Assisted Dying Bill

House of Lords Committee Stage – Day 2
Friday 16 January 2015

The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 153,000, which continues to grow each year.

Introduction
The BMA opposed assisted dying in all its forms, and supports the current legal framework, which allows for compassionate and ethical care for the dying to enable them to die with dignity. In 2015, the BMA will be engaging with doctors and members of the public as part of a new major research project examining end of life care and physician-assisted dying.

This briefing sets out the BMA’s policy and the key reasons underlying the BMA’s opposition to any change in the law which would permit assisted dying. Further information about the BMA’s position and the issues surrounding euthanasia and physician assisted suicide can be found in Chapter 11 of the BMA’s publication Medical Ethics Today, Third Edition, available in the House of Lords Library.

The BMA’s policy on assisted dying was agreed in 2006, and states that the BMA:

- Believes that the ongoing improvement in palliative care allows patients to die with dignity;
- Insists that physician-assisted suicide should not be made legal in the UK;
- Insists that voluntary euthanasia should not be made legal in the UK;
- Insists that involuntary euthanasia should not be made legal in the UK;
- Insists that if euthanasia were legalised, there should be a clear demarcation between those doctors who would be involved in it and those who would not.

The BMA represents doctors who hold a wide range of views on assisted dying. However, BMA policy is set through a well-established democratic structure, where members’ views and opinions are aired and debated at the Annual Representative Meeting (ARM.)

Key points
The law should not be changed to permit assisted dying.

- Legalising assisted dying could have a profound and detrimental effect on the doctor-patient relationship, even where doctors’ involvement is limited to assessment, verification, or prescribing.
• Individual autonomy is important, but is limited where it could cause harm to others. It would be unacceptable to put vulnerable people in a position where they felt that they had to consider precipitating the end of their lives.

• Effective palliative care can effectively alleviate suffering and allay patient fears associated with the process of dying. High quality palliative care services should be widely available for those who need it, and the public should be better informed about such services.

A change in the law would be contrary to the ethics of clinical practice

The principal purpose of medicine is to improve patients’ quality of life, not foreshorten it. The BMA’s view is that the unique relationship between doctors and patients risks being undermined, and trust lost, if doctors were permitted to play a role in ending patients’ lives. The BMA remains concerned that permitting individuals to end their lives with physician assistance – even where that assistance is limited to assessment, verification, or prescribing – would fundamentally alter the ethos within which medical care is provided. If doctors are authorised to kill deliberately, or help kill, however carefully circumscribed the situation, they acquire an additional role that the BMA believes is alien to the doctor-patient relationship.

Permitting assisted dying for some could put vulnerable people at risk of harm

Whilst autonomy is a key concept in modern medicine, it has its limits. The rights of one person or a group of people cannot be permitted to undermine disproportionately the rights of others. It is the BMA’s view that, if there is a suspicion that allowing some people to choose death would be likely to harm others, society must exercise caution. The BMA is concerned that a legislative change would alter society’s attitudes towards the vulnerable. Old or disabled people might be seen as burdensome and put under pressure to end their lives, or begin to fear that a premature death would be selected for them.¹² The Supreme Court, in its judgment on the Nicklinson case, made clear that the issue of vulnerability cannot be dismissed outright as “fanciful or unrealistic.”³ In the BMA’s view, legal safeguards designed to ensure the voluntary nature of assisted dying could fail to detect more insidious pressures, such as self-imposed pressure, or subtle emotional coercion from relatives.⁴

Legalising assisted dying could weaken society’s prohibition on killing and undermine the safeguards against non-voluntary euthanasia

It is the BMA’s view that if assisted dying is accepted as a reasonable choice for people with mental capacity and the ability to carry out the final act themselves, it could then be extended further, with undesirable results. Once that line is crossed, this could lead to acceptance of non-voluntary euthanasia, for example, of those who lack mental capacity, such as patients with depression or dementia. There is evidence of this in many jurisdictions when assisted dying is permitted, for example, in the Netherlands where “unbearable and hopeless psychological suffering” is legitimate grounds for assisted suicide,⁵ and Belgium, where the Parliament passed legislation allowing euthanasia for terminally ill children.⁶

For most patients, effective and high quality palliative care could effectively alleviate distressing symptoms associated with the dying process and allay patients’ fears

Skilled and compassionate palliative care, with good communication and patient involvement, can help with many of patient fears of death. By focussing on assisted dying as a solution to people’s natural anxieties about end of life care society is having the wrong debate. Widespread availability of high quality palliative care services would be likely to diminish the demand for
assisted dying. Patients and their families need to know about the options available to them, both in hospice-type settings and also as part of outreach care to people who want to die at home. The BMA has repeatedly expressed concern that good quality palliative care is not always available, and has longstanding policy calling for continuing improvements to be made in the provision of palliative care, informing patients, and training for doctors.

**BMA End of Life Care and Physician-Assisted Dying Research**

In 2015, the BMA will be engaging with doctors and members of the public as part of a new major research project examining end of life care and physician-assisted dying. We expect to complete the research towards the end of 2015.

Whilst currently in the preliminary stages, the project will explore some of the practical and ethical issues surrounding end of life care and physician-assisted dying. This will include the quality, availability and accessibility of end of life care in the UK, the impact of physician-assisted dying on the doctor-patient relationship. The project will also explore how dying patients are cared for, as well as the assessment of mental capacity and accuracy of prognosis in the terminal stages of illness.

In carrying out this research, we aim to compile the most comprehensive body of qualitative evidence around end of life care and physician-assisted dying that will not only inform the BMA’s internal discussion, but will play a significant role in the ongoing public debate.

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3. *R (on the application of Nicklinson and another) (Appellants) v Ministry of Justice (Respondent); R (on the application of AM) (AP) (Respondent) v The Director of Public Prosecutions (Appellant)* [2014] UKSC 38, at 88.

