



EDITOR'S CHOICE

Assisted dying: the debate continues

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What would it mean if the UK's doctors moved to adopt a neutral stance on the question of assisted dying? *The BMJ* has advocated such a move for some years, arguing that the question of whether assisted dying should be legalised is a matter for society rather than the medical profession (doi:10.1136/bmj.e4075). Last week we heard from Sandy Buchman, president elect of the Canadian Medical Association, about his own change of heart on assisted dying (doi:10.1136/bmj.l412). We also heard from Jeff Blackmer how, in his view, the CMA's decision to adopt a neutral stance has allowed it to engage fully in the national debate and to represent its members whether they oppose or support assisted dying (doi:10.1136/bmj.l415).

These articles have attracted animated rapid responses from all sides (bmj.com/content/364/bmj.l412/rapid-responses), adding to the wide range of views already aired in the journal on this important and emotive issue. To these we this week add further opinion and a video (bmj.com/assisted-dying) and a podcast (bmj.com).

Jane Campbell is a member of the House of Lords and founder of Not Dead Yet UK, a network of disabled people who oppose euthanasia and assisted suicide. She writes that a vote for neutrality would be giving up on disabled people (<https://blogs.bmj.com/bmj/2019/02/06/disabled-people-like-me-fear-legal-assisted-suicide-it-suggests-that-some-lives-are-less-worth-living>). She argues that the distinction between disability and terminal illness is a false one and that a change in the law would permit the focus of medicine to shift from preserving life to ending life. "It is hard to think of a more fundamental change in the doctor-patient relationship."

Mark Pickering, incoming chief executive of the Christian Medical Fellowship, writes of his concern that vulnerable people may request assisted suicide because they think they are a burden, and that the limits of any new law could be expanded. Arguments against assisted suicide may tend to resonate more with people who have a religious worldview, he says, but the ethical objections stand (<https://blogs.bmj.com/bmj/2019/01/30/religious-and-non-religious-people-share-objections-to-assisted-suicide>).

Acknowledging these and other strongly held views, but with a clear majority of the British public in favour of a change in the law, the decision by the Royal College of Physicians to poll its members is to be applauded (doi:10.1136/bmj.l559). So says a former president of the BMA, John Temple, who calls on the other royal colleges and the BMA to do the same (doi:10.1136/bmj.l543). In a response, the chairs of the BMA's representative body and ethics committee reiterate the association's opposition to assisted dying (doi:10.1136/bmj.l593). This has been set through clearly defined and longstanding deliberative and democratic processes, they say, and polling all members could not capture the range of feeling on such nuanced, complex, and potentially divisive matters.

Whatever your view, and whatever the outcome of the RCP vote, we want to continue to hear from you. As Glasgow GP Glyn Phillips writes in a rapid response, this is a subject that will never go away, even if the law were to change (<https://www.bmj.com/content/364/bmj.l412/rr-4>). "The debate should always continue," he says.