Times September 2nd 2015

Right-to-die safeguards 'will never be robust'

Sir, The bishop of Carlisle, the Right Rev James Newcome, is right to emphasise that high-profile endorsements of the Assisted Dying Bill, and snap opinion polls should not replace careful analysis of a complex issue (letter, Aug 31).

Sir Keir Starmer should reflect on the fact that, in the United States since 1994, there have been more than 175 legislative proposals in more than 35 states. With the exception of Vermont in 2013, none of the bills not currently pending was passed.

There are no robust safeguards, just criteria for eligibility. In the Netherlands and Belgium, where euthanasia is permitted, assisted dying has taken on a dynamic of its own with an ever-widening circle of eligibility. Last year Professor Theo Boer, a former member of a regional euthanasia review committee in the Netherlands, wrote: "Whereas the law sees assisted suicide and euthanasia as an exception, public opinion is shifting towards considering them as rights, with corresponding duties on doctors to act . . . Don't go there."

At present in the UK, the law provides a clear boundary. It may occasionally be crossed by doctors (and others) but it is unambiguous. Indeed, it is perfectly consistent to argue that assisted dying is ethically legitimate in some extreme cases but that it is wrong to change the law. Thus it would be better to continue to allow hard cases to be taken care of by various expedients than to introduce new legislation that would inevitably become too permissive.

DR ROBERT TWYCROSS
Emeritus clinical reader in palliative medicine, Oxford University

Sir, What is needed is not a change in the law to facilitate assisted suicide but an independent investigation of the 80 or so cases that Sir Keir Starmer reviewed when he was director of public prosecutions, to establish the reasons why these people wanted to commit suicide (report, Aug 29). A lawyer is not necessarily the best person to undertake such a review.

The reasons for attempting suicide are many and varied. They include loneliness, grief on the death of a partner or loved one, inadequate pain relief, debts that cannot be repaid, loss of a job or home, and loss of independence as old age takes its toll. One man whose case reached public notice was tempted to commit suicide because he was disabled and found it difficult to watch his neighbour leaving home to play a game of golf when he could no longer do so himself. Many, if not all, of the factors that drive a person to despair can be alleviated by loving and expert support from friends, clergy and social care staff.

We all have a responsibility to ensure that doctors and health workers are not permitted to kill their patients, or to assist patients to kill themselves. No one should be allowed to assist people to kill themselves.

DR GILLIAN CRAIG, MD, FRCP
Retired consultant geriatrician and emeritus vice-chairman of the Medical Ethics Alliance, Northampton

Sir, Sir Keir Starmer says that the law must be changed in order to help people with terminal illness take their own life, and adds that the important thing is to have safeguards. But the safeguards attached to the proposed legislation are flawed. Accurate prognosis in terminal illness is difficult, and to restrict suicide to those patients with six months or less is meaningless. The restriction will quickly become any patient seeking assisted suicide who has "inevitably progressive terminal illness". Also, the patient must have a "clear and settled intention to die . . . without coercion or duress". There are no tests that doctors or the High Court can apply that will detect family pressure or coercion behind closed doors.

Legalising assisted suicide will plant suicide as an option in the minds of people who otherwise might not have thought of it. The bill will empower them to choose to die, leading other vulnerable people with progressive terminal illness to feel obliged to die.

DR PETER JA HOLT, FRCP
Cardiff

Sir, In all the discussion about assisted suicide there seems to be one completely neglected party: the individual who wants to die. This is the person who has said loudly, clearly and consistently that he or she wants to die. All he or she is seeking is assistance in managing the end in a manner that causes minimum distress to the individual and those about them. There is no need for a medical opinion on whether there was a terminal illness involved, or intolerable suffering or a legally robust judgment on whether the individual was vulnerable. If someone genuinely wants to end it all we should be willing to help them to achieve this painlessly and with dignity.

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