

GENERAL SYNOD

PRIVATE MEMBER'S MOTION

Independent Commission on Assisted Dying

‘That this Synod express its concern that the Independent Commission on Assisted Dying is insufficiently independent to be able to develop proposals which will properly protect the interests of vulnerable and disabled people.’

This PMM has been overtaken by events, since the Falconer Commission has recently published its report (January 5, 2012). It is now all the more urgent, however, that the subject of assisted suicide be debated.

Background

1. In November 2009 Lord Falconer launched a private commission with the aim of considering ‘what system, if any, should exist to allow people to be helped to die and whether changes in the law should be introduced’. He stated: ‘We need a more humane law.’ The commission was sponsored by Dignity in Dying (formerly the Voluntary Euthanasia Society), and of its 12 members 9 were known to be in favour of changing the law in order to decriminalise assisted suicide. (It should be noted as a point of definition that assisted suicide and assisted dying as referred to in this note are synonymous, although much confusion and debate exists around the exact definition of such phrases. The name change of the Voluntary Euthanasia Society to Dignity in Dying best highlights this issue; pro-assisted suicide groups tend to use language in order to gain acceptability, whereas anti-assisted suicide groups tend to maintain traditional terminology.)
2. Invitations to give evidence to the commission were declined by 46 high profile individuals, and more than 40 organizations, including the British Medical Association which represents over 140,000 British doctors.
3. A change in the law is opposed by 95% of palliative medicine specialists and 65% of doctors. And five major disability rights organizations in the UK (RADAR, UKDPC, NCIL, SCOPE and Not Dead Yet) also oppose it.
4. Since 2006, three unsuccessful attempts to change the law on assisted suicide have been made: Lord Joffe’s Bill in 2006, Lord Falconer’s amendment in 2009, and the Macdonald Bill in the Scottish Parliament in 2010. Also, in 2005, after a major investigation into assisted suicide – far more extensive than the Falconer Commission’s work – a House of Lords Ethics Committee decided against a change in the law.

A Christian doctor’s point of view

5. Extracts from an article on ‘Physician-assisted suicide’ by Dr Kathryn Myers, a locum Consultant in Palliative Medicine at the Mildmay Hospital, London, published in 2000 by Christian Medical Fellowship:
6. *Being in pain that is so severe that it occupies your life and being incapable of relieving it, is many people’s worst nightmare. Similarly some worry that they will reach the point in life where they would like to die in relative peace, only to find that they are forced to receive massive and intrusive medical intervention that desperately attempts to prolong their life. Others panic about lying in a bed for months or years, while incapable of making any responses to family, friends or hospital staff.*
7. *These sorts of fears are leading people to ask whether there is a place for physician-assisted suicide (PAS). At first sight this call appears to be driven by compassion for the individual and to be a way of respecting their rights. However, making facilities available to help someone kill themselves may be more likely to reduce the respect that we have for human life in general and is not the most appropriate way of helping that person.*

8. *Christians believe that men and women are made 'in the image of God' and one of the results of this is that their lives are highly valuable. A consequence is that God prohibits anyone from deliberately taking the life of another human being. ...*

A call for compassion

9. *... the compassion argument is misplaced, because the best way to show compassion for a person is to care for them. A combination of the hospice movement and advanced medical technology now allow pain and distressing symptoms of disease to be adequately alleviated in all but the most extreme cases. Experience shows that once people are comfortable they often change their minds about wanting to end their lives. ...*

