# Assisted Suicide – much to report

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There has been plenty of activity in recent months around assisted suicide, or 'assisted dying' as it is often euphemistically referred to. The Royal College of Physicians (RCP) polled its 35,000 members in February, yet has caused great controversy by the decision of their Council, in advance of the vote, to move to a position of *neutrality unless more than 60% of respondents opted for another position*. In a three-way vote, this decision virtually guaranteed a neutral outcome. When results came in, opposition remained the favoured response with 43.4%, and neutrality the least favoured option at 25%, yet the Council pressed ahead in announcing that the RCP would now be neutral.[1]

Predictably, many took this outcome as signifying that 'doctors have dropped their opposition to assisted dying' and the RCP's new position was quoted as justification for the renewed High Court action by Paul Lamb, a paralysed man with chronic pain who wants the option of assisted suicide despite not being terminally ill.[2]

A group of doctors, including CMF members David Randall and Kathy Myers, have mounted a legal challenge to the questionable processes followed by the RCP Council in imposing neutrality. This legal action has had various stages, but in October a judge granted them permission to take the case to the High Court, stating that 'it is difficult not to see an element of irrationality' in some of the decisions taken by the RCP Council.[3] The doctors are pursuing the legal option whilst offering the College the option of negotiation to avoid undue conflict in court.

Meanwhile, other medical organisations are pursuing their own plans. The Royal College of GPs (RCGP) launched its own poll of members on 1 November, and the results will inform the decision of their Council in February 2020. We urge all who are members or fellows of the RCGP to engage with this process.

Likewise, the British Medical Association (BMA) voted at its Annual Representatives' Meeting (ARM) in June to poll all members on their view of assisted dying. Details of this have not yet been announced, but will most likely take place early next year in order to inform further debate and policy decisions at the ARM in June 2020.

In all these organisations, the issue of 'neutrality' is highly contentious. Organisational neutrality may appear to many as a reasonable response when members have diverse opinions. However, it is a key campaign goal of assisted dying activists. Once medical organisations have moved from opposition to neutrality, then parliamentarians will be informed that medical opinion is no longer opposed to assisted dying, and pressure will increase to legalise it. David Randall writes on this at greater length in the accompanying *CMF File*.[4]

Although no assisted dying bills are currently before Parliament, we believe it very likely that at least one will be presented in 2020, either in Scotland or in Westminster.

Internationally, there has been much happening as well. In Quebec, in September, two disabled patients who are not terminally ill mounted a successful challenge to the current Canadian stipulation that 'medical aid in dying' can only be provided to a patient whose death is 'reasonably foreseeable'. This has been deemed 'too restrictive and discriminatory'.[5] It is highly significant that such a ruling has been made just four years after the original Canadian legal case that introduced assisted dying there. This, along with the case of Paul Lamb in the UK, simply underlines the case that CMF has been making for years that proposed laws in the UK for terminally ill and mentally competent adults with less than six months to live would be wide open for legal challenge from the day they came into effect, as many chronically, suffering patients seeking assisted suicide would be excluded by these stipulations.

There is also more encouraging news. On 10 June, the American Medical Association (AMA) voted 71% to 29% to retain its opposition to assisted suicide and euthanasia. They also adopted a recommendation retaining the term 'physician-assisted suicide', instead of more euphemistic phrases such as 'assisted dying' or 'aid in dying'. The AMA's Council on Ethical and Judicial Affairs concluded in its report that, 'despite its negative connotations, the term "physician-assisted suicide" describes the practice with the greatest precision.'[6]

Furthermore, the World Medical Association (WMA) has also reconfirmed its longstanding opposition, after holding consultative conferences involving every continent in the world. At its 70th General Assembly in October, it announced that:

'The WMA reiterates its strong commitment to the principles of medical ethics and that utmost respect has to be maintained for human life. Therefore, the WMA is firmly opposed to euthanasia and physician-assisted suicide.[7]

Although we expect pressure for legal change to continue unabated during 2020, the RCP legal ruling gives hope, and the decisions of the AMA and WMA are also highly encouraging. We encourage all members to keep informed and to engage where opportunities arise.

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## references


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