ROB MARRIS MP'S ASSISTED DYING BILL

Rob Marris's 'Assisted Dying (No. 2) Bill' seeks to legalise assisted suicide (but not euthanasia) for mentally competent adults (18+) with less than six months to live subject to 'safeguards' under a two doctors' signature model similar to the Abortion Act 1967, and with High Court approval.

Death takes place after 14 days by self-administering 'medicine' in the presence of an 'assisting health professional'.

A person qualifying under the Bill must:

- have a 'voluntary, clear, settled and informed wish' to end his or her life
- be aged 18 or over and resident in England and/or Wales for one year
- have been diagnosed with a terminal illness ('inevitably progressive') and be 'reasonably expected' to die within six months
- have made and signed a witnessed declaration countersigned by two doctors and approved by order of the High Court (Family Division). The doctors must examine the patient and both record and confirm 'terminal illness', 'mental capacity' and 'voluntary, clear, settled, and informed wish' without 'coercion or duress' and be satisfied they are informed of 'palliative, hospice and other care available'.

Official Summary of the Assisted Dying (No. 2) Bill 2015-16

A Bill to enable competent adults who are terminally ill to choose to be provided with medically supervised assistance to end their own life; and for connected purposes. [1]

Rob Marris MP was drawn first in the House of Commons ballot for Private Members' Bills at the beginning of the 2015-16 session of Parliament. The Bill's first reading took place on 24 June and second reading is expected on 11 September.

Care Not Killing is opposed to this bill both in principle and in detail on the grounds that it is uncontrollable, unethical and unnecessary, and we are urging MPs to reject it at second reading.

We outline our specific concerns in this leaflet.

General arguments against the legalisation of assisted suicide and euthanasia

- Any change in the law to allow assisted suicide would place pressure on vulnerable people to end their lives for fear of being a financial, emotional or care burden upon others. This would especially affect people who are disabled, elderly, sick or depressed. The right to die can so easily become the duty to die. Current legislation also protects vulnerable relatives from being subtly coerced into assisting a suicide against their better judgement

- The pressure people will feel to end their lives if assisted suicide is legalised will be greatly accentuated at this time with families and health budgets under pressure. Elder abuse and neglect by families, carers and institutions are real and dangerous and this is why strong laws are necessary

- Experience in other jurisdictions, such as Belgium, the Netherlands and the American states of Oregon and Washington, shows that any change in the law will lead to 'incremental extension' and 'mission creep' as some doctors will actively extend the categories of those to be included (from mentally competent to incompetent, from terminal to chronic illness, from adults to children, from assisted suicide to euthanasia). This process will be almost impossible to police

- Euthanasia deaths in the Netherlands have increased by 13-20% per year from 2006 to 2013.[2] Euthanasia now accounts for over 3% of all Dutch deaths. In 2013 there were 42 reports of people who underwent euthanasia because they suffered severe psychiatric problems and 97 cases with dementia.

  A *Lancet* study[3] indicated that in 2010, 23% of all euthanasia deaths were not reported and that 12.3% of all deaths were related to deep-continuous sedation. Under the Groningen protocol 22 babies with spina bifida and hydrocephalus were euthanised over a seven year period[4]

- In Belgium which legalised euthanasia in 2002 there has been a 669% increase[5] in euthanasia deaths between 2003 and 2013, and assisted suicide and euthanasia now account for 6.3% of all deaths.[6] High profile cases include Mark and Eddy Verbessem (deaf and blind twins),[7] Nathan/Nancy Verhelst (depressed following gender reassignment)[8] and Ann G (anorexia).[9] Organ donation euthanasia is already practised in Belgium and the country recently extended euthanasia to minors

- The present law making assisted suicide illegal is clear and right and does not need changing. The penalties it holds in reserve act as a strong deterrent to exploitation and abuse whilst giving discretion to prosecutors and judges in hard cases. It has both a stern face and a kind heart

- Persistent requests for assisted suicide and euthanasia are extremely rare if people are properly cared for so our priority must be to ensure that good care addressing people's physical, psychological, social and spiritual needs is accessible to all. Patients almost always change their minds about euthanasia when they experience good care. A good doctor can kill the pain without killing the patient

