

# How long until doctors agree to assisted suicides as easily as they now sign off abortions?

**W**ESTMINSTER Tube station, and political magazines read by members of parliament, are currently favoured sites for advertisements from Dignity In Dying — previously known as the Voluntary Euthanasia Society and then Exit before it came up with an acceptable brand name.

Its supporters are targeting a very small, but vital audience: members of the House of Lords, who on Thursday will be voting on a Bill calling for the legalisation of 'assisted dying', proposed by Lord (Charles) Falconer, the former Labour Justice Secretary.

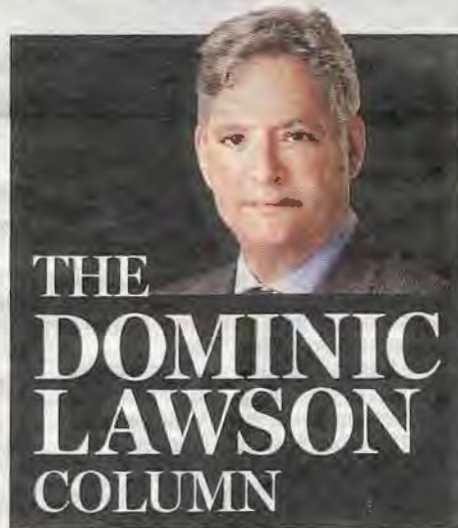
If his noble friends have the wisdom their status implies, they will not have been impressed by this poster campaign. It declares that if such a measure passes into law: 'No more people will die, but fewer will suffer.'

Whoever said there would be *more* deaths if euthanasia were introduced onto the statute book? The principal argument against it is that more people would come under insidious pressure to have their lives ended prematurely.

This might seem just an argument about words, but language is how debate is framed and won: otherwise the lobby group funding those advertisements would not have changed its own name so frequently.

Similarly, it and Falconer insist — with great success — on their proposal being described as 'assisted dying'.

**Misleading**



But we already have assisted dying. It is called palliative care and is carried out every second of every day in hospices and (with admittedly variable standards) hospitals by those trained to ease the final months of patients' lives.

Assisted suicide more properly describes what Falconer is proposing, but understandably he and his fellow campaigners don't like this term, given that it translates literally (and accurately) as 'self-killing'.

In the same vein, the campaign itself is misleadingly called 'the right to die' — as if death is something that could be denied to any of us.

What many of its advocates mean by this is that they don't want to be kept alive artificially: for their existence to be prolonged in an unnatural fashion by doctors committed to the preservation of life for as long as medically possible.

This was the gist of Saturday's extraordinary article in the Mail by the former Archbishop of Canterbury, George Carey, who, as Lord Carey of Clifton, will be voting in the Second Reading of Falconer's Bill.

Carey, who had previously held to the official line of the Anglican Communion, which is opposed to euthanasia, wrote that he had changed his mind because 'sophisticated medical science offers people the chance to be kept alive far beyond anything that would have been possible only a few years ago. Yet our laws have not caught up with the science'.

This is such a profound misunderstanding of the existing state of the law and medical practice that it makes me wonder how deeply Carey has considered the matter. It has long been the case that

patients can refuse any and all medical treatment. For example, when my mother was diagnosed with liver cancer, she immediately decided she did not want any treatment beyond pain relief: she died within weeks of that diagnosis.

She came under no pressure from her doctors, despite being only in her 40s: they recognised her condition was incurable.

It is actually illegal for doctors to compel anyone to undergo life-preserving medical treatment: that is why Jehovah's Witnesses are entitled to refuse blood transfusions, even when that simple, risk-free procedure would save them from imminent death.

There are obviously more complicated situations in which someone is unconscious for a long time and their wishes can only be guessed at by their relatives.

For this reason, more and more are signing 'living wills', which are meant to act as instructions to doctors in the event that the patient enters a comatose state.

This is the law doing precisely what Lord Carey says that it isn't — keeping up with medical science.

This was acknowledged yesterday by another former archbishop, Desmond Tutu: 'I am coming to understand the importance of having a living will... I do not want artificial feeding or to be on an artificial breathing machine — I don't want people to do their damndest to keep me alive.'

## Insidious

Yet Tutu, like Carey, declared himself in favour of voluntary euthanasia: the reason, he says, is that money used on treatment of the elderly should instead 'be spent on those who are at the beginning or at the full flow of their life'.

This is a disinterested suggestion, coming from a man of 82. But it is also more than a little terrifying, as it reveals with disarming simplicity exactly what the opponents of so-called 'assisted dying' fear might be a consequence of its legalisation in this country.

With the NHS increasingly short of funds, how much insidious social pressure might be placed on the ailing elderly to 'volunteer' to take a lethal dose, for the general good?

It is true that Falconer's Bill applies only to those it terms 'terminally ill' and 'within six months' of death. But as any experienced doctor will tell you, these

diagnoses are not exact and even, to a degree, a matter of opinion. This is one reason why Falconer's measure, if enacted, would be bad law.

As it stands, the law is clear: anyone who assists in deliberately bringing about the death of another human is liable to be charged and brought before the courts. In practice, however, none of those who have taken a relative to the Dignitas euthanasia clinic in Switzerland have been charged with any offence.

The Crown Prosecution Service has determined in each case that the accompanier of the deceased has not acted out of desire for financial gain by inheritance and there would be 'no public interest' in prosecuting.

Yet if Falconer's Bill became law, it would no longer be the role of the police to examine the circumstances surrounding assisted suicide.

This Labour peer believes it is sufficient for 'two independent doctors' to satisfy themselves there was no undue pressure, for instance from relatives anxious to ensure no more of their inheritance would be spent on care-home fees.

## Unwilling

But doctors, unlike the police, are not used to investigating motive in such a way — and nor, I suspect, do many want to get involved in such assessments, which have nothing whatever to do with medicine.

It is not just that we know from the legalisation of abortion how over time 'two independent doctors' have been increasingly prepared to rubber-stamp the procedure, unwilling to examine in depth (or, indeed, at all) whether the woman has, for example, come under pressure from a boyfriend to terminate the pregnancy.

It is also that in the case of euthanasia, the great majority of doctors are highly unwilling accomplices. One wrote to me: 'As one who spends every working day caring for the terminally ill, I am acutely aware of the damage such a change would cause to vulnerable patients.'

But we don't need a crystal ball to guess at the consequences. Last week, the Mail published comments by a member of one of the Dutch regional committees invigilating euthanasia in that country, where it was legalised in 2002.

Theo Boer now says he had been 'terribly wrong' in supporting that legislation, not least because the numbers of those being given lethal injections had soared beyond what he had anticipated.

The House of Lords should not be surprised by this: some years ago it took evidence from Holland and was told by a Dutch GP, Dr van den Muijsenbergh: 'I see a growing anxiety among patients, not just the terminally ill, that they think it is not decent not to ask for euthanasia sometimes, because they feel they are such a burden.'

The undeniably well-meaning Lord Falconer insists the legislation he proposes is modelled on the more limited measure passed in the U.S. state of Oregon, rather than the Dutch law.

So, here's what happened in Oregon a few years back: two cancer sufferers, Barbara Wagner and Randy Stroup, who were reliant on the social health programme Medicaid for their care, were told the state would not fund any more treatment — but would pay for the drugs to end their lives there and then.

We have been warned.