Assisted dying

Putting Christian arguments in secular language

Photo Enquiry

Diane Pretty sought assisted suicide

we need to use arguments that make sense to non-christians

As Christian doctors we oppose euthanasia and assisted suicide because we believe in the sanctity of human life made in the image of God. Also we recognise that far from being helpful, assisted dying may be the greatest disservice we can offer, by propelling people forward to a judgement for which they are unprepared. Historical ethical codes uphold a similar absolute prohibition on killing; the Hippocratic Oath includes the affirmation, 'I will give no deadly medicine to anyone if asked nor suggest such counsel'.

But although we believe fully in the sanctity of life, to win the debate on assisted dying we need to be using arguments that will make sense to those who do not share our Christian beliefs. The *Care Not Killing Alliance*,[1] launched on 31 January, brings together 28 organisations to promote palliative care and oppose euthanasia, in the lead up to the second reading debate on Lord Joffe's revised *Assisted Dying for the Terminally Ill Bill* on 12 May. CMF has played a key role from the beginning working alongside the Association for Palliative Medicine, leading disability groups like the British Council of Disabled People, Christian church groupings including the Church of England, Catholic Bishops' Conference and Evangelical Alliance and a host of other healthcare providers, human rights groups and faith groups. What are the key arguments that alliance members are employing?

First, we need to recognise, as the European Association for Palliative Care has affirmed, that requests for euthanasia and assisted suicide are extremely rare when patients' physical, social, psychological and spiritual needs are properly met.[2] Just 6% of hospice patients even discuss the matter, and only 3.6% of terminally ill patients in other care settings.[3] The vast majority of people dying in the UK, even from diseases like motor neurone disease (MND), do not want 'assisted dying' and the 1,000 MND patients, who die annually in the UK, do so in the main comfortably with good palliative care.[4] The very small number of high profile cases who push for assisted suicide, are simply well publicised exceptions. In two large series from St Christopher's Hospice, where modern palliative care began, 94% of over 200 MND patients had a peaceful death, and contrary to media hype, no patients choked.[5,6] Paradoxically Diane Pretty, who took her case for assisted dying unsuccessfully to the European Court of Human Rights, had a death that was 'perfectly normal, natural and peaceful', according to Dr Ryszard Bietzk, head of medical services at the Pasque Hospice, Luton, where she was cared for.[7]

Second, therefore, rather than pushing for assisted dying, our key priority should be to build on the excellent tradition of palliative care that we have in this country and make best quality palliative care more readily accessible. Palliative care is still being delivered in a postcode lottery, financed mainly by the charitable sector, and with 56% dying in hospital where palliative care is most poorly resourced, rather than at home, where most would prefer to die, given the choice. Furthermore, while 95% of patients using hospice or palliative care have cancer, 300,000 people with other terminal diseases who might benefit from this care are excluded because of their conditions.[8] This is an intolerable situation. By 2020, the over 50s will comprise half the adult population. It is essential we rethink current service provision and end-of-life care to ensure it can meet the demands an ageing population will make in the next 20 years.

Third, the real question is therefore whether we should change the law for a very small number of people who are strongly determined to end their lives. In 1994 the last House of Lords' Select Committee to report on euthanasia unanimously recommended no change in the law. Its chairman, neurologist Lord Walton of Detchant, later described in Parliament their concerns about such legislation: '*We concluded that it was virtually impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law in the United Kingdom could not be abused. We were also concerned that vulnerable people - the elderly, lonely, sick or distressed - would feel pressure, whether real or imagined, to request early death.*' Hard cases make bad laws, and no law allowing assisted dying could ever be controlled.

Christian doctors need to play a key role in this debate; and they will do so most effectively by learning to put what are essentially Christian arguments in secular language.

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