

ASSISTED SUICIDE CANNOT BE CONTROLLED

The experience of countries where assisted suicide has been legalised shows that it cannot be contained and gradually expands to take the lives of more and more vulnerable people.

- Vulnerable people feel pressured to end their lives.
- Safeguards and protections come to be seen as unjust restrictions and are removed, leading to people who have not expressed a wish to die being euthanised.
- The social acceptability of assisted suicide leads to an increase in suicide more generally.

PRESSURE ON VULNERABLE PEOPLE

Telling vulnerable people, they can choose to end their lives, conveys the idea that they might be better off dead and might create pressure for them to choose death. A major reason cited by people who choose to end their lives is not physical suffering but the feeling that they are a burden on others.

- In Oregon in 2020, a majority (53.1%) of people killed by assisted suicide cited a fear of being a “burden on family, friends/caregivers” as a reason to end their lives.¹
- In Washington State in 2018, 51% of people who were killed by assisted suicide said that being a burden on family, friends and caregivers was a reason to end their lives.²

Vulnerable people can easily become the target of undue influence, subtle pressure and coercion, or be made to feel a burden. Changing the law to “help” some individuals to kill themselves could add further pressure on vulnerable people to kill themselves. It would also put them at risk of being killed against their will.

SAFEGUARDS ARE PROGRESSIVELY IGNORED AND REMOVED

Where assisted suicide has become public policy, safeguards begin to be viewed as unfair barriers and are gradually abandoned. This has been the experience in Canada, the Netherlands, Belgium, Washington, and Oregon.

Since arguments in favour of assisted suicide are essentially the same as those for voluntary euthanasia, its legalisation in some countries has led to vulnerable groups, such as disabled infants, dementia patients and the mentally ill – people who are not dying and have not requested death – being euthanised in the belief that they would ask to die if they could.

Reports from Belgium and Holland up until 2010 show that between 7% and 9% of all infant deaths involved active euthanasia by lethal injection.³ More recent reports almost certainly underestimate the rate because practitioners often fail to report cases. In the Netherlands, the number of people with dementia killed by euthanasia has risen steadily from 12 cases in 2009 to 162 in 2019.⁴

Under 2021 guidance from the Royal Dutch Medical Association, doctors are to be deemed the best judge of whether a dementia patient is “suffering unbearably” – one of the legal requirements for euthanasia – and they do not have to ask the patient for permission.⁵ The Government of Quebec has recently indicated its support for the adoption of a similar policy.⁶



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If current pressures within the NHS can lead to the improper use of “Do Not Resuscitate” orders being put on hundreds of disabled people with no underlying health conditions,⁷ then this could become an even more serious problem if laws on assisted suicide were to change.

THE SOCIAL ACCEPTABILITY OF ASSISTED SUICIDE LEADS TO MORE SUICIDE GENERALLY

Evidence suggests that in countries with assisted suicide there is a rise in suicide more generally. A 2015 study looking at the United States found that making it legal for doctors to assist someone to end their life was linked to a 6.3% increase in total suicides and a 14.5% increase for those over 65 years of age.⁸ The report concluded that changing the law was associated with “an increased inclination to suicide in others”. This implies that the change in the legal status of assisted suicide had engendered a cultural change. Suicide in those US states that legalised assisted suicide appears to be regarded as more acceptable.

Suicide is a profound tragedy. Accordingly, society attempts to help those at risk of suicide see their lives as worth living. Legalising assisted suicide undermines that effort and to combat suicide more generally. It also risks abandoning the weak and vulnerable at precisely the time they are in most need of support.

The Scottish Government’s webpage on suicide prevention states: “The Scottish Government believes that no death by suicide should be regarded as either acceptable or inevitable.” It is impossible to reconcile the legalisation of assisted suicide with this aim. It is also difficult to see how doctors could reconcile their efforts to prevent suicide in some patients while advising others on how to kill themselves.

Legalising assisted suicide means that some people who say they want to die will receive suicide intervention, while others will receive suicide assistance. The difference between these two groups of people will be their health or disability status, leading to a two-tiered system that results in death for the socially devalued group.⁹

Where assisted suicide has been legalised, it has:

- relativised the right to life by creating a category of individuals with a reduced level of legal protection, and
- precipitated a slide towards non-voluntary euthanasia.

THE CULTURAL CHANGES BROUGHT ABOUT BY THE LEGALISATION OF ASSISTED SUICIDE ARE POTENTIALLY VERY DANGEROUS.

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2. 2018 Death with Dignity Act Report (July 2019)
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4. Regional Euthanasia Review Committees RTE Annual Report 2019 <https://english.euthanasiecommissie.nl/the-committees/documents/publications/annual-reports/2002/annual-reports/annual-reports>
5. *Tijdig praten over het levenseinde Handreiking voor artsen om met patiënten in gesprek te gaan, (Timely talk about the end of life. Guide for doctors to talk to patients.)* KNMG, 1 December 2021. [https://tijdig-praten-over-het-levenseinde.maglr.com/knmg-tijdig-praten-over-het-levenseinde](https://tijdig-praten-over-het-levenseinde.maglr.com/knmg-tijdig-praten-over-het-levenseinde/tijdig-praten-over-het-levenseinde)
6. “Les collaboratrices et collaborateurs de la Commission spéciale sur l’évolution de la Loi concernant les soins de fin de vie,” (Special Commission on the Evolution of the Law on End-of-Life Care)
7. Baroness Grey-Thompson, Assisted Dying Bill [HL] Second Reading, *Hansard*, 22 October 2021 [https://hansard.parliament.uk/Lords/2021-10-22/debates/11143CAF-BC66-4C60-B782-38B5D9F42810/AssistedDyingBill\(HL\)#contribution-ADCCAB-CD-B4E6-414B-8EBE-175C9C21735E](https://hansard.parliament.uk/Lords/2021-10-22/debates/11143CAF-BC66-4C60-B782-38B5D9F42810/AssistedDyingBill(HL)#contribution-ADCCAB-CD-B4E6-414B-8EBE-175C9C21735E)
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9. D Coleman “Not Dead Yet” in K Foley & H Hendin, eds *The Case against Assisted Suicide. For the Right to End-of-Life Care*, (John Hopkins University Press, 2002) 221.