of autonomy” – 91%
2. “less able to engage in activities” – 89%
3. “loss of dignity” – 81%
4. “loss of control of bodily functions” – 50%
5. “feelings of being a burden” – 40%⁷

These are disability issues. 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 who have suicidal thoughts 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.⁸

SURELY THERE ARE SAFEGUARDS AROUND ASSISTED SUICIDE?

Sadly, safeguards are progressively ignored and removed. In Canada, the Netherlands, Belgium, Washington, and Oregon safeguards came to be seen as barriers to assisted suicide and were reduced.

As arguments for assisted suicide and voluntary euthanasia are so similar, legalisation in some places has resulted in euthanasia where the patient was not able to give consent:

- **Infant deaths by lethal injection:** Reports from Belgium and Holland up until 2010 show that between 7% and 9% of all infant deaths involved active euthanasia by lethal injection.⁹
- **Dementia patients killed by euthanasia:** In the Netherlands, the number of dementia patients killed by euthanasia rose from 12 in 2009 to 162 in 2019.¹⁰

DOES ASSISTED SUICIDE AFFECT OTHER SUICIDES?

Yes. Regrettably, legalising assisted suicide leads to more suicides generally.

A 2015 study in the USA found that assisted suicide was linked to a 6.3% increase in total suicides and a 14.5% increase in the over 65s.¹¹ Changing the law was associated with “an increased inclination to suicide in others”.

SHOULDN'T WE ALLOW ASSISTED SUICIDE SO THAT PEOPLE DON'T HAVE TO LIVE IN PAIN?

No. Good palliative care should control pain. Research shows that palliative care can significantly improve quality of life, alleviate physical symptoms and reduce depression.¹²

Intractable pain is not in fact the leading reason for assisted suicide. The 2020 data summary for the Oregon Death with Dignity Act showed that:

- **94.3%** of people said that being "Less able to engage in activities making life enjoyable" was a reason for requesting assisted suicide
- Only **32.7%** gave "Inadequate pain control, or concern about it", as a reason.

Unfortunately, legalised assisted suicide can undermine the provision of palliative care.

- In Belgium, health care facilities reluctant to practise assisted suicide have been threatened with the loss of public funding.¹³
- In Canada, funding was withdrawn from several hospices that refused to participate in assisted suicide.¹⁴

A 2020 study of palliative care found that Canada's "Medical Assistance in Dying" (MAiD) had a negative impact on palliative care.¹⁵ Clinicians described the conflict between maintaining MAiD eligibility and effective symptom control which compelled them to withhold medications that could alleviate their patient's pain but might jeopardise legal eligibility for assisted suicide, causing distress to both patients and providers.

DOESN'T LEGALISED ASSISTED SUICIDE GUARANTEE THAT PEOPLE WON'T SUFFER "A PROLONGED AND PAINFUL DEATH"?

No. In fact, there are no guarantees that dying by assisted suicide is peaceful and painless.

Experts writing in the British Medical Journal argued that the adverse effects of the lethal drugs used in assisted suicide "include vomiting, myoclonus and a prolonged dying process of up to 47 hours."¹⁶ 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."¹⁷



SHOULDN'T WE LEGALISE ASSISTED SUICIDE TO SAVE HEALTHCARE COSTS?

Putting a price tag on a person's life is a dangerous approach to take towards seriously ill and dying patients, yet serious consideration is being given to economic arguments for legalising assisted suicide. A 2020 study calculated the "wasted resources" spent on caring for terminal cancer patients.¹⁸

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 as worse than being dead.¹⁹

Financial pressures could lead to the promotion of assisted suicide as the preferred option for those seen as a drain on NHS resources.

DO DOCTORS SUPPORT ASSISTED SUICIDE?

The majority of UK doctors, especially those working closely with dying patients, do not support assisted suicide.

- **Association for Palliative Medicine of Great Britain & Ireland.** When last polled, 82% of members rejected the legalisation of assisted suicide.²⁰
- **Royal College of General Practitioners.** This organisation remains opposed to the legalisation of assisted suicide.²¹
- **British Geriatrics Society.** This organisation remains opposed.²²

A 2020 poll commissioned by the British Medical Association found that 76% of palliative care physicians opposed legalisation.²³

A 2019 survey from the Royal College of Physicians (RCP)²⁴ found that:

- **Only 9%** of members supported legalising assisted suicide.
- **Only 24%** of doctors were willing to prescribe lethal medication.

