EDITOR'S CHOICE

Assisted dying—time for a full and fair debate

Fiona Godlee *editor in chief, The BMJ*

On the day he had chosen to die, Henri Bataille sat on his hospital bed with his wife and children around him. “Thank you for allowing me to go the way I want to go,” he told them. As a doctor in Belgium, Bataille had often felt powerless to help his own patients who were dying in pain (doi:10.1136/bmj.h4385). When he developed bone metastases secondary to prostate cancer, he registered for a physician assisted death, legal in Belgium since 2002. His daughter Veronique, also a doctor, explains, “I think that it was because he knew exactly when he was going to go that he had four or five hours of amazing lucidity,” and he “was so much in control.”

Next month the UK will decide whether or not to legalise assisted dying. Very different to the law in Belgium, the UK Assisted Dying Bill is based closely on the law in the US state of Oregon, where assisted dying has been legal since 1997 (doi:10.1136/bmj.h4481). The bill, which *The BMJ* supports (doi:10.1136/bmj.g4349), would allow mentally competent adults with a terminal illness and a prognosis of less than six months the possibility of an assisted death by self administration of prescribed drugs. Patients who request an assisted death would be reviewed by two doctors and subsequently by a High Court judge. The request would be granted only if all agree that the patient has a voluntary, clear, settled, and informed wish to end their life.

The involvement of a judge, added by the House of Lords when debating the bill last year, means that vulnerable people will be adequately protected, says Jacky Davis in our Head to Head debate this week (doi:10.1136/bmj.h4437). The provisions in the bill are, she says, “far more robust than anything in place in

the current confused state of affairs.” Currently people with terminal illness wishing to end their lives must travel abroad or commit suicide, which usually means dying alone without the support and presence of their families, and without safeguards, regulation, or monitoring.

Ilora Finlay is not reassured (doi:10.1136/bmj.h4437). Few GPs will be willing to undertake full assessments, she says, and the judge’s decision will be no better than a rubber stamp. She offers an alternative model. If, as advocates argue, this is a matter for society rather than medicine, let society make the decisions through the courts, bringing doctors in as expert witnesses, as is done for the withdrawal of life support. Annabel Price calls for other improvements to the current bill in her Personal View (doi:10.1136/bmj.h4461): greater clarity on how doctors would be expected to judge a patient’s competence and collection of data on the outcome of all requests, including those that are denied. These seem like reasonable suggestions worthy of debate.

Veronique Bataille is clear that the alternative to an assisted death for her father would have been more pain and no predictability. The Assisted Dying Bill was progressing through the House of Lords when it ran out of time before the general election. Given the strong and consistent public support for assisted dying and the importance and complexity of the subject, I echo Davis’s plea that the UK government now allow sufficient time for a full and fair debate.

Cite this as: *BMJ* 2015;351:h4517

© BMJ Publishing Group Ltd 2015