The Joffe Bill

It's only the beginning

Review by **Peter Saunders**
CMF General Secretary

Lord Joffe's revised *Assisted Dying for the Terminally Ill Bill*[1] has its second reading the House of Lords (debate but no vote) on Friday 12 May. The Bill has taken on only four of the Lords' Select Committee's ten recommendations[2] and seeks to enable 'an adult who has capacity and who is suffering unbearably as a result of a terminal illness to receive medical assistance to die at his own considered and persistent request'; in effect to legalise physician assisted suicide (PAS), but not euthanasia, along the lines of the Oregon *Death with Dignity Act*.[3]

Advocates of the bill have been quick to point out the so-called 'safeguards' within it. It's only assisted suicide, only for adults, only for those with 'six months to live', only for unbearable suffering and only for those who make a 'persistent and considered' request. They further emphasise the option of palliative care, the need for signed consent, assessment of mental competence, the two-week waiting period and the detailed documentation.

They fail to point out however that: assisted suicide is euthanasia by intention and often unsuccessful leading to the need for the doctor to step in with a lethal injection; assessments of 'Gillick competence' will extend the Act to children; prognosis in terminal illness is difficult to define and can be altered dramatically by treatment; suffering has been completely subjectively defined contrary to the advice of the Select Committee; individual cases are not to be reviewed independently until after the key witness (the patient) is dead; the evidence from Oregon and the Netherlands proves that relying on doctors' self-reporting is notoriously unreliable; requests for assisted suicide can be profoundly influenced by fear of being a burden (impossible for those without personal knowledge to assess), depression (no psychiatric referral is necessary) and experience of palliative care (only 'advice about' but not 'experience of' is required).

Furthermore the Bill contains within it the seeds of its own extension. If we are allowing assisted dying for reasons of compassion, then why deny it to patients who are suffering unbearably but not terminally ill? If we are allowing it for reasons of autonomy, then why not grant it to anyone who wants to make the choice? Such inconsistencies will be ripe for challenges under the *Human Rights Act* the minute that assisted suicide is established as a therapeutic option for anyone at all.

Lord Joffe is to be commended at very least for his honesty in giving evidence to his own Select Committee: '*We are starting off, this is a first stage... I believe that this Bill initially should be limited, although I would prefer it to be of much wider application… But I can assure you that I would prefer that the law did apply to patients who were younger and who were not terminally ill but who were suffering unbearably, and if there is a move to insert this into the Bill I would support it.*'[4]

Don't be fooled by the 'it's only' safeguards. It's only the beginning.

references

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RU486

Moves for abortions at home

Review by **Rachael Pickering**
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The last twelve months have seen moves to further promote the designer abortion drug RU486 around the world. Otherwise known as the anti-progesterone mifepristone, it was specifically developed as an abortifacient by French pharmaceutical firm Roussel-Uclaf (hence the letters RU) in the 1980s; in Britain it has been licensed for use as such since 1991. By blocking the uterine actions of progesterone, RU486 causes endometrial breakdown and abortion of the embryo or fetus.

But traditionally up to four trips to the abortion clinic have been required to complete an RU486 termination. In addition, it usually has to be given with a vaginal prostaglandin in order to stimulate the uterus into expelling the dead fetus. This often involves considerable pain and distress for the woman. This discomfort (both physical and psychological) is one of the reasons why, in England and Wales, most terminations are not performed medically but surgically, using vacuum aspiration.

Now, perhaps in an effort to make abortion cheaper for the NHS, even easier to obtain and allegedly more convenient for the women concerned, our Government is ploughing ahead with plans to promote abortions *at home* using RU486. A Department of Health study has suggested that this is safe. Supervised by a nurse, 172 women less than nine weeks pregnant took mifepristone and misoprostol at a health centre; they then went home and had medical abortions.[1]

In the USA, there are growing concerns that RU486 predisposes the endometrium to infection. There have been at least five maternal deaths from septic shock after RU486 abortions. The father of one of these young women, Holly Patterson, is campaigning for a review of the drug by the American Food and Drug Administration.[2]

A previous news review in this journal concluded that the history of this drug was a long tale of deception and corruption on several continents that we hadn't heard the last of.[3] According to recent figures, the government's £150 million campaign to reduce pregnancies among young girls has been an embarrassing failure, with ministers under pressure to close the discredited Teenage Pregnancy Unit.[4] This latest move to shift abortion from the operating theatre to the privacy of British homes, without any attempt to address the spiralling rates of unplanned pregnancy, further trivialises a procedure which has ended the lives of six million babies, markedly changed our national demographic profile and brought a legacy of psychological, physical and spiritual trauma for women.

references

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