

# Euthanasia and Assisted Suicide



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## What is Euthanasia and Assisted Suicide (EAS)?

**Euthanasia** can be defined as ‘intentional killing by act or omission of a person whose life is felt not to be worth living.’ Euthanasia is usually carried out by a doctor administering a lethal dose of drugs by injection.

There are three types of euthanasia:

1. Voluntary – the patient is competent and has requested euthanasia.
2. Involuntary – the patient is competent and has not been consulted.
3. Non-voluntary – the patient is not competent to request or refuse euthanasia.

**Assisted suicide** is when a person assists a patient in committing or attempting suicide. Physician-assisted suicide (PAS), for example, occurs when a doctor prescribes a lethal dose of drugs for the patient to take themselves. The NHS defines assisted suicide as: “the act of deliberately assisting or encouraging another person to kill themselves. If a relative of a person with a terminal illness obtained strong sedatives, knowing that the person intended to use the sedatives to kill themselves, they may be considered to be assisting suicide.”<sup>1</sup>

‘Assisted dying’ is a term used by campaigners to sound softer than euthanasia or assisted suicide. Proponents argue that

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1 <https://www.nhs.uk/conditions/euthanasia-and-assisted-suicide/>

assisted dying is distinct from assisted suicide because assisted dying only applies to those with a terminal illness. Since there is no clear definition of 'terminal illness' this distinction lacks clarity.

# What does the Bible say?

## Sanctity of human life

The foundational basis for Biblical ethics is the sanctity of human life. Humans are created in the image of God (Genesis 1:27). This image of God is not dependent on how old, young, healthy or sick the person is. It is not that some humans are more valuable than others – all are equally valuable in God's image.

The seriousness of taking human life is emphasised throughout the Bible. In the covenant with Noah, God says:

*Whoever sheds human blood,  
by humans shall their blood be shed;  
for in the image of God  
has God made mankind.*

Genesis 9:6

Because humans are in the image of God, human life is not to be taken. In fact, the death penalty is proposed for unauthorised intentional killing of people.

Then there is the simple and straightforward commandment, “You shall not murder” (Exodus 20:13) which is the sixth of the ten commandments. Murder is specifically intentional premeditated killing by one person or persons of another. It is clearly distinguished from killing in warfare or accidental killing which is treated in Exodus 21.

*Anyone who strikes a person with a fatal blow is to be put to death. However, if it is not done intentionally, but God lets it happen, they are to flee to a place I will designate. But if anyone schemes and kills someone deliberately, that person is to be taken from my altar and put to death.*

Exodus 21:12-14

Murder carries the death penalty, whereas provision is made for accidental killing so that the person is not subject to revenge. Provision is also made for killing in self-defence (Exodus 22:2-3) and in warfare (Deuteronomy 20). It is also clear that carrying out the death penalty by state authorities does not constitute murder.

Euthanasia, however, would clearly count as a deliberate act of murder and a violation of the sixth commandment. It is intentional destruction of someone who is created in the image of God and therefore a deliberate act of rebellion against God himself.

## Euthanasia

There are a couple of stories relating to euthanasia in the Bible. One is the death of King Saul when he was wounded in battle. Saul was injured and asked his armour bearer to kill him:

*Then Saul said to his armour bearer, 'Draw your sword and thrust me through with it, lest these uncircumcised come and mistreat me.' But his armour bearer would not, for he feared greatly. Therefore Saul took his own sword and fell upon it.*

1 Samuel 31:4

The armour bearer refused to comply with King Saul's request, even though the King had authority over him. Another man reported to David that he did comply with King Saul's request. He said that Saul had said: "Stand here by me and kill me! I am in the throes of death, but I am still alive." (2 Samuel 1:9). When this was reported to David, he ordered that the man be killed because he should not have killed the Lord's anointed (2 Samuel 1:14-16). The clear message from these two accounts is that we should not comply with requests to assist suicide – even in a warfare situation or when the person is in a position of authority to order us to do so.

The second is the death of Abimelech when a woman threw a millstone on his head crushing his skull. The Bible relates:

*Then he called quickly to the young man his armour bearer and said to him, "Draw your sword and kill me, lest they say of me, 'A woman killed him.' And his young man thrust him through, and he died.*

Judges 9:53

The passage concludes:

*Thus God returned the evil of Abimelech, which he committed against his father in killing his seventy brothers.*

Judges 9:56

In other words, Abimelech's actions and character are not endorsed but criticised overall. He is regarded as an evil

character, and therefore his request for euthanasia is not endorsed either.

