

'Feeble' safeguards undermine the Marris bill

Sir, When my old, admired and formidable friend Sir Keir Starmer, QC, thunders (Sept 8), many quake. Alas, even he has misunderstood the feebleness of the safeguards in the Assisted Dying Bill.

The prosecution policy he produced in 2010 was first-class work, providing the correct safeguarding.

I regret his support for legalisation. He argues that concerns over vulnerability are over-stated. However, the cases he saw as DPP arose within a law prohibiting assisted suicide, with penalties in reserve to deter malicious behaviour. Licensing assisted suicide changes the dynamic completely.

I agree with Sir Keir that "the important thing is to have safeguards". Unfortunately the private member's bill now before parliament contains no serious safeguards, just a collection of vague qualifying criteria. Nor would it deal with the issue of suicide deaths in Switzerland: many who pursue that course would not fall within the bill.

Sir Keir's opinion in this matter deserves respect, but is only one opinion. His predecessor as DPP has made it clear that he does not share that opinion. I hope that Sir Keir himself will mitigate the doubts by tabling more robust safeguards to protect the vulnerable.

LORD CARLILE OF BERRIEW, QC
House of Lords

Sir, Sir Keir Starmer says that the safeguards in Rob Marris's bill are "strong and robust". That simply is not so. All the bill contains is a list of

qualifying criteria for assisted suicide. If there are to be serious safeguards there must be specific actions laid down to ensure that those criteria are met — yet here the bill is silent.

Sir Keir also seems to overlook the fact that laws send social messages too. Mr Marris's bill sends the subliminal message that, if you are terminally ill, taking your own life is something to be considered. That may not be the intention of the bill but that is how laws can come to be interpreted.

A law such as Mr Marris's will not stop "Swiss suicides": many of those who go to Switzerland to end their lives are not terminally ill. How long will it be before we see pressure to expand the list of candidates? That is what worries many seriously ill and disabled people about this bill.

BARONESS CAMPBELL OF SURBITON
BARONESS GREY-THOMPSON
House of Lords

Sir, Baroness Butler-Sloss (letter, Sept 8) expresses concern that the assisted dying bill would place elderly patients in danger. She fails to acknowledge the danger in which such patients are placed by the absence of such a bill.

As a doctor, I have worked in geriatric medicine and seen the horrible end that awaits those who are not lucky enough to die suddenly. I really don't look forward to drowning as my lungs fill with fluid. Nor do I relish months in bed being ignored, frightened, lonely, sick and incontinent.

DR STEVEN R HOPKINS
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Sir, The absurdity of involving lawyers and politicians in the complex decisions surrounding whether medical treatment has moved from promoting life to prolonging death is well illustrated by the contributions from Sir Keir Starmer and Baroness Butler-Sloss in yesterday's *Times*.

The compassion of the former director of public prosecutions, and the experience of the latter as a High Court judge, clearly show through. However, it is likely that neither they nor their judicial colleagues will have any significant practical experience of the complexity surrounding bedside decisions in which medical treatment has become futile.

The proposed bill, with its implied references to suicide, will serve only to surround the dying with a bureaucratic process that is partially designed — and without significant evidence — to prevent cases of pressure to end one's life.

Instead, what is urgently needed is a national campaign to restore end-of-life decisions to patients and their doctors through the use of advance directives ("living wills") and primary care palliative care teams. Repeated studies into how doctors would wish their own lives to end show that this, combined with the withdrawal of futile treatments, especially for cancer, is what a large majority of doctors would choose. They, of all people, should know.

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