

THE COMMISSION ON ASSISTED DYING: PUBLIC CALL FOR EVIDENCE

Evidence from:

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This document is a public call for evidence by the Commission on Assisted Dying to seek evidence from members of the public regarding:

- What system, if any, should exist to allow people to be assisted to die
- The circumstances under which it should be possible for people to be assisted to die
- Who should be entitled to be assisted to die
- What safeguards should be put in place to ensure that vulnerable people are neither abused nor pressured to choose an assisted death
- What changes in the law, if any, should be introduced.

In this document the following definitions will be used:

Assisted suicide

Providing someone with the means to end his or her own life.

Voluntary euthanasia

A doctor ending a person's life at his or her own request.

Assisted dying

A compendium that can refer to voluntary euthanasia and/or assisted suicide.

THE LAW ON ASSISTED SUICIDE

According to the Suicide Act 1961, encouraging or assisting a suicide is a crime punishable by up to 14 years imprisonment. However, the recently published Crown Prosecution Service ‘Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide’ⁱ has provided clarification on which factors would make the prosecution of somebody who assists a suicide more or less likely.

For example, the guidance has made it clear that if the person assisting the suicide was ‘wholly motivated by compassion’ their prosecution is less likely to be in the public interest. The guidance has also specified that doctors or other medical professionals who assist somebody to commit suicide are more likely to be prosecuted for their actions than family members or friends who provide such assistance.

Please give your opinion in response to the following questions, including any evidence or personal experience that supports your view:

1. Do you think that it is right that in certain circumstances, the DPP can decide not to prosecute a person who assists another person to commit suicide?

Yes.

2. Is it right that it is currently illegal for a healthcare professional to assist somebody to commit suicide and that a

healthcare professional is more likely to be prosecuted for providing assistance than a friend or family member?

With sufficient safeguards healthcare professionals should be able to assist dying without fear of prosecution.

3. Does the DPP policy currently provide sufficient safeguards to protect vulnerable people?

Yes.

4. Do you think that any further clarification of the DPP policy is needed? Or has the DPP policy already gone too far?

Needs further clarification.

5. Do you think there should be change in the law to create a legal framework that would allow some people to be assisted to die in certain circumstances?

Yes.

ELIGIBILITY AND SAFEGUARDS

The following questions seek to explore the question: if some form of assisted dying were to be legalised, who should be able to access assistance and what safeguards would be needed to protect vulnerable people? Please give your opinion in response to the following questions, including any evidence or personal experience that supports your view:

The 2005 Assisted Dying for the Terminally Ill Bill sought to provide access to an assisted death only for those who have been diagnosed with a terminal illness, who have mental capacity, who are experiencing unbearable suffering and are over the age of 18.

6. If some form of assisted dying were to be legalised, who do you think should be eligible for assistance?

Please refer to the briefing document for a more detailed discussion of eligibility criteria used in previous draft legislation in the UK and in foreign jurisdictions.

Those with a severe terminal illness and who request assisted dying.
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7. If some form of assisted dying were to be legalised, what safeguards would be required to protect vulnerable people?

Safeguards that exist in some other jurisdictions include: the person must initiate the request for an assisted death him/herself; the person should be aware of alternative options for pain and symptom relief and palliative care; the person should be referred for counselling if it is suspected that they are suffering from a psychological disorder; and the decision to assist must be agreed by two independent doctors. Please see the Demos briefing paper for further discussion of potential safeguards that could be included in legislation.

Safeguards which include consents from a variety of professionals and close family members.

8. What do you think are the main risks (both to individuals and to society) that would be associated with legalising any form of assisted dying?

Risk of abuse of procedure for individuals.

- 9.
- a. If some form of assisted dying were to be legalised, who do you think should make the decision on whether somebody who requests an assisted death should be eligible for assistance?

GP or other medic plus close friend or family member or partner.

- b. Should this decision be made by doctors, by an independent judicial body such as a tribunal, or by another type of organisation?

Tribunal.

THE ROLE OF DOCTORS AND END OF LIFE CARE

These questions explore how, if some form of assisted dying were to be legalised, doctors might be involved in facilitating assisted dying, and how assisted dying might work within the existing framework of end of life care. Please give your opinion in response to the following questions, including any evidence or personal experience that supports your view:

10. If some form of assisted dying were to be legalised, should doctors be able to take a role in assisting those who request assistance to die?
 - a. If yes, what actions should doctors be able to take?
 - b. If no, please explain your reasoning.

Yes – providing suitable medication.

11. If some form of assisted dying were to be legalised, what provisions would be required to protect doctors and other healthcare professionals who are ethically opposed to assisted dying?

Those ethically opposed should be able to opt out of taking part.

12. Could assisted dying have a complementary relationship to end of life care or are these two practices in conflict?

These could be a complimentary relationship as in the easing of pain by say increasing doses of morphine which will shorten life.

13. If the law was to be changed to permit some form of assisted dying, what forms of assistance should be permitted? Should assisted suicide be permitted? Should voluntary euthanasia be permitted? (Please see the definitions above).

Assisted suicide.

14. Should those who wish to be assisted to die, but are physically unable to end their own lives, receive assistance to die? If yes, what assistance should be provided?

Yes provided their wish to be assisted is clear. Provision of suitable medication.

ADDITIONAL COMMENTS

15. Please include here any further comments, evidence or personal experience that you would like the commission to consider:

Having been present at the deaths of both my parents from cancer I believe both would have wished to die more quickly.

ⁱ 'Policy for Prosecutors in Respect of Cases of Encouraging or Assisting Suicide'
available at:
http://www.cps.gov.uk/publications/prosecution/assisted_suicide_policy.html