## What about suicide?

It is generally agreed that the prohibition of murder includes murder of oneself and therefore prohibits suicide. Christians are commanded to “love your neighbour as yourself.” (Matthew 22:39). This means that we are required to love ourselves. Suicide is an act of self-hatred rather than self-love. When people are suffering significant pain or loss, it is not uncommon for them to wonder what the point of life is and to despair of life itself. This is an expression of the reality of suffering and the felt emotions at the time.

When Jonah despaired of life he said:

*“O Lord, please take my life from me, for it is better for me to die than to live.”*

*And the Lord said, “Do you do well to be angry?”*

Jonah 4:3

Notice how he didn't actually contemplate committing suicide, but asked the Lord to end his life. The Lord criticised his attitude, nevertheless.

Job cursed the day he was born (Job 3:1-26), and described himself as longing for death (Job 3:21), yet he did not contemplate suicide. He did not know that he would be marvellously vindicated by God in the end. Had he committed suicide, this would not have happened.

In Ephesians, the instruction to husbands reads:

*In the same way husbands should love their wives as their own bodies. He who loves his wife loves himself. For no one ever hated his own flesh, but nourishes and cherishes it, just as Christ does the church, because we are members of his body.*

Ephesians 5:28-29

Once again there is the clearly implied imperative to love one's own body and to feed and care for it. Suicide is the opposite of care and love for one's body. Suicide is also usually a selfish act, avoiding responsibility and leaving others to pick up the pieces once the person has died. It is an act of self-pity, rather than self-love.

## Perspectives on death

Death is an unnatural consequence of the entrance of sin into the world (Genesis 2:17, Romans 5:12). It is an enemy which will be destroyed (1 Corinthians 15:26, 54-56). Barring the return of Christ, we shall all die (Hebrews 9:27).

Although death is unnatural and an enemy, we know that death has been defeated (1 Corinthians 15:54-56) and that we can expect to be with the Lord after death (2 Corinthians 5:6-8). Paul writes "For to me to live is Christ, and to die is gain." (Philippians 1:21), and "My desire is to depart and be with Christ for that is far better." (Philippians 1:23). We can therefore look forward to the end of pain and suffering that death will bring us, but this is no justification for suicide.

What a Biblical perspective on death does mean is that we should not aim to preserve life at all costs. Physical death is not the end in a final sense. There is a balance here between not acting to hasten death, and not using extraordinary means to extend life. Medical technology means that highly expensive and intrusive means can be used to extend life. A Biblical perspective would not require this and would allow patients to die naturally. This does not justify withdrawal of food or water to hasten death, but does mean that patients are not required to accept every medical intervention that is on offer.

A helpful way of thinking about this is to ask whether the treatment is preserving life or prolonging death. Treatments that can be judged to be merely prolonging the natural process of death do not need to be accepted. Futile, distressing interventions which may only extend life by a few hours or days can be judged to be prolonging death rather than preserving life.

Death, according to the Bible, is when the spirit leaves the body. James 2:26 says:

*For as the body apart from the spirit is dead, so also faith apart from works is dead.*

When Jesus died, he said: “Father, into your hands I commit my spirit!” (Luke 23:46). Then he “gave up his spirit.” (John 19:30, cf. Matthew 27:50).

That is not a clinical definition of death, but it does suggest that Biblical death follows clinical death. Therefore, a person being comatose, or unconscious is not dead according to the Bible

unless there is a very clear indication that brain activity has ceased.

## Alleviating pain

There is a verse in Proverbs which appears to endorse pain relief for people who are close to death:

*Give strong drink to the one who is perishing,  
and wine to those in bitter distress.*

Proverbs 31:6

Sometimes administering pain relief may result in shortening life. If the aim was to alleviate pain, then the unintended consequence of shortening life is not equivalent to killing or murder. This is known as 'double effect' when the intention was to help the patient, but the action resulted in the patient's death.

## What does the law say?

It is currently an offence in England and Wales under the Suicide Act 1961 for a person to do an act which is capable of encouraging or assisting the suicide or attempted suicide of another person, where that act was intended to encourage or assist suicide or an attempt at suicide.<sup>2</sup> The offence of encouraging or assisting suicide carries a maximum penalty of 14 years' imprisonment, reflecting the seriousness of the offence.

