Q & A on Assisted Suicide

On Friday, 11th September 2015 the House of Commons will be debating and voting on a Private Members Bill to legislate assisted suicide. Below you will find some answers to frequently asked questions about the law and ethics of assisting suicide in the light of Catholic teaching.

What will the bill do?

The Assisted Dying (No 2) Bill is a Private Members Bill sponsored by Rob Marris MP. It would 'enable competent adults who are terminally ill to choose to be provided with medically supervised assistance to end their own life'. That means it would license doctors to supply lethal drugs to terminally ill patients to enable them to commit suicide.

What's the law on this now?

Suicide was decriminalised in British law in 1961 because it was recognised that people attempting to commit suicide needed care, support and often medical treatment because of depression, rather than a criminal conviction. The serious tragedy of suicide meant that it remained against the law to' encourage or assist' another person's suicide or attempted suicide.

In 2010 the Director of Public Prosecutions (DPP) issued guidance about the factors that are taken into account in deciding whether to prosecute this offence. For example, prosecution is more likely if there is evidence of pressure having been brought to bear, or the assister had stood to gain from the suicide, or there was a duty of care to the person concerned. It is less likely if the assistance was given reluctantly and was 'wholly motivated by compassion'. The law, which protects vulnerable people, is able to deter assisting suicide and, if necessary to deal with malicious assistance with suicide, while also having discretion not to press charges in tragic cases.

Why shouldn't it be legal to assist suicide if the person wishing to die is old or disabled or ill?

Every person's life is equally worthy of respect and protection. Even if someone loses sight of dignity and value of their life (whether through pain, suffering or loneliness), they remain valuable in themselves and a member of the human family. They deserve care, support and sometimes medical treatment for depression, not assistance with suicide. Neither the criminal law nor the DPP guidance distinguishes

between suicide of young people who are physically-well and of someone who is old, disabled or ill. Indeed, as a society we rightly go to great lengths to prevent each and every suicide. In the words of the World Health Organisation, 'every single life lost to suicide is one too many.

How can we stand by while people die in pain? Don't we have a duty to do something?

We do have a duty to do something. The United Kingdom was a pioneer in the hospice movement and the development of palliative care but most people do not have access to a hospice. There is need for more resources to support improved palliative and end of life care. Most hospitals focus on curing people and sometimes 'could do better' when it comes to care of the dying. Over 95% of pain can be controlled with specialist help and as a last resort a person could at least be comfortably sedated.

What does the church say about the value and dignity in dying people?

In a message addressed to Catholics in Ireland, Scotland, England and Wales, Pope Francis said, 'Even the weakest and the most vulnerable, the sick, the old, the unborn and the poor, are masterpieces of God's creation, made in his own image, destined to live for ever, and deserving of the utmost reverence and respect'. The Church teaches that life is a gift from God and supports high quality care for the dying and protection for the weak and vulnerable.

What does the medical profession have to say about physician assisted suicide?

The British Medical Association, and the Medical Royal Colleges are strongly opposed to legalising physician-assisted suicide. A key principle of professional medical ethics, reflected in the criminal law, is that doctors should never intentionally shorten life. This principle which dates from the ancient, pre-Christian, Hippocratic Oath, can be found today in the General Medical Council's statement about the duties of a doctor, and in the World Medical Association's Declaration of Geneva: doctors must show 'the upmost respect for human life'.

Need life be preserved at all costs?

Doctors may withdraw futile or burdensome treatments, or respect a patient's refusal of treatment, or give much needed palliative treatment even if they foresee that, as an unintended side-effect, death may come sooner. In fact palliative drugs, properly administered, do not generally hasten death. Palliative care focuses not on cure but on care and 'intends neither to haste nor to postpone death'. It is no part of medicine to kill or to assist suicide but nor does it require doctors to preserve life at all costs.

Wouldn't there be safeguards in any legalised system?

Once you concede a principle and cross a line in ethics and law, it is wishful thinking

to imagine that bad consequences can be averted merely by qualifications, conditions or procedures. In the small number of jurisdictions where assisted suicide has been legalised or where it is not prosecuted under certain conditions (Holland, and a handful of states in the USA) there is ample evidence that the safeguards don't work. For instance, some laws seek to restrict access to assisted suicide to terminally ill people with a specific prognosis. But prognosis of terminal illness is fraught with difficulty: terminally ill people often live for much longer than the predictions they are given when they are diagnosed - occasionally they even recover. Furthermore doctors often failed to spot clinical depression in people who would meet the legal requirements for assisted suicide. Each year the numbers dying by assisted suicide increase and the safeguards are taken less and less seriously. For more information on this see the website of the Anscombe Bioethics Centre (www.bioethics.org.uk)

What should I do if I am concerned about the dangers of assisted suicide?

If you are concerned about how legalising assisted suicide will put vulnerable people at risk, affect palliative care or encourage suicide please contact your local MP before the assisted Dying Bill is debated in the House of Commons on 11th September 2015 If you have personal experiences to share with them please do. MPs listen to their constituents and will want to hear about your concerns. You can send an email to your MP via the Catholic Bishops conference website:

www.catholicnews.org.uk/assisted-suicide

This is a crucial opportunity to make your voice heard