- Hard cases make bad law. In a free democratic society we accept limits to our own freedom in order to safeguard the interests of vulnerable others. The primary function of the law is to protect the vulnerable many, not to grant liberties to the determined and desperate few
- British Parliamentarians have rightly rejected the legalisation of assisted suicide and euthanasia in Britain four times since 2006 out of concern for public safety – in the House of Lords (2006 and 2009) and in Scotland (2010 and 2015) – and repeated extensive enquiries have concluded that a change in the law is not necessary
- The current law is working well. The number of British people travelling abroad to commit assisted suicide or euthanasia is very small (273 at the Dignitas facility in 13 years) compared to numbers in countries that have legalised assisted suicide or euthanasia. With an 'Oregon' law England and Wales would have over 1,500 deaths a year and with a 'Dutch' law over 16,000
- If assisted suicide or euthanasia is legalised any 'safeguards' against abuse, such as limiting it to certain categories of people, will not work. Instead, once any so-called 'right to die' is established we will see incremental extension with activists applying pressure to expand the categories of people who qualify for it. Any 'right to die' granted selectively to some people will be ripe for legal challenge under equality law by those who fall outside its boundaries and 'mission creep' will be inevitable
- The vast majority of UK doctors (about 65% in most surveys) are opposed to legalising euthanasia along with the British Medical Association, the Royal College of Physicians, the Royal College of General Practitioners, the Association for Palliative Medicine and the British Geriatric Society
- All major disability rights groups in Britain (including Disability Rights UK, SCOPE, UKDPC and Not Dead Yet UK) oppose any change in the law believing it will lead to increased prejudice towards them and increased pressure on them to end their lives
- Public opinion polls can be easily manipulated when high media profile (and often celebrity-driven) 'hard cases' are used to elicit emotional reflex responses without consideration of the strong arguments against legalisation. But this public opinion is uninformed, uncommitted and unconvincing. Public support for the near-identical Falconer Bill in 2014 dropped dramatically from 73% to just 43% when the five key arguments against it were heard [10]

REFERENCES

1. *http://bit.ly/1LxCWIo*
2. *http://bit.ly/1nMtHDR*
3. *http://bit.ly/1rRTGWC*
4. *http://bit.ly/1u2ET1I*
5. *http://bit.ly/1teGqjv*
6. *http://bit.ly/1WF6mOg*
7. *http://bit.ly/1wanbIK*
8. *http://bbc.in/1v9nXkT*
9. *http://bit.ly/1tBtmV2*
10. *http://bit.ly/1uQSV0V*

Specific critiques of Rob Marris's Assisted Dying Bill

- The Bill essentially licenses doctors to end life by dispensing lethal drugs. It therefore carries all the weaknesses already seen in the Abortion Act (i.e. allowing for elastic definitions, fudged paperwork, subjective judgements)
- The determination of 'terminal illness', 'mental capacity' and 'voluntary, clear, settled and informed wish' are all very difficult to ascertain clinically even in skilled hands and are open to elastic definitions and the pushing of boundaries
- Many of the so-called 'safeguards' in the bill were previously rejected as unsafe when they appeared in Lord Joffe's Assisted Dying Bill in 2006
- The Bill does not require the patient to be 'suffering' in any way and yet is being promoted on grounds of 'compassion'. This is illogical as many of those included within its eligibility criteria are not suffering and many not included are suffering
- The Bill is being promoted on grounds of 'autonomy' but only applies to mentally competent, terminally ill adults. It is thereby at its very heart discriminatory and will be ripe, once passed, for challenge and extension under equality legislation
- The certifying doctors are not required to know the patient in question, beyond a single examination
- There is no psychiatrist routinely involved in the determination of 'mental capacity'
- There is nothing about 'approved premises' in the Bill meaning that assisted suicide could be carried out anywhere and everywhere
- Although the Bill requires the two authorising doctors separately to examine the person and the person's records the declaration form authorising the assisted suicide does not require them to say that they have done so
- The involvement of the High Court is ill-defined, minimal and set to be 'paper-based'. Judges are unlikely to question the judgement of healthcare professionals: rather than protecting patients, this provision would likely prove ineffective
- Execution, reporting and oversight provisions for authorised assisted suicides are all left for the Secretary of State and Chief Medical Officer to provide. In other words the bill lists eligibility criteria for assisted suicide (terminally ill, mentally competent, settled wish etc) but no real safeguards against abuse which can be properly scrutinised by Parliament

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www.carenotkilling.org.uk/marris-bill

ASSISTED DYING BILL
http://services.parliament.uk/bills/2015-16/assisteddyingno2.html

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