ASSISTED SUICIDE UNDERMINES PALLIATIVE CARE

Intractable pain is not the most commonly cited reason for assisted suicide. It is not even in the top five reasons that people in Oregon give for choosing assisted suicide.[1] Instead, a major reason for people wishing to end their lives prematurely is 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.[2]
- 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.[3]

Good palliative care should ensure that pain is controlled. Assisted suicide is no better solution to physical pain than to psychological suffering. Research suggests that palliative care can significantly improve quality of life with people experiencing fewer physical symptoms and reduced rates of depression.[4] Legalising assisted suicide, however, risks reducing the provision of palliative care.

In Belgium, hospitals and nursing homes reluctant to practice assisted suicide have been "pilloried and threatened with losing their public funding".[5] In Canada, public funding was withdrawn from several hospices that refused to participate.[6]

A 2020 study of palliative care found that Canada's "Medical Assistance in Dying" (MAiD) had a negative impact on palliative care.[7] Clinicians described the conflict between maintaining MAiD eligibility and effective symptom control, which compelled them to withhold medications that could cause sedation or confusion and therefore jeopardise legal eligibility - even if the medication could significantly alleviate their patient's pain. This conflict resulted in increased distress for patients and providers.

Legalising assisted suicide does not guarantee that people do not suffer "a prolonged and painful death". There is also little evidence that an assisted death is quick and painless. Experts writing in the British Medical Journal point out that: "The safety and efficacy of previous and current oral assisted dying drug combinations is not known". They also highlighted that adverse effects of drug combinations used to induce death "include vomiting, myoclonus and a prolonged dying process of up to 47 hours."[8] Dr Joel Zivot, an associate professor of anaesthesiology and surgery, has written: "I am quite certain that assisted suicide is not painless or peaceful or dignified. In fact, in the majority of cases, it is a very painful death."[9]

In 2020, researchers calculated the "wasted resources" spent on caring for terminal cancer patients. They insisted that: "in no way is it intended to suggest that any such care should be denied to any patient".[10] Such a feeble denial, however, is unlikely to convince such patients that the constraints on NHS resources will not translate into pressure for them to choose assisted suicide rather than ongoing care that will divert money from "more worthy" causes.

In the NHS, Quality Adjusted Life Years (QALYs) is used to assess the cost-effectiveness of treatment decisions for patients considered to have a poor quality of life. Under this formula, someone's life can be judged worse than being dead.[11] The supporters of assisted suicide can offer no guarantees that pressure on NHS budgets will not gradually lead to administrative policies that would view the promotion of assisted suicide as the preferred treatment option for patients seen as a drain on NHS resources.

Assisted suicide is not a medical procedure. It acts contrary to the goals of medicine, namely to cure and care but not to harm or kill patients.

Society for the Protection of Unborn Children

www.spuc.org.uk

PLEASE TURN OVER >

DOCTORS OPPOSE ASSISTED SUICIDE

The majority of UK doctors do not support assisted suicide. This opposition is strongest among doctors who work most closely with dying patients and are most familiar with treatments available. When last polled, 82% of members of the Association for Palliative Medicine of Great Britain & Ireland rejected the legalisation of assisted suicide[12], and the Royal College of General Practitioners (RCGP)[13] and the British Geriatrics Society remain opposed to it.[14] A 2020 poll commissioned by the British Medical Association found 76% of palliative care physicians opposed legalisation.[15] A 2019 survey from the Royal College of Physicians (RCP) put support at just 9%.[16]

If assisted suicide was legalised, it seems likely that most doctors who care for the terminally ill would not be willing to participate in the practice. The RCP survey showed only 24% of doctors were willing to prescribe lethal medication.[17] Only 18% of doctors in geriatric medicine, 24% in medical oncology and 5% in palliative care stated that they would be willing to participate.[18] The aim of having excellent palliative care in Scotland cannot be achieved by ignoring the objections of those who specialise in this branch of medicine.

According to the American Medical Association, "assisted suicide "is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks".[19] Similarly, the World Medical Association Declaration of Venice on Terminal Illness states: "When addressing the ethical issues associated with end-of-life care, questions regarding euthanasia and physician-assisted suicide inevitably arise. The World Medical Association condemns as unethical both euthanasia and physician-assisted suicide."[20]

The proposals rely on doctors certifying patients, prescribing lethal drugs and being present when they are administered. Because so few doctors are willing to participate, patients will start "shopping" for a compliant doctor who, inevitably, would be unfamiliar to them. In the decade following legalisation in Oregon (1997-2007), one quarter (62 out of 271) of all lethal prescriptions in Oregon were provided by just three doctors.[21] The 2020 Oregon Death with Dignity report notes that some assisted suicides were approved by doctors who had known the patients in question for less than seven days. Only three out of the 245 who died were referred for psychological or psychiatric evaluation.

