

Suicide bill 'defects'

Sir, Baroness Butler-Sloss (letter, Sept 8) expresses an important defect in the Assisted Dying Bill. Another issue is that a high proportion of geriatricians, oncologists, end-of-life and hospice care physicians will be unwilling to be involved with assisted dying, which hugely reduces the chance of finding the required two doctors.

An additional unrecognised impasse involves contractual limitations, as doctors are only licensed to work with patients in their own practices or institutions. An "outside" doctor, if found, could not interfere on another's patch. A third impasse is that few within this clinical "rump" would be sufficiently skilled to critically distinguish true depression

from the psychological inertia of illnesses likely to attract assisted dying. Neither would they be able to treat these patients effectively, given that they hardly know them. And could these inexperienced doctors discriminate between the demands of the Mental Health Act (1983) and the current bill, were it to become law?

We need to set up arbitration boards to allow everyone concerned to discuss the issues openly, thus by-passing such absurd impossibilities as "two independent doctors" and "only six months to live".

Besides the legal uncertainty, there are profound clinical problems that deserve urgent recognition and effective resolution — which so far has not been achieved.

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Sir, Daniel Finkelstein ("This suicide law will not turn us into killers", Sept 9) concedes that some people may decide to kill themselves "to avoid being a nuisance", and argues that this feeling should not be made illegal.

Although there may be safeguards against the familiar forms of coercion, we face a far more subtle danger, of creating a new normal way to treat terminally ill patients. A change in the law would affirm and reinforce the wrong attitude that terminally ill people are a burden.

By the creation of a legally protected option to end their life, we would legitimise a view that terminally ill people are worthy of something less than care and loving commitment at the end of life.

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