If it was legalised, most doctors caring for the terminally ill are unlikely to participate in assisted suicide. The RCP survey showed the low percentages of doctors, directly working with terminally ill patients, who would be willing to participate in assisted suicide:

- Geriatric medicine – 18%
- Medical oncology – 24%
- Palliative care – 5%²⁵

The 1949 International Code of Medical Ethics states: "A doctor must always bear in mind the obligation of preserving human life."²⁶ The World Medical Association condemns physician-assisted suicide²⁷ and the American Medical Association considers it "fundamentally incompatible with the physician's role as healer; would be difficult or impossible to control, and would pose serious societal risks."²⁸

Assisted suicide is incompatible with the role of a doctor. Medical professionals should not help their patients to kill themselves.

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4. Care Not Killing, "Charity chiefs denounce bill," 17 July 2014

5. <https://www.inclusionlondon.org.uk/campaigns-and-policy/facts-and-information/equality-and-human-rights/reclaiming-our-futures-alliance-statement-opposing-the-legalisation-of-assisted-suicide-2/>

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9. Gregory K Pike, *Euthanasia and Assisted Suicide – When Choice is an Illusion and Informed Consent Fails*, 2020

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23. BMA Survey on Physician-Assisted Dying, Research Report 2020.

24. Royal College of Physicians, *Assisted dying survey 2019 results*

25. *Ibid*

26. International Code of Medical Ethics, Third General Assembly, World Medical Association, 1949

27. WMA Declaration of Venice on Terminal Illness WMA General Assembly, Piñanesberg, South Africa, October 2006, *Handbook of WMA Policies D-1983-01-2006*

28. *AMA Code of Medical Ethics Opinion 5.7.*



IN CANADA

When Canada legalised medically assisted death (MAiD) in 2016, it was available to terminally ill adults or people whose deaths were 'reasonably foreseeable'. By 2021, MAiD was responsible for 3.3% of all Canadian deaths. From March 2023, it will be available for people suffering from purely mental health conditions.

In recent months, reports have emerged of marginalised Canadians seeking MAiD due to poverty, disability and homelessness.

Amir Farsoud didn't want to die. But after being threatened with eviction, he applied for MAiD rather than face homelessness. Mr Farsoud, from Ontario, did not have a terminal illness, but was signed off for euthanasia because of chronic back pain. 'I don't want to die but I don't want to be homeless more than I don't want to die,' he said. 'It's not my first choice.'

His story made headlines, and a GoFundMe page set up for him raised over \$60,000 - enough to get him new housing - and to change his mind about ending his life. Just a month after his story was first shared, Mr Farsoud said: 'I'm a different person... I had nothing but darkness, misery, stress and hopelessness. Now I have all the opposite of those things.'

Mr Farsoud's story has a happy ending. But for many marginalised and suffering people in Canada, the end has been very different. Michael Fraser, 55, who, again, was not terminally ill, had his life ended on July 2. His physician said: 'poverty is pushing people to MAiD ... For sure, I think the fact that he had trouble paying his rent made it harder for him to be in this world.'

A woman in Ontario was forced into euthanasia because her benefits did not allow her to move to better housing which didn't aggravate her crippling allergies. Another disabled woman applied to die because she 'simply cannot afford to keep on living'.

Dr Miro Griffiths, expert adviser on disability policy, says: 'The development of Canada's euthanasia framework since it was introduced in 2016 should trouble every politician in the UK who is being asked to back legal assisted suicide. Canada shows that laws of this kind are inherently unsafe, and unpredictable.'

'In Canada and other European jurisdictions, safeguards have failed and been dispensed with over time as activists push for wider access to legislation.'

'Cases of coercion and abuse, and worsening discrimination against marginalised groups are also part of the global picture. People feel forced to opt for assisted death because of poverty, homelessness, or a lack of care. These laws offer only an illusion of 'choice'.'



SOCIETY FOR THE **PROTECTION** OF UNBORN CHILDREN
Unit B, 3 Whitacre Mews, Stannary Street, London SE11 4AB, UK
TEL: +44 (0)20 7091 7091 WEB: www.spuc.org.uk