The Director of Public Prosecutions prosecution guidelines lists 16 public interest factors tending in favour of prosecution. These include, the victim being under 18 years of age, the victim not having mental capacity to reach an informed decision to commit suicide, the suspect pressuring the victim to commit suicide, and the suspect acting as a medical doctor or nurse with the victim in his or her care. There are 6 public interest factors tending against prosecution. These include the suspect reporting the victim's suicide to the police, and suspect had sought to dissuade the victim from committing suicide. These factors tending against prosecution can be seen as ways in which the DPP has mitigated the law to allow some people to break it. Christian Concern was active at the time in campaigning about the content of these guidelines.<sup>3</sup>

In Scotland, the legal position has not been clarified by case law, but there are a number of possible crimes relating to

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2 <https://www.cps.gov.uk/legal-guidance/suicide-policy-prosecutors-respect-cases-en-couraging-or-assisting-suicide>

3 <https://archive.christianconcern.com/our-concerns/end-life/ddp-guidelines-assisted-suicide-improved-still-dangerous>

assisting suicide, including murder, culpable homicide, and reckless endangerment.<sup>4</sup>

There has been a concerted campaign for many years to get the law changed in the UK, primarily through the courts. The current law actually works very well. It acts as a strong deterrent to those considering assisting suicide and sends a clear message that assisting suicide is wrong and disapproved by society. There is, though, discretion in sentencing and discretion in prosecuting which means that the law can show compassion where necessary. There were 152 cases of assisted suicide referred to the CPS by the police between April 2009 and July 2019. Of these, 104 were not proceeded with by the CPS and 29 cases were withdrawn by the police.<sup>5</sup> The law as it stands protects people from abuse and is able to punish where necessary and show compassion where appropriate. This is the optimum way for the law to operate.

## Conway Case

One significant attempt to legalise assisted suicide through the courts was the case of Noel Conway. In 2017, Mr Conway, was said not to be expected to live beyond twelve months due to his motor neurone disease. His lawyers were arguing for the right for those with terminal illnesses to obtain assisted suicide. His case was rejected in the High Court in 2017 and in the Court of Appeal in 2018. The Supreme Court then declined to hear a further appeal. The judgment concluded that the proposed scheme would inadequately protect the weak and vulnerable,

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4 [http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB\\_15-02\\_Assisted\\_Suicide\\_Scotland\\_Bill.pdf](http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_15-02_Assisted_Suicide_Scotland_Bill.pdf)

5 <https://www.cps.gov.uk/publication/assisted-suicide>

would not give proper weight to the significance of the sanctity of life, and had potential to undermine relations of trust and confidence between doctors and patients.<sup>6</sup> The judgment also said that parliament is the appropriate body to determine policy on the contentious issue of assisted suicide, rather than changing the law through the courts. Mr Conway continued to live for some years after the original court case.

## Parliament

Assisted suicide was formally debated in parliament was in 2015 when MPs rejected plans to allow assisted suicide for people with a terminal illness by 330 votes to 118.<sup>7</sup> This was a resounding victory for the protections afforded by the current law. Parliament has changed a lot since then, so we may expect further attempts to legalise assisted suicide in the next few years.

Elsewhere, euthanasia and assisted suicide are legal in Canada, the Netherlands, and Luxembourg. Euthanasia only is legal in Belgium. Assisted suicide only is legal in ten US states and Switzerland.

## European Court of Human Rights (ECHR)

The ECHR has been asked a number of times to consider whether it should grant permission for assisted suicide or euthanasia. In the case of *Pretty v. United Kingdom* (2002), Diane Pretty wanted her husband's assistance in committing suicide because she was suffering from a motor-neurone

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6 <https://www.judiciary.uk/wp-content/uploads/2018/06/conway-judgment-27062018.pdf>

7 <https://www.bbc.co.uk/news/health-34208624>

disease. The court ruled that the right to life (Article 2) cannot be read to include a so-called 'right to die':

*Article 2 cannot, without a distortion of language, be interpreted as conferring the diametrically opposite right, namely a right to die; nor can it create a right to self-determination in the sense of conferring on an individual the entitlement to choose death rather than life. The Court accordingly finds that no right to die, whether at the hands of a third person or with the assistance of a public authority, can be derived from Article 2 of the Convention.<sup>8</sup>*

The court was also asked to rule whether prohibiting euthanasia amounts to torture under Article 3 of the Convention. The court ruled that this was not torture and emphasised that Article 3 must be read in harmony with Article 2.

