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FEATURE

END OF LIFE CARE

# In support of assisted dying

Prominent essayists explain their support for assisted dying, with extracts selected by **Colin Brewer** and **Michael Irwin**

Colin Brewer *writer, researcher, and former psychiatrist, London, UK*, Michael Irwin *former medical director of the United Nations*

The novelist Terry Pratchett, who died last month, although a proponent of medically assisted suicide, was not one of the 30 essayists featured in our new not-for-profit book *I'll See Myself Out, Thank You*, but several similarly high profile people have contributed (some essays have been reprinted).

To help the debate, we propose a new term: medically assisted rational suicide (MARS). It emphasises the typically calm, sober, and unhurried decisions by at least averagely rational people to end their lives sooner than might otherwise happen without direct intervention.

Whether doctors inject a lethal drug (voluntary euthanasia)—or simply prescribe it for patients to swallow (MARS)—seems unimportant, provided that a quick and comfortable death is what the patient wants.

The book was timed to coincide with Lord Falconer's assisted dying bill, which failed to be fully debated before this parliament ended, and it quotes from several supportive speeches during the second reading debate in November 2014. Many of the book's essayists will be familiar to *The BMJ*'s readers, and several mention Lord Dawson's famous comment that legislation on assisted dying was unnecessary because "all good doctors do it anyway." But if that was ever true, it is not true now.

## Dementia, MARS, and voluntary euthanasia

### By Colin Brewer

For many people, an additional consideration is that they do not want their families to have to watch them living and dying in this sorry state. This may be a minor and secondary motivation for MARS for some patients but a primary and important one for others. As Baroness Warnock puts it [in her essay in our book], "I simply do not want to be remembered as someone wholly dependent on others, especially for the most personally private aspects of my life, nor can I tolerate the thought of outstaying my welcome, an increasing burden on my family, so that no one can be truly sorry when I die and they are free." To our opponents, such sentiments are held to reflect dangerous pressures in society. To most people, I think they will be viewed as altruism.

A 2007 UK survey found that, in the face of severe dementia, less than 40% of respondents would wish to be resuscitated after a heart attack, nearly three quarters wanted to be allowed to die passively, and the majority agreed with various forms of euthanasia.

## Dying with Dignitas

### By Silvan Luley, Ludwig A Minelli, and Sandra Martino, Dignitas, Switzerland

Dignitas's experience, derived from 16 years of taking care of people who wish to end their lives for all sorts of reasons, is that society should focus much more on preventing suicide attempts. Receiving access to an accompanied suicide is an important part in this. And, most interestingly, only 14% of those Dignitas members who receive access to an assisted suicide actually make use of this option. Regaining control over the last stretch of life—having an "emergency exit"—is sufficient relief for many, and they do not need to take to ghastly methods with a high risk of failure. One third of our daily counselling work, by telephone, is with non-members. First and foremost, Dignitas is a suicide attempt prevention organisation, and therefore a help-to-live organisation.

## The Christian case

### By Paul Badham, priest and emeritus professor of theology at the University of Wales Trinity Saint David

The last two attempts to change the law on assisted dying were blocked by well organised lobbying from Christian organisations and by the unanimous opposition of the Bishops' Bench in the House of Lords. This is sad, because this opposition does not represent what most Christians want. Recent opinion polls showed that 78% of occasional worshippers supported a change in the law. The figure was lower among more regular churchgoers; but, even so, 61% of weekly churchgoing

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Anglicans and 57% of weekly churchgoing Catholics would like the law changed.

The most important reason for this is that the religious arguments against assisted dying don't stand up. To claim that only God should determine the hour of our death is something that no one today can consistently believe. If they did, they would be just as opposed to human interventions to prolong life as they are to assisted dying. If it were seriously thought that only God should choose the moment of our death, we would not resuscitate people whose hearts had stopped but would simply accept that God had chosen that moment to end that human life.

Thankfully, no one takes that line. Similarly, Pope John Paul II's claim that "suffering in the final stages of life has a special place in God's plan of salvation" would, in practice, run counter to all attempts to palliate human suffering and hence would be equally unacceptable on both sides of the debate.

## A right to autonomy

### By Gillian Tindall, writer

I see that, in the *Times* in 1983, I wrote, "A generation is a long time in the field of what is considered right. I am willing to bet that, within my own lifetime, ordinary people will look back with as much disapproval on the days when there were no proper arrangements for a timely death as we now look back on the dark ages before contraception."

