

Dignity in Death

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Despite huge public support, the Lords bill on assisted dying should not be revived

Every human being hopes for a good death. Quick, peaceful, painless and, above all, dignified. Modern medicine has achieved the almost miraculous in conquering disease and prolonging life. But it cannot guarantee that our end will be either peaceful or painless. Indeed, it is sometimes the very advances in medicine that have condemned some people to lingering and agonising deaths, artificially kept alive with neither purpose, dignity nor quality of life.

Lord Falconer of Thoroton's Assisted Dying Bill, introduced in the Lords and passed by a majority of almost two to one, would have allowed the terminally ill to seek the assistance of friends, relatives or doctors to end their lives if they were in considerable pain, had little hope of surviving more than six months and were able to make a "voluntary, clear, settled and informed" decision.

It occasioned a passionate debate, with religious leaders and doctors warning that it would be a slippery slope to widespread euthanasia. Other doctors and moralists insisted that it would give dignity and comfort to those in mortal agony. In the end, the bill ran out of time. The government

made no provision for a Commons debate. And unless Lord Falconer wins a ballot to introduce a new private member's bill in the next parliament, the law will not be changed.

This is a good thing. No one denies that the latest poll, showing 82 per cent of the public support the proposed changes, suggests overwhelming support for assisted dying. This is true of people of all ages and socio-economic groups. Some 80 per cent of Christians want to see assisted dying made legal. But both the poll and the debate have underestimated two things: the changes in law and medical practice governing the treatment of the terminally ill in the past five years, and the enormous advances in palliative care. The discussion has downplayed two vital prerequisites of any change: the support of the medical profession and the safeguards against people being cajoled into ending their lives or coming under pressure from grasping relatives.

The big worry of those who had wanted their loved ones to help them to end their days or accompany them to the Dignitas clinic in Switzerland was that they would face prosecution. Under

the 1961 Suicide Act, this could lead to 14 years in prison. But after Debbie Purdy won a legal victory in 2009 that forced the director of public prosecutions to spell out the circumstances that would trigger a prosecution, it is clear that the law will not penalise anyone assisting the death of someone terminally ill. Doctors have long been able to withhold treatment and use morphine to reduce pain, even at the risk of speeding up death.

Doctors, by a large majority, do not back the legalisation of assisted suicide. There have been well-publicised and distressing cases of the elderly starving themselves to death, the people who have sought death in Switzerland or elsewhere abroad and the despair of the critically injured.

But hard cases make bad laws. Doctors know, better than most, the psychological pressures on the frail and vulnerable who may think themselves a burden. They can also see how a new law could be extended to include the incapacitated or those unable to give consent. Much better to leave doctors room for manoeuvre, and do more to make care for the dying effective, and, above all, dignified.