*Article 3 must be construed in harmony with Article 2, which hitherto has been associated with it as reflecting basic values respected by democratic societies. As found above, Article 2 of the convention is first and foremost a prohibition on the use of lethal force or other conduct which might lead to the death of a human being and does not confer any right on an individual to require a State to permit or facilitate his or her death.<sup>9</sup>*

The court also ruled that a prohibition of assisted suicide has

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8 <https://www.unionedirittiumani.it/wp-content/uploads/2012/07/CASE-OF-PRETTY-v.-THE-UNITED-KINGDOM.pdf>

9 <https://www.unionedirittiumani.it/wp-content/uploads/2012/07/CASE-OF-PRETTY-v.-THE-UNITED-KINGDOM.pdf>

the legitimate aim of protecting vulnerable people.

*The law in issue in this case, section 2 of the 1961 Act, was designed to safeguard life by protecting the weak and vulnerable and especially those who are not in a condition to take informed decisions against acts intended to end life or to assist in ending life. Doubtless the condition of terminally ill individuals will vary. But many will be vulnerable and it is the vulnerability of the class which provides the rationale for the law in question.<sup>10</sup>*

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<sup>10</sup> <https://www.unionedirittiumani.it/wp-content/uploads/2012/07/CASE-OF-PRETTY-v.-THE-UNITED-KINGDOM.pdf>

# Reasons not to Legalise Euthanasia or Assisted Suicide

The primary reasons<sup>11</sup> for not legalising euthanasia or assisted suicide can be summarised as because:

1. It is **unnecessary** – alternative treatments are available.
2. It is **dangerous** – putting weak and vulnerable people at risk.
3. It is **wrong** – contrary to all historical codes of ethics.

## Should we kill to alleviate suffering?

The argument is that it is cruel to force people who are suffering and in pain to continue to suffer. In fact, pain can be well-managed in palliative care. Requests for assisted suicide or euthanasia are extremely rare when people are well cared for. The argument for legalising euthanasia or assisted suicide then amounts to saying, "it's kinder to kill than to care"! In most cases, wishes for a hastened death are based more on fear of anticipated suffering rather than current suffering.<sup>12</sup> People may also fear loss of control or fear becoming a burden to the family. These fears should be discussed openly and with medical professionals. Rather than deciding that killing is easier than caring, a humane society should decide that caring is more humane than killing. Professor of palliative medicine,

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11 A good articulation of key arguments against assisted suicide can be found on the Care not Killing website. <https://www.carenotkilling.org.uk/about/faqs/>

12 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5177996/>

Baroness Finlay told the House of Lords in 2019:

*With early palliative care, patients live better and longer at no additional cost overall.*<sup>13</sup>

Palliative care clinician Dr Kathryn Mannix tells the story of former Head Teacher Eric who developed motor neurone disease.<sup>14</sup> Being a man who was used to getting things done and being in control, he wanted to control his death and thought seriously about committing suicide in order to spare his family. He then became frustrated that he couldn't demand assisted suicide in the UK. It turned out that as he faced his fears or realised that they were misplaced, he slowly changed his mind and became more determined to live. Some days before he finally died, he said this to Dr Mannix:

*This is important. People need to understand this. You need to understand this. I wanted to die before something happened that I couldn't bear. But I didn't die, and the thing I dreaded happened. But I found that I could bear it. I wanted euthanasia, and no one could do it. But if they had, then when would I have asked for it? Chances are I would have asked too soon, and I would have missed Christmas. So I'm glad you couldn't do it. I've changed my mind, and I wanted to tell you. I was angry with you because you're part of the System that says no to assisting with dying. But you weren't saying no to dying, you were saying yes to living. I get that now. I'm a teacher, and you need to tell other people this for me, because I won't be here to tell them.*

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13 <https://www.theyworkforyou.com/lords/?id=2019-06-14a.613.0>

14 Mannix, Kathryn (2017), *With the End in Mind: Dying, Death and Wisdom in an Age of Denial* (William Collins) 61-68.

We need to listen to stories like this. Very often the fears are worse than the reality. Palliative care is very effective and should be made available more readily to all those who need it. We need care – not killing.

## Society should protect the weak and vulnerable

The legalisation of euthanasia or assisted suicide (EAS) would put pressure on weak and vulnerable people. People who are dying are weak and feel vulnerable and reliant on others for their basic needs. They often feel a burden on relatives and carers and society. If EAS was legal then they would feel huge pressure to request to be killed. The law would be open to abuse. Relatives and doctors can claim that the patient requested euthanasia. Patients can be pressurised into accepting EAS. Relatives and medics may feel under financial pressure to encourage EAS.

