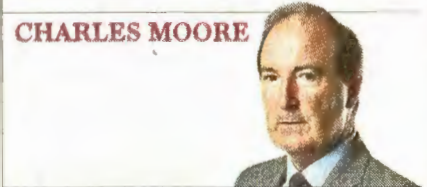


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Assisted dying is an ethical minefield and not just a matter of personal choice

Even in death, no man is an island, and lawmakers are duty-bound to consider the wider implications



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On Thursday, Geoffrey Whaley took his own life in the Dignitas clinic in Switzerland. He was 80, and suffering from motor-neurone disease which had made him physically almost completely helpless. In a letter to Members of Parliament, published posthumously, Mr Whaley spoke of the "anguish" which he and his wife Ann had suffered last week because, after an anonymous tip-off, police had interviewed her under caution. They feared she might be breaking the law which forbids helping someone commit suicide. According to press reports, the police have since dropped the case. Mr Whaley's dying wish – the reason he wrote specifically to MPs – is for there to be a change in the law.

Mr Whaley's story follows a familiar media pattern. It is one of a determined and suffering person, usually with a brave and supportive spouse and/or children, making a rational choice to die rather than suffer further. In this narrative, any public authority which tries to block

the path is shown as cruel and, to use a word chosen by Mr Whaley, "hypocritical": it is possible to make arrangements to end your own life abroad but illegal to get anyone here in Britain to help you.

Such stories deserve to be told, and carefully heard. Because of journalism's love of a "human interest" story, they carry all before them in emotional terms. The comment pieces which follow overwhelmingly take the side of the protagonists and attack the state of the law. These stories are powerful. They badly lack something, however, which those who make our laws are duty-bound to consider: the wider context.

MPs must (and do) think about the effect not only on the relatively few who decide to go to places like Dignitas, but also on everyone else, especially the vulnerable. It is not out of stupidity that Parliament has repeatedly, after much debate, declined to change the law in the way Mr Whaley demands. It is because this is a profoundly difficult subject.

In media terms, it is much harder to tell the story of those who have *not* sought the path of assisted suicide than that of those who have; yet there are hundreds of thousands – perhaps millions – of the former. They vastly outnumber the latter.

Those who favour assisted dying tend to present the wish to commit suicide in the face of dreadful illness as almost unarguably logical. Last month, I received an email from a member of the organisation, Dignity in Dying. The gentleman suffers from multiple myeloma, a fatal bone cancer. "There is living and there is being alive," he says, "I want to be

living, I cannot contemplate lying in a bed, in pain, covered with a blanket, slowly deteriorating and waiting to die, how awful, how cruel, is that?" He points out how different "your belief and value system can become" when you are in this plight.

I am sure my correspondent is giving an accurate, heartfelt account of many people's feelings, but I also know that not all sufferers feel this way. Three years ago this very day, my wife's younger brother died of myeloma, aged 55. It is indeed a most cruel disease, in his case made even worse by original misdiagnosis. During his illness, he lived for more than four years next door to us. We used to give him supper in our house every night. In all that time of closeness, he never spoke of ending his life. When asked, nearing death, if he wanted a "Do Not Resuscitate" notice in the event of incapacity, he said no.

I hesitate to mention my brother-in-law's case, because he was the last person to wish to present his own example to prove a point. Although a man with many friends, he had a core of privacy. He was in constant pain, but the worst he would ever say of his own condition was "not so good". Although entirely tolerant of those who thought otherwise, he had no belief in the existence of God. In soldiering on, he was not trying to uphold a religious tenet. He was simply brave and honest. This is what gave him, to coin a phrase, dignity in dying. The cancer duly killed him. It was a terrible thing to watch. But his last years of life were not worthless: they were inspiring. Nor were they unendurable: he endured them.

There are thousands of such examples every year. It is important that people hear about them. Otherwise, those facing terminal illness will receive only a message of despair. Despair is false – as false as false hope.

At this point, supporters of assisted dying will object – correctly – that they are not advocating assisted dying for all. They want it accepted only as a legitimate choice. But here we come to the question of the effects on others.

I often wonder what I would do if someone dear to me asked me to help him or her commit suicide. Of course I cannot answer confidently, but I do know I would feel in an impossible position. Your desire to do what the person you love badly wants directly conflicts with that love. The present law helps make that conflict less likely.

I also notice that when a person does kill himself, even with the full support of a spouse or child, a great wound is inflicted upon those left behind. It works its way very slowly through the mind, as shrapnel in the First World War worked through the body. How much more must this be so if you positively helped the person you loved to commit suicide.

In an interview shortly before he killed himself, Mr Whaley was asked if he was worried about the consequences of a possible police inquiry for his wife of 52 years. "No," he said, "what's the point of worrying about things you can't do anything about?" But he could have done something about it if he had decided to live.

In this era, personal choice is supposed to conquer everything else. Yet no man is an island. His choice

affects others. This turns out to be true even – indeed particularly – in death, the most isolated of human experiences.

If the assisted suicide choice becomes law, what of the vulnerable? The cases brought to our attention by Dignity in Dying tend to be those of strong-minded, well-supported people. Sadly, this is untypical of those in extremis. As the pains and fears of death approach, many are confused, often suffering from the side-effects of drugs, often weakening in the mind. Are they really helped by the god of autonomous choice as they face the one fact which offers no ultimate choice?

One must not forget that not everyone is enlightened about the vulnerable. A good many people believe in a sort of social hygiene. They see the lives of weak groups like the old, destitute, mad, mentally handicapped, autistic, disabled or the terminally ill as pointless. As well as them are the much smaller but not insignificant numbers who wish harm to their next of kin because they want their money or are simply fed up with them. In a public health system always short of cash, how safe would vulnerable people be if policy or financial pressures or personal malice told them to stop blocking the beds and choose to leave this life, and the law permitted professionals to help them on their way?

In this most delicate of questions, Mr Whaley's eloquent farewell letter is by no means the last word.