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Assisted Living

The death in Switzerland of Jeffrey Spector does not strengthen the case for legalised assisted suicide in Britain. It strengthens the case for the status quo

From all the available evidence, Jeffrey Spector was a proud and successful man with a beautiful and loving family. He had everything, in other words, to live for. Instead he chose to die, haunted by the prospect of becoming paralysed because of an inoperable tumour. It was, he insisted beforehand, "a settled decision by a sound mind".

After years of careful thought, Mr Spector, a 54-year-old advertising executive from Blackpool, took a fatal dose of sodium pentobarbital last week in an apartment rented by the Swiss charity Dignitas. He demanded the right to end his life on his own terms. On balance it is a good thing that he was able to, albeit in Zurich rather than at home. His decision will undoubtedly reopen the debate on whether he should have been able to resort legally to assisted suicide in Britain. It would be wrong, however, if this case led to a change in British law.

Mr Spector was still in command of his faculties. He could talk and drive. Paralysis was a threat because of the tumour growing on his neck, but it was not yet a reality. The risk of legalising assisted suicide is that it plants suicide as an option in the minds of more vulnerable people where it might not otherwise have existed. Still more troubling is the possibility that such an option might come to

be seen by some as a duty. Mr Spector was decisive, determined and courageous. Many gravely and terminally ill people find extraordinary courage, but few choose to express it by hastening death. Most, in the end, would prefer to be cared for. No change in the law that carried even a slight risk of increasing their distress or confusion could be considered welcome.

Under current law anyone convicted of encouraging or assisting suicide faces up to 14 years in jail. Prosecutions are in practice unlikely, but the threat has tormented some determined to end their own lives. Heartrending cases such as that of Tony Nicklinson, a sufferer of "locked-in syndrome" who starved himself to death rather than expose his family to the risk of prosecution, led to the drafting of Lord Falconer of Thoroton's bill on assisted dying in the last parliament. The bill would have legalised assisted suicide for terminally ill patients able to make a "voluntary, clear, settled and informed" decision. It passed a reading in the House of Lords and won widespread public support but was never debated in the House of Commons.

If there were a guarantee that the Falconer bill could not be misapplied, even inadvertently, it might deserve to be revived. But there is no such guarantee. There is sometimes a fine line between

physical suffering and the mental anguish of feeling oneself to be a burden on others. The line between feeling oneself to be a burden and being made to feel one can be even finer. For the severely disabled, a law that made it easier to end a difficult life could compound unimaginable distress even if that were no part of its intention. And for Alzheimer's sufferers the impact of such a law is almost impossible to gauge. In the early stages of the disease a patient might express a voluntary and rational preference for assisted death, but who is to know if that remains the patient's preference in the confusion of full-blown dementia?

"I am jumping the gun," Mr Spector admitted in a final interview. His wife and three daughters had begged him not to go through with it but were with him at the end. The now familiar one-way trip to Switzerland taken by some 300 Britons is both intensely poignant and unavoidably macabre. It is part of an unsatisfactory status quo, but preferable to an alternative in which suicide becomes legally equivalent to treatment and care. The existing legal framework for assisted suicide in Britain is not perfect but it takes account of such agonies as those endured by Mr Spector's family. It is an imperfect fudge, but a humane one, and the threshold for tampering with it should be high.