Lord Walton of Detchant was an eminent neurologist who authored a Select Committee on euthanasia in 1994 that is still regarded as a gold standard. In his oral remarks to the House of Lords summarising the report, he said:

*We concluded that it would be virtually impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law in the United Kingdom could not be abused. We were also concerned that vulnerable people—the elderly, lonely, sick or distressed—would feel pressure, whether real or imagined, to request early death.<sup>15</sup>*

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15 <https://api.parliament.uk/historic-hansard/lords/1994/may/09/medical-ethics-select-committee-report>

See the section on lessons from other countries that have legalised euthanasia or assisted suicide for more on the effects on weak and vulnerable patients. The ‘right to die’ very quickly becomes the ‘duty to die’.

## Society should maintain the trust relationship between patients and carers or medics

If EAS is legalised, then carers or medics could suggest EAS to patients. This makes carers or medics into agents of death rather than trusted providers of care and medicine. Can you imagine your doctor suggesting that he or she could always help you kill yourself? This does happen in countries where EAS is legal. Financial pressures on medical professionals would incentivise them to offer death over life. This would fundamentally undermine the trust that we should be able to place in carers and medics.

## Legalisation of EAS devalues human life

If EAS is legalised, then society gradually comes to accept that some human lives are not worth living. This quickly moves to a duty to die because of the perceived burden on loved ones and the costs of care. All of this serves to fundamentally undermine the dignity and sanctity of human life. People then start to think that some human lives are worth more than others, and that some people should not have the right to life. Human dignity changes into human worth – where some are worth more than others. It is no wonder that disability rights organisations are opposed to EAS. Human dignity is intrinsic – not dependent on a person’s health or circumstances.

## Suffering is subjective

EAS laws tend to specify ‘intolerable suffering’ or similar terminology as criteria for eligibility for EAS. The problem is that no-one can define precisely what counts as ‘intolerable suffering’. Inevitably the interpretation widens over time as EAS becomes more accepted across society. The experience of legalisation in other countries shows that what counts as ‘intolerable suffering’ has been diluted following legalisation of EAS.

## Slippery slope

EAS has been legalised in several countries – normally under what are believed to be very strict conditions. As the practice of EAS increases, the conditions loosen over time so that more people qualify for EAS, until you reach a point where we have EAS on demand by default. This is very similar to what has happened following legalising of abortion under strict conditions in the UK in 1967. We now have something very close to abortion on demand as the interpretation and practice of the law has softened. The point is that once legalised, experience shows that EAS cannot be controlled. The culture will start to accept that people should have death on demand. And then that sick people have a duty to die.

## Medics do not support EAS

Doctors have historically been strongly opposed to EAS. The Hippocratic Oath forbade doctors from administering or advising the use of lethal drugs. More modern codes such as the Geneva Declaration and the International Code of Medical

Ethics state that doctors have an obligation to respect human life. Recent polling in 2019 showed that 84.3% of palliative medicine physicians opposed a change in the law and 84.4% are not prepared to actively participate in physician assisted suicide.<sup>16</sup> Other physician bodies such as the British Medical Association (BMA),<sup>17</sup> the Royal College of General Practitioners (RCGP),<sup>18</sup> and the British Geriatric Society (BGS)<sup>19</sup> remain opposed to legalising assisted dying. The World Medical Association stated in 2019 that it remains “firmly opposed to euthanasia and physician-assisted suicide.”<sup>20</sup>

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16 <https://apmonline.org/wp-content/uploads/2019/07/apm-pas-position-statement-june-2019-final.pdf>

17 <https://beta.bma.org.uk/advice-and-support/ethics/end-of-life/physician-assisted-dying>

18 <https://www.rcgp.org.uk/policy/rcgp-policy-areas/assisted-dying.aspx>

19 <https://www.bgs.org.uk/policy-and-media/physician-assisted-suicide>

20 <https://www.wma.net/policies-post/declaration-on-euthanasia-and-physician-assisted-suicide/>

## Isn't the public in favour of EAS?

There have been a lot of headline grabbing polls around the issue of EAS. Former Supreme Court Justice, Lord Sumption, was one of the nine Supreme Court justices who heard cases requesting assisted suicide. In his Reith Lectures in 2019, he responded to a claim that public opinion is in favour of assisted suicide by saying:

