

Salt and Light Papers provide important information and analysis to help Christians and Churches to engage with 21st century social issues

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BEWARE THE CARE STRATEGY WHICH ALWAYS KILLS THE PATIENT

Debbie Purdy thinks she wants to kill herself, but not just yet. She is 45 years old, lives in Bradford and has multiple sclerosis (MS). Her condition has deteriorated to the point where she can no longer walk. This articulate, cheery woman wants to end her life, probably in the Dignitas euthanasia clinic in Switzerland. She perceives her problem as this: does she travel to that clinic herself soon(ish), or does she wait until she requires the assistance of her husband, Omar?

If she delays and Omar 'aids, abets, counsels or procures' her suicide, he faces prosecution under the 1961 Suicide Act and the possibility of a prison sentence of up to 14 years. In June 2008, the Purdys won the right to a judicial review seeking a clarification of the law. In early October, the Purdys had their two days in the High Court – they asked, what precise actions constitute 'assisting' a suicide, and under what circumstances would the Crown Prosecution Service charge someone with this offence?

Their case is reminiscent of that of Mrs Diane Pretty, who had motor neurone disease and in 2001 sought prosecution immunity for her husband, Brian. The Director of Public Prosecutions refused to give the Prettys such an undertaking, so did the High Court, so did the Law Lords, so did the European Court of Human Rights. As it happened, within a few days of that final ruling, Mrs Pretty was admitted to a hospice near her home and on 11 May 2002, she died there. According to Dr Ryszard Bietzk, head of medical services at the Pasque Hospice, Luton, her death was 'perfectly normal, natural and peaceful.'

About 85,000 people in the UK suffer from MS, but only a very few ever contemplate assisted suicide. Their lives are not intolerable. Why should Debbie Purdy be the exception? We already know that hard cases make bad law. Thus, Debbie Purdy has, sadly, become the latest pawn of the Dying in Dignity organisation (formerly the Voluntary Euthanasia Society). It has long been committed, particularly by supporting and funding previous legal challenges, to chipping away until Britain's prohibition on assisted suicide is breached. The law, Parliament, society, palliative care providers and Christians must resist all such assaults. Once any form of euthanasia is

legalised, more and more of us – including the disabled, sick, elderly and depressed – will become vulnerable, and then everyone of us will be drawn into serious bioethical turmoil.

On 29 October, two High Court judges ruled that the existing guidelines were adequate. Lord Justice Baker Scott stated that, 'The offence of assisted suicide is very clearly drawn to cover all manner of different circumstances; only Parliament can change it.'

Before this ruling, Baroness Mary Warnock, that 84-year-old veteran of bioethical muddles, threw in her two-pennyworth. She declared herself, perhaps curiously, to be against allowing people to travel abroad to commit assisted suicide. Wait for it! What she wants instead is the ban on assisted suicide within Britain to be lifted, otherwise she fears a two-tier death service that only the rich can afford.

In September, she gave an interview to the Church of Scotland's magazine *Life and Work* and proved to be even more outrageous. She stated that, 'If you are demented, you are wasting people's lives – your family's lives – and you are wasting the resources of the National Health Service.' Such people, she thinks, should be allowed to opt for euthanasia, even if they are not in pain. She declared that there is 'nothing wrong' with being helped to die and she hopes that people will soon be 'licensed to put others down' if they are unable to look after themselves.

She has also recently written an article for a Norwegian medical journal entitled *A Duty to Die?* But any such 'duty' takes us down the wrong road. Its destination lies between the twin cities of Despair and Defeatism. Of course, dementia is horrible, but the answer is not to kill the patient, but rather to invest in the proper care and support that such people need and to fund the appropriate research and treatments. In other words, tackle the issue head on, not capitulate.

Warnock has long believed that a person's life is only worthwhile if it is valued by others, including the State. She marshals the 'worthless' and labels them as both costly and non-productive. These are exactly the same sentiments and arguments used throughout the ages by all eugenicists, Nazis and euthanasiasts. They are altogether a wicked bunch of elitist men and women.

Then on 18 October came the tragic news of the assisted suicide of Daniel James. Daniel was 23 years old, a promising rugby player, who was paralysed from the chest down when a scrum collapsed during training with Nuneaton Rugby Club in March 2007. Following the accident, Daniel had made several attempts at suicide. In September, Daniel persuaded his parents to take him to the Dignitas clinic in Switzerland where he ended his life. Daniel's parents were subsequently interviewed by the West Mercia police and the special unit of the Criminal Prosecution Service will examine the police file to decide whether to proceed with any prosecution.

His is a quite atypical case of assisted suicide. Daniel was neither terminally ill, nor was he approaching his life's end. Dr Peter Saunders, of the Care Not Killing Alliance, stated: 'I think there has to be a real question about whether Daniel – and I haven't examined him as a doctor – was clinically depressed. I think it is a tragedy that he wasn't managed properly.'

A study recently published in the British Medical Journal showed that in Oregon one in four people involved in assisted suicide were clinically depressed and may well have made different decisions had they been properly supported through it.

Dr David Jeffrey, a former chairman of the ethics committee of the Association for Palliative Medicine, speaking about the dangers of legalising assisted suicide, maintained that any such a move would destroy patient trust and could put the vulnerable at risk. He said: 'My concern is with people who are frightened, possibly depressed and a bit confused. These are people who don't know where to turn and who feel they are a burden. The law has to protect them.' Responding to this Dr Saunders further stated: 'I don't think it is possible to bring in a law allowing assisted suicide that couldn't be exploited or abused. I think that all safeguards put us eventually on a slippery slope where we see the same kind of transition we're seeing in Switzerland with terminally ill people, then chronically ill people, and now young disabled people.'

Since it was founded in 1998 by Ludwig Minelli, a Swiss lawyer, the Dignitas clinic in Zurich has been a thorn in the side of wholesome bioethical and medical practice. It is reckoned that over 100 people from Britain have died there – the rate is now £5,000. This is troubling even the Swiss authorities who are thinking of tightening up their law to exclude assisted suicide tourists. Nor is Dignitas popular with all its own nationals. Last year, it was evicted from its flat in Zurich after neighbours complained about dead bodies in the communal lift and hearses parked outside. It has now moved to a business park in the nearby village of Schwerzenbach.

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