Asking to be autonomous

10. *Some people have demanded the right to PAS (and euthanasia) because they claim to put strong emphasis on the rights to autonomy (self-determination). However, having the right of autonomy is not easy to define. In recent years, there has been a healthy move away from medical paternalism, with its restrictive idea that the doctor knows best. But as John Donne said, 'No man is an island, entire of itself; everyone is a continent, a part of the main.'¹ The actions of a person who takes his or her own life have profound effects on those who live through the tragedy. That person exerting their right to autonomy has removed the same right from the survivors. In addition, the free exercise of autonomy with respect to PAS could decrease our notion of the value or worth of vulnerable people.*
11. *Autonomy is fine so far as it reflects the unique individuality of each human being, created 'in the image of God', and ultimately accountable to him. But to use our autonomy responsibly, we need to balance our rights (the things we may do), responsibilities (the things we must do) and restrictions (the things we must not do). Autonomy is not therefore the same as saying that people have the right to do whatever they like.*
12. *Furthermore, depression, confusion, unrelieved physical symptoms, a sense of 'being a burden', conscious and unconscious pressures from family, friends, carers or society could all remove the person's true autonomy. It seems highly likely that one or more of these factors would be operating in the vast majority of requests for PAS. The problem is that when a patient who is in pain or suffering asks to die there is good reason to think that the request is compelled by the pain, and not in fact freely chosen.^{2 3}*
13. *Finally, unlike suicide, PAS is not a private act. By definition, PAS requires a doctor to be involved, and so the patient's decision impinges on the doctor's autonomy.*

Don't want to be a burden

14. *There is a real danger of people asking to end their lives because they don't want to be a burden to families or friends. The burden could be expressed in terms of time, money or even the emotional cost of caring for someone who is in need. In asking for PAS people may be hoping to relieve the stress placed on their families. They may also feel that the amount of time and money that the health service is devoting to them would be better spent on others. If PAS was allowed there would be a real danger of people being persuaded to ask for it. This could be by overt cajoling, or through deliberate neglect of the family.*
15. *Healthcare professionals may also add to the pressure by their attitudes towards the resources being used to look after the person. In reality, it is very difficult for family members or even involved healthcare professionals to make appropriate judgements about the value of another person's life. However, the hallmark of a healthy society is how well it looks after its weakest and most vulnerable members. Rather than looking to provide a 'way out' for these people, we should be looking for more effective ways of caring for them.*

¹ John Donne (1623) *Devotions*, 17

² Jochemsen H & Keown J (1999) *J Med Ethics*; 25:16-21

³ Campbell N (1999) *J Med Ethics*; 25:242-4

Trust and service

16. *Doctors have a privileged relationship with their patients. It is one that is fundamentally built on trust – trust that the doctor will always act in a way that seeks to do them no harm. ... Legalisation of PAS would give the doctors enormous new powers over life and death. This has the real possibility of removing the patient’s innate trust in their doctor. ...*
17. *At the same time, society would start to lose the idea of the benefits that can come from learning to serve and care for people in need. What could start off as an idea to modernize the way we look at care, could all too easily mean that we lose medical or nursing facilities and our abilities to care for those who are in need but do not want to cut their lives short. More than that, PAS could start to alter the way that society views both death and disability and, as a consequence, society could become less caring all round. People who are difficult or costly to care for may be seen as second-rate citizens. ...*

Positive provision

18. *... The provision of hospices and palliative care has clearly shown that there is a positive alternative to PAS which involves killing pain rather than killing patients.*

The main proposals of the Falconer Commission

- 19 - ‘The Commission finds that the choice of assisted dying could safely be offered to people who are suffering at the end of life and likely to die within twelve months, provided that they satisfy the eligibility criteria.’
- ‘Under the proposed [legal] framework, a dying person who met the legal criteria would be able to ask their doctor to prescribe them a dose of medication that would end their life. The person would need to be able to take the medication themselves, as a clear expression of the voluntariness of their choice.’
- Recommended eligibility criteria:
1. The person concerned is aged 18 or over and has a diagnosis of terminal illness.
 2. The person is making a voluntary choice that is an expression of his or her own wishes and is not unduly influenced by others.
 3. The person has the mental capacity to make a voluntary and informed choice, and the person’s decision-making is not significantly impaired as a result of mental health problems such as depression.

