

5th - September 2015

Suicide and assisted dying

Sir: As a mental health practitioner, I am grateful to Douglas Murray ('Death watch', 29 August) for his incisive commentary on the impact of legalised euthanasia on people with psychiatric conditions. Supporters of assisted dying argue that a permissive act would be tightly framed, but the scope would inevitably widen, as has occurred in Holland. Although Lord Falconer and fellow travellers would bar people of unsound mind from the intended provision, this would soon be challenged as discriminatory: because effectively, a person would be punished for losing decision-making capacity. If proponents of euthanasia are really so rational, while their opponents are blinded by emotion or faith, how can this anomaly be justified?

To treat illnesses of body and mind as separate entities offends the holistic principle of all healthcare training. Hundreds of Dutch people with dementia have been put to sleep, so surely it would not be long before case law pushed the boundaries in this country. This would then require a radical overhaul of mental-health legislation. Psychiatrists and nurses currently responsible for protecting distressed people from suicide could become gatekeepers to their demise.

Falconer should be pressed on exactly what he thinks about the rights of people with psychiatric disorders, and why they should be excluded from his final solution.

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When pain is unmanageable

Sir: Lord Falconer and Rob Marris's upcoming bills in the House of Lords and Commons respectively cover a different and more narrow remit than Douglas Murray's article implies. This is for the terminally ill with less than six months to live who wish to be given the means to take their own lives. They must have two GPs and one High Court judge to ensure these parameters are met.

Sometimes palliative care is not sufficient to ease the suffering of a person with a terminal illness. As someone whose aggressive recurring breast cancer is presently being 'managed' but will most likely not be cured, I live with the fear that pain management will not be enough as the disease progresses. Although the need may never arise, to have the legal means to hasten my death should I need it would ease my fears and therefore improve my quality of life enormously.

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