Many doctors oppose assisted suicide being part of mainstream healthcare, even if it is legalised. Since the time of Hippocrates in the 5th century BC, medical ethics have sought to ensure that doctors would not assist suicide. The 1949 International Code of Medical Ethics states: "A doctor must always bear in mind the obligation of preserving human life".[22] Medicine should be the last profession to be actively involved in helping people to kill themselves.

It must also be recognised that, from a psychological perspective, taking part in assisted suicide can be extremely onerous for physicians and others.[23]

1. Oregon Death with Dignity Act 2018 Data Summary
2. *Ibid*
3. 2018 Death with Dignity Act Report (July 2019)
4. Jennifer Temel et al, "Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer" (2010) *New Eng J Med*, 363. 733-42 https://www.nejm.org/doi/pdf/10.1056/NEJMoa1000678
5. D A Jones, ed *Euthanasia and Assisted Suicide: Lessons from Belgium* (CUP, 2017) 40
6. L Harding, 'Delta Hospice Society envisions new private MAiD free facility.' *Western Standard*, 18 July 2021: https://westernstandardonline.com/2021/07/delta-hospice-society-envisions-new-private-maid-free-facility/
7. Jean Jacob Mathews, et al, "Impact of Medical Assistance in Dying on palliative care: A qualitative study," (2021) *Palliative Medicine* 35(2) 447–454. https://doi.org/10.1177/0269216320968517
8. "The impact on general practice of prescribing assisted dying drugs", *BJGP Life*, 28 September 2021, https://bjgplife.com/2021/09/28/the-impact-on-general-practice-of-prescribing-assisted-dying-drugs/
9. Joel Zivor, "Last rights: assisted suicide is neither painless nor dignified", *The Spectator*, 18 September 2021 https://www.spectator.co.uk/article/last-rights-assisted-suicide-is-neither-painless-nor-dignified
10. D Shaw & A Morton, "Counting the Cost of Denying Assisted Dying," (2020) *Clinical Ethics*, 15 (2) 65-70. https://journals.sagepub.com/doi/10.1177/1477750920907996 accessed 4 November 2021
11. Alan Williams 'The Value of QALYs' (1985) 94 *Health and Social Care* J, 3
12. Association for Palliative Medicine of Great Britain & Ireland Physician Assisted Dying Web Materials, "The Association for Palliative Medicine (APM) Web Materials On Actively and Intentionally Ending Life (Variously Called 'Assisted Suicide', 'Assisted Dying, 'Aid In Dying' And 'Euthanasia')" Polling on the Opinion of Doctors https://apmonline.org/news-events/apm-physician-assisted-dying-web-materials/
13. Royal College of General Practitioners, "Assisted Dying, RCGP's 2020 decision," https://www.rcgp.org.uk/policy/rcgp-policy-areas/assisted-dying.aspx
14. British Geriatrics Society, "Physician Assisted Suicide," 10 July 2015, https://www.bgs.org.uk/policy-and-media/physician-assisted-suicide
15. BMA Survey on Physician-Assisted Dying, Research Report 2020, https://www.bma.org.uk/media/3367/bma-physician-assisted-dying-survey-report-oct-2020.pdf
16. Royal College of Physicians, Assisted dying survey 2019 results, accessed from https://www.rcplondon.ac.uk/news/no-majority-view-assisted-dying-moves-rcp-position-neutral
17. *Ibid*
18. *Ibid*
19. AMA *Code of Medical Ethics Opinion* 5.7. https://www.ama-assn.org/delivering-care/ethics/physician-assisted-suicide
20. WMA Declaration of Venice on Terminal Illness WMA General Assembly, Pilanesberg, South Africa, October 2006, *Handbook of WMA Policies* D-1983-01-2006
21. Concentration of Oregon's Assisted Suicide Prescriptions & Deaths from a Small Number of Prescribing Physicians by Kenneth R. Stevens, Jr. MD Revised 3/18/2015
22. International Code of Medical Ethics, Third General Assembly, World Medical Association, 1949
23. See EXIT - "Le Droit De Mourir," https://www.youtube.com/watch?v=7iNY-Tj_G03k