

Letters to the Editor



Letters to the Editor should be sent to letters@thetimes.co.uk or by post to 1 London Bridge Street, London SE1 9GF

Why parliament rejected assisted suicide

Sir, Lucy Wainwright (Thunderer, Apr 3) wants to allow "assisted dying". In 2014 the Supreme Court stated that "parliament is inherently better qualified than the courts" to assess whether assisted suicide should be legalised. In 2015 parliament did just that. It considered proposals to license doctors to supply lethal drugs to terminally ill people and rejected them by a very large majority.

Among their objections, MPs noted that overseas, where assisted suicide has been legalised, the law has been gradually extended. The Netherlands provides medical euthanasia for an ever-widening group, which would translate to more than 20,000 such deaths each year in the UK. Oregon now wants to extend physician-assisted suicide to euthanasia.

Those campaigning for assisted suicide have still not addressed the reasons that parliament gave for rejecting physician-assisted suicide. For example, prognosis is at best a probabilistic art — no one can accurately predict when someone will die. And doctors cannot detect who is being coerced by subtle pressure or through unaddressed fears. The so-called safeguards proposed by campaigners remain paper-thin.

Existing law protects consent; any intervention in our final stages of life can be refused. When ventilation is withdrawn in MND cases, doctors prevent distress as the person dies with dignity — that is good palliative

care, not killing. Doctors have key roles in palliative care and in suicide prevention. They should not be asked to participate in assisting suicides.

PROF BARONESS FINLAY OF LLANDAFF
Chairwoman, National Council for Palliative Care

Sir, Nigel Biggar (letter, Apr 1) is the one creating confusion about suicide and legalising physician-assisted dying, rather than your leader (Mar 31). We all agree that intentionally killing oneself is suicide, whether disabled, bereaved or terminally ill. This, though, is different from a competent terminally ill person who would like the option of assistance from a physician to help him or her to die if suffering became intolerable during the last few days or weeks of life.

The distinction is important and needs to be made between assisted suicide as practised in some countries, where the individual may be seriously disabled but have many years to live; euthanasia, where a doctor administers lethal medication at the request of someone who may or may not be terminally ill; and assisted dying, in which a physician acts with compassion on the settled wish of a patient who continues to suffer despite the best palliative care available by providing him or her with medication for self-administration at a time of their own choosing.

SIR TERENCE ENGLISH, KBE, FRCS
Oxford

Sir, Your leader is timely and right. Noel Conway and others in his dire predicament are entitled to legislation. The stumbling blocks are the politicians, who should reflect public opinion on this issue, some members of the medical profession, who should put the interests of the patient first, and the Church, which should, as Christ did, put compassion above all other considerations.
SIR RICHARD BECKETT, QC
Rievaulx, N Yorks

Sir, I have enormous sympathy for Mr Conway and his family, but his predicted suffering is not, as your leader suggests, an indication to change the law. We do not have the right to choose the timing of our births or our deaths and our efforts as a society should surely be directed at ensuring that natural death occurs, without pain or distress (for the dying person) and with dignity. We should not change the law to give medical, or any other, professionals power actively to assist other people to exit the world at a time of their choosing.

You state that polls suggest there is support for a change in the law. Polls, as we now all know, do not reliably predict opinion. In 2015 when this issue was last debated, there was very considerable opposition to changing a law made to protect the vulnerable.
PROF STEPHANIE A AMIEL, MD, FRCP
RD Lawrence professor of diabetic medicine, King's College Hospital