Comments on the Falconer Commission’s proposals

Rt Revd James Newcome, Bishop of Carlisle, (Lead Bishop for Healthcare Issues):

20. ‘The “Commission on Assisted Dying” is a self-appointed group that excluded from its membership anyone with a known objection to assisted suicide. In contrast, the majority of commissioners, appointed personally by Lord Falconer, were already in favour of changing the law to legitimise assisted suicide. Lord Falconer has, himself, been a leading proponent for legitimising assisted suicide, for some years.
21. The commission undertook a quest to find effective safeguards that could be put in place to avoid abuse of any new law legitimising assisted suicide. Unsurprisingly, given the commission’s composition, it has claimed to have found such safeguards.
22. Unlike the commissioners, we are unconvinced that the commission has been successful in its quest. It has singularly failed to demonstrate that vulnerable people are not placed at greater risk under its proposals than is currently the case under present legislation. In spite of the findings of research that it commissioned, it has failed adequately to take into account the fact that in all jurisdictions where assisted suicide or euthanasia is permitted, there are breaches of safeguards as well as notable failures in monitoring and reporting.
23. The present law strikes an excellent balance between safeguarding hundreds of thousands of vulnerable people and treating with fairness and compassion those few people who, acting out of selfless motives, have assisted a loved one to die.

24. Put simply, the most effective safeguard against abuse is to leave the law as it is. What Lord Falconer has done is to argue that it is morally acceptable to put many vulnerable people at increased risk so that the aspirations of a small number of individuals, to control the time, place and means of their deaths, might be met. Such a calculus of risk is unnecessary and wholly unacceptable.’
25. *Dr Peter Saunders, Chief Executive, Christian Medical Fellowship:* ‘These recommendations if implemented will place vulnerable people under increased pressure to end their lives so as not to be a burden on others. This pressure can be especially intense at a time of economic recession when families and the health service are already feeling the pinch. The so-called right to die can so easily become the duty to die.’
26. *A spokesman for Care Not Killing:* ‘This is a deeply worrying and flawed report that is being presented as a serious investigation into this complicated and divisive issue. It is not. The law exists to protect the vulnerable, elderly and disabled from feeling under pressure to end their lives because they are a burden.’

How might we respond to the Falconer Commission’s proposals?

27. *1. Think about what kind of society we want to live in.*
If, as Christians, we recognize that human beings are made in the image of God, that individuals are precious in the sight of God, and that therefore we should value them throughout their lives, we will want to work to ensure that high-quality palliative care is available to people in distress. At present, though the UK leads in this field, palliative care is not as widely available as it should be. Better funding and greater accessibility are required.
28. If, as disciples of Christ, we are to be ‘the salt of the earth’ (see Matthew 5:13), we will need to speak up about life being a precious gift from God, whenever and wherever an increasingly secular society threatens to de-humanize people. We will ourselves need to be careful to avoid seeing people only in terms of their usefulness, rather than their intrinsic worth.
29. If and when we are involved in the suffering and dying of other people, we will need to demonstrate God’s love for them, in terms of the practical love and committed support that they will need. But this could be extremely demanding.
30. *2. Recognize that there are limits to personal autonomy.*
In the area of assisted suicide, as in so many other areas, one individual’s freedom will produce a harmful effect on others. In our culture we are still strongly influenced by the teaching of John Stuart Mill, ‘the harm principle’:

‘That the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. ... The only part of the conduct of any one, for which he is amenable to society, is that which concerns others. In the part which merely concerns himself, his independence is, of right, absolute. Over himself, over his own body and mind, the individual is sovereign.’ (*On Liberty*, 1869)
31. Many now see this is an unrealistic and naïve theory. If assisted suicide were to be legalised, and individuals took advantage of the change in the law, it would be *inevitable* that other vulnerable people would feel under pressure to contemplate suicide. Proponents of assisted suicide may wish it were not so, but there is nothing that anyone could do to prevent it.
32. *3. Resist the proposals of the Falconer Commission and speak out strongly for the present law to be retained.*

Mrs Sarah Finch (London)
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