*The problem is that this is a major moral issue and it is an issue on which, although you say that the public is overwhelmingly in favour, a lot of polling evidence suggests that that rather depends on the degree of detail which goes into the asking of the question. But on any view, this is a subject on which people have strong moral values and on which they disagree. There is a large number of people who feel – I'm not expressing my own opinion, I am simply pointing out that there are many people who feel – that changing the law so as to allow assisted suicide would render large numbers of people vulnerable to unseen pressures from relatives and so on. There are others who feel that the intervention of somebody in the life of another so as to end it is morally objectionable.<sup>21</sup>*

The point is that polling is very dependent on how the questions are asked. Lord Sumption went on to argue that we need to have a law against assisted suicide in order to prevent abuse. That said, there have been polls which indicate that when asked appropriately, people are concerned about the prospect of legalising assisted suicide.

In February 2019, ComRes polling found that 51% of people

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21 <https://www.carenotkilling.org.uk/articles/senior-judge-law-prevents-abuse/>

“would be concerned that some people would feel pressurised into accepting help to take their own life so as not to be a burden on others” if assisted suicide were legal (with only 25% disagreeing).<sup>22</sup>

In September 2015, polling to coincide with a vote in parliament on assisted suicide found that 86% “were concerned... NHS managers or politicians would prioritise assisted dying over end of life care to save money.” It also found that 76% “think terminally ill patients who feel they are a burden, would feel a sense of responsibility to access assisted suicide if the Bill is passed.”<sup>23</sup>

In November 2014, polling found that 58% agreed with: “If the law is changed so that people are able to be given lethal drugs to end their life prematurely, it will be impossible to make the system completely safe from abuse by unscrupulous relatives or others who could influence the process.” (only 18% disagreed).<sup>24</sup>

Polling in July 2014 found that support in principle for assisted suicide drops dramatically from 73% to 43% when arguments against assisted suicide are heard.<sup>25</sup>

All major disability rights groups in Britain (including Disability Rights UK, SCOPE and UKDPC) oppose any change in the law, believing it will lead to increased prejudice towards them and increased pressure on them to end their lives.

In addition, all major religions teach that euthanasia is fundamentally wrong (Christianity, Judaism, Islam, Sikhism, Buddhism, Hinduism).

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22 <https://www.carenokilling.org.uk/press-releases/poll-public-recognise-pas-danger/>

23 <https://www.carenokilling.org.uk/public-opinion/poll-burden-nhs-budgets-ad/>

24 <https://www.carenokilling.org.uk/public-opinion/poll-exposes-chilling-attitude/>

25 <https://www.carenokilling.org.uk/public-opinion/assisted-dying-public-opinion/>

# What about countries where EAS is legal?

## Oregon

### Legal since 1997

In Oregon it has been legal since 1997 for terminally ill, mentally competent adults to be assisted to commit suicide. Doctors may prescribe lethal medications for the patient to administer themselves after completing a consent process. Patients must have been given six months or less to live, be at least 18 years old, and submit three separate doctor requests (two oral, one written).<sup>26</sup>

### Equivalent of over 2,600 assisted suicides in the UK per year

The latest statistics for assisted suicide numbers in Oregon relate to 2018.<sup>27</sup> In 2018, 168 people died from ingesting a lethal medicine prescribed to assist suicide by a physician. This compares with 158 in 2017. Since the law was passed in 1997, 1,459 people have died from ingesting lethal drugs with the number per year increasing steadily nearly every year. The rate of such deaths in 2018 was 45.9 per 10,000 total deaths. The population of Oregon is only 4.2m people. If we extrapolated 168 deaths to the UK population of 66m this would equate to 2,646 deaths by assisted suicide in the UK per year.<sup>28</sup> With each year that passes, the practice becomes more normalised.

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26 <https://statelaws.findlaw.com/oregon-law/oregon-euthanasia-laws.html>

27 <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf>

28 <https://www.carenotkilling.org.uk/articles/oregon-2018-new-highs-new-lows/>

## Not wanting to be a burden

Over half of those seeking assisted suicide in 2018 (54%) cited not wishing to be a burden on family, friends or caregivers as a concern which led them to seek help committing suicide. The most cited concerns were loss of autonomy (92%), loss of ability to engage in enjoyable activities (91%), and loss of dignity (67%). Loss of autonomy is very much linked to not wanting to be a burden, as is loss of dignity. All of the reasons cited speak to the lack of care provided for terminally ill patients. This is how a 'right to die' very quickly becomes a 'duty to die'.

