

Assisted suicide: doctors should have none of it

Falconer Bill poses new threat



Lord Falconer's Assisted Dying Bill¹ would grant new powers enabling doctors to dispense lethal drugs to mentally competent adults, judged to have six months or less to live and who have a 'settled wish' to end their lives. As such it runs counter to the Hippocratic Oath and Judeo-Christian ethic and threatens to turn 2,500 years of medical history on its head.

The bill is firmly opposed by the BMA, RCP, RCGP and Association for Palliative Medicine along with all major UK disability rights groups. Since 2006, British parliaments have rejected similar measures three times: Lord Joffe's bill (2006), Lord Falconer's amendment to the Coroners and Justice Bill (2009) and Margo MacDonald's Scottish bill (2010).

However, The House of Lords is now more favourably disposed to a change in the law and the recent Supreme Court judgment² in the cases of Nicklinson, Lamb and 'Martin' has added a new dimension. The court upheld the current law but strongly hinted that, if Parliament does not make a satisfactory change, it would hear similar cases in the future and would consider creating means whereby individuals requesting assisted suicide could have their cases heard before a High Court judge.

Falconer's proposed law, however, puts doctors in the forefront of decision-making and implementation. Doctors would see the patients, fill out the forms and dispense the drugs. Inevitably some will push the boundaries. Some will falsify certification. Perhaps some, like Harold Shipman, will develop a taste for killing and they will be very difficult to detect. But many will simply be facing too many demands in our overstretched and underfunded NHS to make the objective assessments that this kind of law requires. Very few of them will really know their patients or their families. The experience from Oregon, on whose model Falconer's bill is based, shows that many people seeking assisted suicide do not use their family doctor but rather 'shop around'.

An obvious parallel is the Abortion Act, which has similar provisions. The law was supposed to allow abortion only in strictly limited circumstances, but now there are 200,000 cases a year – over eight million since 1967 – with about 98% falling outside the intended boundaries of the law.³ There has been illegal pre-signing of authorisation forms, abortions for sex selection, abortions on demand for spurious mental health reasons and only one conviction of a doctor for illegal abortion in 45 years, in spite of the law's provisions being widely flouted.

The Abortion Act requires doctors to give notice of an abortion to the Government. Those who 'wilfully fail to comply' face a criminal conviction and a fine of up to £5,000. But the Department of Health confirmed in June 2014 that 49,000 abortion notification forms had been returned to doctors between 2009 and 2013 for failing to provide the required information.⁴

These abuses occur and go unchallenged because society is reluctant to question doctors. The profession closes ranks. Regulatory bodies lack teeth. The police are reluctant to investigate. The DPP hesitates to prosecute. The courts are unwilling to convict. Parliament turns a blind eye. In a recent interview for *Pulse* magazine Lord Falconer was asked if GPs were likely to get into trouble with the police for authorising assisted suicide, should his bill ever become law.⁵ He said that the bill would make it 'very difficult' for GPs to face any proceedings in court as long as it was 'their genuine view' that this was the patient's position.

In other words, it will not be necessary for the patient actually to be mentally competent, at least 18 years old, with less than six months to live or with a 'settled wish' to end his or her life. All that is required is for the doctor to say that it is his 'genuine view' that these conditions apply and no court will be able to touch him. And the key witness, the patient, will be dead.

Recent months have shown how, in a cash-strapped target-driven NHS, it can be very difficult to regulate bad practice – neglect and abuse of patients at Winterbourne View and North Staffordshire NHS Trust and abuses of the Liverpool Care Pathway being poignant examples. How much more so with a bill giving doctors the power and authority to end life.

Falconer's draft bill has already attracted serious criticism⁶ because of its paper-thin safeguards – for instance the huge difficulties in assessing mental competence, 'settled wish' and a six month life expectancy. Furthermore there is ample evidence of incremental extension and mission creep in other jurisdictions like Belgium, Oregon and the Netherlands.

We can be sure that any change in the law to allow assisted suicide would place pressure on vulnerable people – those who are disabled, elderly, sick or depressed – to end their lives for fear of being a financial, emotional or care burden upon others. These pressures will be felt particularly acutely at a time when health budgets are being cut and families are under pressure. Doctors should have none of it.

Peter Saunders is CMF Chief Executive.

references

1. Assisted Dying Bill [HL] 2014-15 bit.ly/1j41l8h
2. Care Not Killing welcomes Supreme Court judgement. *Care Not Killing* 2014; 25 June bit.ly/1ohC9pT
3. Saunders P. Why 98% of abortions in Britain are now illegal and what it means for doctors. *Christian Medical Comment* 2011; 10 December bit.ly/1t5YIV2
4. Doctors face being struck-off after '50,000 illegal abortions'. *Express* 2014; 29 June dexpr.es/1s92wkc
5. RCGP should take neutral stance on assisted dying, says peer. *Pulse* 2013; 23 October bit.ly/1j4jkzx
6. Saunders P. Leading parliamentary think tank says Lord Falconer's 'Assisted Dying' Bill fails public safety test. *Christian Medical Comment* 2013; 8 July bit.ly/1p0aJ05