I was in my 40s when I wrote that; a generation has passed, and "within my lifetime" now has a very different dimension. My contemporaries confide their fears about old age, which are never—contrary to "pro life" myth—about being bumped off too soon but about being forced by well intentioned but ill advised doctors to go on living too long.

## Cancelling our captivity

### By John Harris, professor of bioethics, University of Manchester

Many objectors to medically assisted death emphasise their concern to protect vulnerable people. I yield to none in my concern for vulnerable people; but there are here two groups of vulnerable people to whom we owe concern, respect, and protection. One consists of those who might be pressured into requesting death. The others are those, like Tony Nicklinson, who are cruelly denied the death they seek. We are surely not entitled to abandon one group of vulnerable people in favour of another. We have somehow to protect both.

Those who might be encouraged to die remain free to refuse. They are not victims unless they make themselves victims. Those seeking assisted death are all the more vulnerable because they are absolutely prevented from obtaining the remedy they seek. They seek death and are denied it: these people are genuinely coerced and are certainly the victims of tyranny.

Thus, concern for vulnerable people does not, as so many falsely believe, tell us that we should forbid assisted dying. On the contrary, it tells us that we should permit it, with safeguards, thereby protecting both groups of vulnerable people to whom we have responsibilities.

## Palliative care: the promise and the reality

### By Colin Brewer and Michael Irwin

Julia Lawton's six month study of one hospice noted, "Hospices tried to keep such [refractory] patients out of view (which meant that they often had little of the contact with other patients that some of them valued) . . . One patient, Dolly, incontinent and with faecal vomiting, regularly requested voluntary euthanasia for a week after her final admission.

"Eventually she stopped asking for it, because she stopped talking entirely. When staff attended her, she closed her eyes and 'totally ignored them.' Another, Deborah, stopped eating and drinking—and also speaking to the staff—for a week until death released her; Kath also asked to be put out of her distress after saying on repeated occasions that 'you wouldn't put a dog through this.' The stench created by Annie—who lingered for six weeks—reached to the reception area and was so dreadful that badly needed beds vacated by dead patients were not refilled."

The well documented over-representation of Christian doctors in British palliative care means that many of them must find it very difficult or even impossible to accept patient autonomy in this most crucial and fundamental area. Is it unreasonable to suggest that such doctrinaire views make them, in some very important respects, unfit—or at any rate, much less than ideal—for a medical specialty that deals every day with human beings holding diverse views on one of the most important stages of our life?

## Ethics of assisted dying

### By Antony Lempert, GP and chairman of the Secular Medical Forum

Fifteen years of assisted dying in the Netherlands have shown a significant reduction in the number of people killed without their explicit consent—namely, non-voluntary euthanasia. A 2009 study showed that roughly 3000 deaths a year in the United Kingdom are already by euthanasia. Without legislation on assisted dying these patients have no automatic assessment for treatable symptoms, no safety net, and often no medical input. The current situation is an unsafe, unregulated, unmonitored, muddled mess. The 2012 Falconer commission on assisted dying described the current legal status of assisted dying in the United Kingdom as "inadequate and incoherent."

For most dying patients, the greatest fear is not of death but of dying badly. Those of us who regularly care for dying patients know that suffering often extends beyond pain and may be compounded by loss of dignity, loss of sense of self, and the agony of watching a treasured life disappear. Each person will experience different emotions or responses to the same situation and will have different values; this is precisely why autonomy is so important.

In Oregon, USA, many more lethal prescriptions are approved than are eventually used. But the comfort that this option gives some people cannot be underestimated.

## Leave it to the patient

### By Chris Woodhead, former head of Ofsted and patient with motor neurone disease

One GP said to me recently that, prior to Shipman, doctors would do what was necessary to minimise suffering. Now, the prospect of an inquiry into the circumstances surrounding any death makes most doctors reluctant to do anything other than prolong life. It may not be what the patient wants. It may not be what the doctor wants, either. But that is where we are, and I would rather rely on the professional discretion of my GP than on the pusillanimity of a parliament fearful of rocking the media boat.

Competing interests: We have read and understood the BMJ policy on declaration of interests and have no relevant interests to declare.

The essays from which these extracts were taken are published in a new not-for-profit book, *I'll See Myself Out, Thank You: Thirty Personal Views in Support of Assisted Suicide*, edited by Colin Brewer and Michael Irwin, published by Skyscraper in January 2015.

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