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# HOW THE ASSISTED DYING BILL WAS HELPED TO DIE

After a high profile debate in the House of Lords on 12 May, Lord Joffé's Assisted Dying Bill failed to get a second reading – an outcome which effectively kicked the Bill's provisions into the long grass.

This was an important decision, since the debate, which had received a high level of advance press and media coverage, was widely seen as a test of the nation's attitude to the treatment of those near to death.

The Bill, if it had become law, would have permitted doctors to assist in the suicide of the terminally ill – a landmark change in the country's attitude to life, death and medical treatment. In the event the Lords voted against it by 148 to 100.

Although Lord Joffé's Bill is effectively dead, the issues it raises will not have gone away indefinitely. There are many reasons why a similar Bill is likely to resurface within the next few years, including the following:

- The moral issue of the sanctity of life was not decisive in the debate – many more practical reasons were more influential and more commonly expressed; current moral assumptions within the nation are not strong nor clear enough to resist change on principle;
- Compared with reasons of principle, which are black-and-white, practical reasons tend to be more a matter of degree, and in those circumstances new facts, or re-assessments of existing facts, are more capable of persuading people to change their minds;
- A significant number of influential establishment figures supports the pro-euthanasia and pro-assisted suicide campaign;
- The organisation Dignity in Dying – formerly the Voluntary Euthanasia Society – will continue to promote its goals enthusiastically and will regularly capture headlines;
- There will continue to be a few highly-publicised heart-rending individual cases which will appear to support the argument for allowing assisted suicide or euthanasia;
- The enormous cost of intensive and comprehensively available palliative care, and other life-sustaining measures, will always be the elephant in the room in any society in which the principle of the sanctity of life is not determinedly held, even though it is completely accepted that no-one is wilfully supporting the Bill because of its potential benefit to the public finances.

The debate on 12 May did reveal that there is a significant and widespread feeling that assisted suicide is ethically wrong, and that some of its practical implications were too grim to contemplate.

Among the many arguments expressed by opponents of the Bill were:

- The unanimity of professional associations involved in the medical and care services in opposition to the Bill;
- The underlying ethical purpose of medical provision is to care for and treat the patient, not to kill him;
- If assisted suicide was legal it would seriously put at risk the relationship between doctor and patient, and in particular the patient's trust in the care being offered;
- The Bill represented a slippery slope whose initial safeguards and restrictions could gradually be eased and varied;
- The availability of assisted suicide could easily become the expectation of assisted suicide, putting pressure on patients whose circumstances came within the qualifying criteria;
- A decision by a patient to opt for assisted suicide may be based on a diagnosis, depression, emotional feelings or other factors, any one or all of which could be transient or temporary;
- Even though it is recognised that supporters of the Bill also support provision of the best possible level of palliative care, a public medical service which provides for assisted suicide will not be seen as unequivocally committed to the concept of palliative care; the existence of assisted suicide would act as a disincentive to excellence in palliative care, even if no-one intended this to be the effect.

At its Annual Conference on 29 June this year, the British Medical Association voted by a two-to-one majority to oppose voluntary euthanasia and physician-assisted suicide.

For a year the BMA had lived with a so-called 'neutral' stance on the issue – a position which had been a continual embarrassment to the Association. It found itself constantly having to explain in media interviews what 'neutral' meant, and felt its stance was often being misrepresented. The fact that the 'neutral' decision was made by a barely quorate Annual Conference in 2005, and led to a barrage of complaints from doctors unhappy with its adoption, compounded the BMA's discomfort.

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