THE EXPERIENCE OF COUNTRIES WHERE ASSISTED SUICIDE HAS BEEN LEGALISED SHOWS THAT:

1. It puts vulnerable people at risk 2. It cannot be controlled 3. It undermines palliative care.

Legalising assisted suicide puts vulnerable people at risk. A major reason people choose to end their lives is not physical suffering but the fear of being a burden on others. In 2020, 53.1% of people killed by assisted suicide in Oregon gave this reason for ending their lives.[1] This fear can easily be exploited through undue influence, subtle pressure and coercion. When the seriously ill are told that they can choose to end their lives, it conveys the idea that they might be better off dead.

One study found vulnerable people considering assisted suicide to be "strongly influenced by fears, sadness and loneliness". It also raised concerns about trends that "increase social pressure on older people and reinforce negative ideas surrounding old age".[2] Between 7 and 9% of older people in Scotland are subjected to some form of abuse, with over 40% of victims suffering more than one type.[3] Age Concern found over a third of older people in Scotland feel they are a burden on society and 34% felt life was getting worse for older people.[4]

Older people, therefore, may well feel pressure to end their lives.

DISABLED PEOPLE FEAR ASSISTED SUICIDE

Advocates of "assisted dying" claim it is not a threat to the disabled, yet many disabled people fear being pressured to end their lives. While disabled people are not usually terminally ill, the terminally ill are often disabled.[5] The top five reasons doctors in Oregon report for assisted suicide are:

- "loss of autonomy" – 91%
- "less able to engage in activities" – 89%
- "loss of dignity" – 81%
- "loss of control of bodily functions" – 50%
- "feelings of being a burden" – 40%[6]

Such feelings are often experienced by disabled people. Legalising assisted suicide sends a message that people facing these issues are right to want to die. It would mean that some people who want to die will receive suicide intervention, while others will receive suicide assistance. The distinction between these groups will be their health or disability status. It would create a two-tiered system with the less valued group encouraged to die.[7] That is why Scope, Action on Elder Abuse, Mencap and the Veterans Association UK oppose it.[8]

SAFEGUARDS ARE PROGRESSIVELY IGNORED AND REMOVED

In Canada, the Netherlands, Belgium, Washington, and Oregon safeguards came to be seen as barriers and were reduced. As arguments for assisted suicide and voluntary euthanasia are so similar, its legalisation in some places has led to vulnerable groups like disabled infants or dementia patients, who have not requested death, being euthanised. Reports from Belgium and Holland up until 2010 show that between 7% and 9% of all infant deaths involved active euthanasia by lethal injection.[9] In the Netherlands, the number of dementia patients killed by euthanasia rose from 12 in 2009 to 162 in 2019.[10]

Pressures on the NHS have already led to "Do Not Resuscitate" orders being put on hundreds of disabled people with no underlying health conditions.[11] Legalised assisted suicide could be an even bigger problem.

ASSISTED SUICIDE LEADS TO MORE SUICIDE GENERALLY

A 2015 study in the USA found that assisted suicide was linked to a 6.3% increase in total suicides and a 14.5% increase in the over 65s.[12] Changing the law was associated with "an increased inclination to suicide in others". Assisted suicide undermines suicide prevention strategies.

INTRACTABLE PAIN IS NOT THE LEADING REASON FOR ASSISTED SUICIDE

Good palliative care should control pain. Research shows that palliative care can significantly improve quality of life, alleviate physical symptoms and reduce depression.[13] Yet, legalised assisted suicide can undermine the provision of palliative care. In Belgium, health care facilities reluctant to practise assisted suicide have been threatened with the loss of public funding.[14] In Canada, funding was withdrawn from several hospices that refused to participate.[15]

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A 2020 study of palliative care found that Canada's "Medical Assistance in Dying" (MAiD) had a negative impact on palliative care.[16]

Clinicians described the conflict between maintaining MAiD eligibility and effective symptom control which compelled them to withhold medications that could alleviate their patient's pain but might jeopardise legal eligibility for assisted suicide. This conflict caused distress to both patients and providers.

LEGALISED ASSISTED SUICIDE DOESN'T GUARANTEE THAT PEOPLE WON'T SUFFER "A PROLONGED AND PAINFUL DEATH".

Experts writing in the British Medical Journal argue that the adverse effects of the drug combinations used to induce death "include vomiting, myoclonus [jerking and shaking caused by sudden muscle spasms] and a prolonged dying process of up to 47 hours."[17] Dr Joel Zivot, an associate professor of anaesthesiology and surgery, said: "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."[18]

A 2020 STUDY CALCULATED THE "WASTED RESOURCES" SPENT ON CARING FOR TERMINAL CANCER PATIENTS.[19]

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.[20] The supporters of assisted suicide cannot guarantee that financial pressures will not lead to the promotion of assisted suicide as the preferred option for those seen as a drain on NHS resources.

ASSISTED SUICIDE IS INCOMPATIBLE WITH THE ROLE OF A DOCTOR.

The majority of UK doctors do not support assisted suicide and opposition is strongest amongst doctors working closely with dying patients. When last polled, 82% of members of the Association for Palliative Medicine of Great Britain & Ireland rejected the legalisation of assisted suicide[21] and the Royal College of General Practitioners[22] and the British Geriatrics Society remain opposed.[23] A 2020 poll commissioned by the British Medical Association found that 76% of palliative care physicians opposed legalisation.[24] A 2019 survey from the Royal College of Physicians (RCP) put support at just 9%.[25] If it was legalised, most doctors caring for the terminally ill are unlikely to participate in assisted suicide. The RCP survey showed only 24% of doctors were willing to prescribe lethal medication. Only 18% of doctors in geriatric medicine, 24% in medical oncology and 5% in palliative care stated that they would be willing to participate.[26]

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.

The 1949 International Code of Medical Ethics states: "A doctor must always bear in mind the obligation of preserving human life."[27] The World Medical Association condemns physician-assisted suicide[28] and the American Medical Association considers it to be "fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks."[29]

MEDICAL PROFESSIONALS SHOULD BE THE LAST PEOPLE TO HELP THEIR PATIENTS KILL THEMSELVES.

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