When a physician assists suicide for a patient who does not want to be a burden, they are tacitly agreeing that the patient is a burden. This is clearly inhumane.

## 'Six months to live' reinterpreted

Some patients lived longer than two years after making their first request for assisted suicide which demonstrates the unreliability of a terminal illness diagnosis where someone is given less than six months to live. In Oregon, the definition of 'six months to live' has been re-interpreted to mean 'without any further treatment'. In other words, it is now interpreted to mean if the patient refuses any further treatment. This means that if there is a cure or treatment that can prolong life or turn the disease into a chronic condition rather than a terminal one, the patient can still claim that they have only six months left to live. Diabetes, for instance, will likely kill patients who refuse any medication within six months. But patients with medication can and often do survive for decades. An Oregon

Health Authority official has confirmed that having diabetes would qualify for assisted suicide.<sup>29</sup> Two of the patients who died from assisted suicide in 2018 are described as suffering from Endocrine/metabolic disease (e.g. diabetes).

## Netherlands

### First country to legalise

The Netherlands was the first country to legalise euthanasia. The Supreme Court ruled that euthanasia was acceptable under certain guidelines in 1984. The practices of euthanasia and assisted suicide became formally legal in 2002 under the Termination of Life on Request and Assisted Suicide (Review Procedures) Act. The law states that the patient and the physician must have exhausted all options and that the patient's suffering cannot be remedied or alleviated by any other means. There is no absolute right to euthanasia for patients, and physicians are under no obligation to perform it. A physician who carries out euthanasia without meeting the relevant criteria commits an offence.<sup>30</sup>

The law provides for people with dementia and mental illness to be euthanised if the request is made voluntarily. There is an End-of-Life Clinic network of physicians which provides euthanasia for patients who meet the legal requirements but whose regular physicians have rejected their request.

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29 <https://www.carenotkilling.org.uk/articles/six-months-redefined/>

30 <https://www.knmg.nl/actualiteit-opinie/nieuws/nieuwsbericht/euthanasia-in-the-netherlands.htm>

## 4% of deaths in the country

The latest statistics available are from 2018 when there were 6,126 notifications of euthanasia in the Netherlands, accounting for 4% of the total deaths in the country.<sup>31</sup> This is up from 2,000 in 2007. 144 of those euthanised were recorded as suffering from 'early stage dementia'. 25 cases were 30 years old or younger, three of which were aged between 12 and 17.

5,898 cases were termination of life on request (euthanasia) and 212 cases were assisted suicide. 16 cases involved a combination of the two which means that the patient does not die after taking a lethal potion handed to them by the physician within a time frame agreed so that the physician then administers termination of life on request procedures. In six of the 6,126 notified cases, the physician was found not to have complied with all the due care criteria.

## Over a quarter of all deaths induced

The practice of euthanasia has become normalised over time in the Netherlands, with many people knowing someone who has been euthanised, and family gatherings to mark a euthanasia becoming commonplace.

Concerns are mounting in the Netherlands about the 'slippery slope' whereby the lines of what conditions qualify for euthanasia are gradually blurred and extended. The definition of 'unbearable suffering' has loosened over time. The strict figures for reported euthanasia do not include numbers who kill themselves or numbers of dying of dehydration while

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31 <https://www.euthanasiecommissie.nl/de-toetsingscommissies/uitspraken/jaarverslagen/2018/april/11/jaarverslag-2018>

unconscious which hit an astonishing 32,000 in 2017.<sup>32</sup> This means that altogether well over a quarter of all deaths in the Netherlands in 2017 were induced.

## Advance directives

Advance directives enable someone to stipulate that they should be euthanised if their mental state deteriorates beyond a certain point – regardless of their wishes at the time. This means that people with dementia are frequently euthanised on the basis of a directive that they no longer affirm.<sup>33</sup>

In 2019 there was a high-profile legal case against a doctor who administered euthanasia to a dementia sufferer who had previously stipulated that she should be killed when the “time” was “right”. When the doctor judged this to be the case, the patient resisted and had to be drugged and restrained by her family before the fatal injection could be administered. This was the first prosecution of a doctor since the Dutch laws on euthanasia came into effect in 2002.<sup>34</sup> The doctor was cleared of all charges, opening the way for more killing of dementia patients while they object or resist.

