

Assisted suicide

The law is both clear and right



Debbie Purdy

Two recent high profile cases have understandably reignited public debate on assisted suicide. Debbie Purdy, a 45-year-old woman with primary progressive multiple sclerosis, had sought 'clarification' of the law to ensure that her husband would not be prosecuted should he accompany her to the *Dignitas* suicide facility in Zurich, Switzerland. The High Court in October turned down her application, but in the light of public interest allowed her to proceed to the Court of Appeal, while making it very clear that her arguments were extremely unlikely to succeed.¹ The parents of Daniel James, a 23-year-old rendered tetraplegic following a rugby accident in March 2007, are under police investigation for accompanying him to the same clinic to commit suicide this September.²

Under the Suicide Act 1961, it is neither illegal to commit suicide nor to attempt it, but assisting suicide remains a crime carrying a discretionary prison sentence of up to 14 years. However, although over 100 British people have made one way trips to *Dignitas* in the last five years, no one has been prosecuted so far.

Lord Carlile, speaking on Radio Four *Today*, in defending this apparent anomaly explained that British law has 'a stern face but a not unkind heart'. The Director of Public Prosecutions, in deciding whether or not to bring a case, must decide both whether there is enough evidence to secure a conviction, and also whether doing so would be in the public interest. Judges are similarly given flexibility to 'temper justice with mercy' in what are often deeply harrowing circumstances. Only 3% of all crime leads to a conviction and these cases can be amongst the most difficult of all.

The law is both clear and right. Changing it to allow assisted suicide, even in limited circumstances, would place vulnerable people – the sick, elderly, depressed and disabled – under pressure, whether real or imagined, to request early death for fear of being a financial or emotional burden on their family, on carers or on the state. The so-called 'right to die' can so easily become the duty to die. Accepting assisted suicide as a 'treatment option' would also pose a dangerous temptation to burdened relatives and health providers when weighing up the cost of a glassful of barbiturate against ongoing care. It is noteworthy that even *Dignitas in Dying* (formerly the Voluntary Euthanasia

Society)³ are being careful now to distance themselves from more radical euthanasia advocates like Philip Nitschke⁴ and Baroness Warnock.⁵

The law is a blunt instrument but hard cases make bad law. We have laws precisely because we recognise there are limits to personal choice and that we are not entitled to make choices which endanger the reasonable freedoms of others.

Requests for assisted suicide are thankfully extremely rare, and virtually never persist if patients' physical, emotional and spiritual needs are properly addressed. There are over 70,000 people in Britain with multiple sclerosis and 20,000 with tetraplegia but only a very small number ever request death and for most it is in reality a cry for help. The 100 people travelling to Switzerland to end their lives have to be seen against a background of over 3,000,000 deaths from all causes in Britain over the same period. One in 30,000 is not a high demand.

Our key priority must always be to make the very best care more widely accessible. We also need better public education as the call to change the law is often driven by distressed relatives whose loved ones have died badly or by the 'worried well' who have been frightened by media stories. Ms Purdy's expressed fears of choking to death or experiencing excruciating pain are quite groundless with good palliative care, and the public is being misled. Many with MS now live an almost normal lifespan and it is not at all clear, even given the type of MS Debbie Purdy has, that she would ever need assistance to end her life, should she be determined to do so. The case needs to be seen in the wider context of a well funded and carefully orchestrated campaign to press the boundaries of the present law.

Good role models, like Alison Davies⁶ and Matt Hampson,⁷ who have come through understandable initial despair to adapt to chronic illness or have found meaning and purpose in the presence of suffering and disability, need much more media exposure.

The House of Lords in 2006 quite rightly rejected Lord Joffe's Assisted Dying Bill and although as Christians we will wish to emphasise that actively ending lives is wrong *per se*, we can also unite with people of all faiths and none in promoting palliative care and opposing euthanasia,⁸ on grounds of compassion and public safety.⁹

Peter Saunders is CMF General Secretary

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