The right to die is not the same as the right to be killed

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In 2015 parliament overwhelmingly rejected proposals to license doctors to supply lethal drugs to terminally ill patients — euphemistically called "assisted dying". The medical profession doesn't want it either. The BMA and the medical royal colleges are all opposed. The BMA conducted an in-depth study in 2015, consulting doctors and the public. It showed that doctors want to care for those facing the end of life and have no appetite to become agents of death.

Claims that legalised assisted dying is without problems overseas ignore the evidence. Oregon's ostensibly watertight law has been found to have loopholes. It transpires that its criterion of terminal illness could include anyone with a chronic but managed illness that would prove terminal if the patient stopped taking medication. The quality of doctors' assessments of requests for assisted suicide is not monitored. Coercion cannot be detected. And, with most doctors unwilling to provide assisted suicide, those seeking it are left in the hands of doctors who have no first-hand knowledge of them as patients.

There is much talk of choice at the end of life. If we are seriously ill and want to call it a day, we can ask our doctors to stop treatment. If doctors do that, they continue to have a duty of care for our comfort in dying. With modern specialist palliative care, in which Britain leads the world, that can be achieved for the vast majority of people. If we are worried we might not be able to halt treatment (for example, if we become unconscious), we can set out our wishes in a legally binding advance decision to refuse treatment, or in an advance care plan. There is already a right to die. That is different from a right to be killed.

In her book *With the End in Mind* Kathryn Mannix writes about what dying really looks like and what can and should be done. She describes how attentive listening, exploring fears, modern analgesia and symptom control can make our dying comfortable and dignified. There is a world of difference between that and asking a doctor to supply or administer a massive lethal overdose.

Campaigners for assisted dying are resorting to scare tactics. Last December a campaigner wrote that terminally ill people in Britain have a stark choice between going to Switzerland or having an agonising death here. Such scaremongering may make for sensational political campaigning, but it distorts the truth and preys on the vulnerable.

How we manage death in an age of increasing longevity and loneliness is a complex question. It calls for careful and sensitive thinking rather than quick-fix solutions. We don't resolve the question by disposing of the patient.

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