## Pressure on patients

Palliative care clinician Dr Kathryn Mannix tells the story of Ujal who had surgery for cancer in the Netherlands.<sup>35</sup> There

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32 <https://www.theguardian.com/news/2019/jan/18/death-on-demand-has-euthanasia-gone-too-far-netherlands-assisted-dying>

33 <https://www.theguardian.com/news/2019/jan/18/death-on-demand-has-euthanasia-gone-too-far-netherlands-assisted-dying>

34 <https://www.bbc.co.uk/news/world-europe-49660525>

35 Mannix, Kathryn (2017), *With the End in Mind: Dying, Death and Wisdom in an Age of Denial* (William Collins) 187-95.

came a point where the doctors said they wouldn't be able to stop the cancer from growing anymore and that no further surgery would help. The doctor who broke this news to him also told him that they could offer euthanasia at any time. Ujal just wanted to go home to be with his wife and his daughter. Then every day the doctors would offer euthanasia to him. They would say how difficult things would become and how easy euthanasia would be. He said:

*They didn't mean to frighten me. I think they thought it was a comfort. But it was every day, every ward round, they told me that if I want to, I can choose to die ...*

The doctors would say there was nothing they could do for him to alleviate his pain and discomfort – "But you do have a choice ...". Fortunately he managed to leave the Netherlands and move to England where palliative care doctors found ways to ease his discomfort and care for him. Dr Mannix writes:

*Once the possibility of euthanasia was raised for him in the Netherlands, he found that he was afraid to admit new symptoms, in case euthanasia rather than symptom management was recommended. His conversations with his doctors developed a new tone: their sense of helplessness in the face of his symptoms, and hopelessness at his prognosis, communicated itself to him. He perceived a preference to control the uncertainty of his disease progression by accelerating his death. Ujal ran away from that certain, controlled dying to live with the hope of uncertainty. It was a compromise that might break his body, yet save his sanity. He had experienced an unintended and chilling consequence of an entirely humanitarian change in legislation.*

Notice the pressure he was placed under, and how the relationship with his doctors fundamentally changed once euthanasia had been proposed.

## Belgium

### Legalised in 2002

Euthanasia was legalised in Belgium in 2002 with the proviso that the patient must be an adult able to clearly express his or her wishes, that the request is made voluntarily and repeatedly, without pressure and in writing, and the euthanasia is discussed with another practitioner. The patient must be in constant unbearable physical or mental pain that cannot be alleviated. If this is not the case, then an additional independent medical practitioner must be consulted and there should be a period of reflection of at least one month before the euthanasia is carried out. Patients who are not conscious may also be euthanised if they made an advance directive.<sup>36</sup> There were 2,357 reported cases of euthanasia in Belgium in 2018.<sup>37</sup> This is up from 954 in 2010.

### Without explicit request

A NEJM study in 2015 found that 4.6% of all deaths in the Flanders region were by euthanasia. 1.7% of all deaths were

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36 <https://www.ieb-eib.org/ancien-site/pdf/20121208-dossier-euthanasia-in-belgium-10-years.pdf>

37 <https://overlegorganen.gezondheid.belgie.be/nl/documenten/euthanasie-cijfers-voor-het-jaar-2018>

intentionally hastened without explicit request.<sup>38</sup>

## Euthanasia for children

In 2014, Belgium legalised euthanasia for children. Parents must agree with the decision, but there are serious questions about pressure being applied on parents or children. Two children aged 9 and 11 were euthanised in 2016/17. They were the first children under 12 to be legally euthanised anywhere in the world.<sup>39</sup>

## Reinterpretation of the law

The ‘slippery slope’ of reinterpretation is clearly evident in Belgium.<sup>40</sup> The requirement for a written declaration has been overlooked, the requirement to be suffering from a life-threatening and incurable illness has also been diluted. The requirement of ‘unrelievable, unremitting and unbearable pain’ has been determined to be in large part subjective, meaning that it is not verifiable. Psychological suffering has also been determined to qualify for euthanasia.

## Unreported cases

A fundamental flaw of the Belgian system is that it relies on self-reporting of euthanasia cases. Independent research has

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38 <http://alexschadenberg.blogspot.com/2015/03/almost-1000-deaths-are-hastened-without.html>

39 <https://www.telegraph.co.uk/news/2018/08/07/belgium-authorised-euthanasia-terminally-nine-11-year-old-youngest/>

40 <https://www.ieb-eib.org/ancien-site/pdf/20121208-dossier-euthanasia-in-belgium-10-years.pdf>

found that only around 50% of euthanasia cases are reported, and that the unreported cases are more ethically and legally problematic.<sup>41</sup> We just don't know how many people are being euthanised as a general practice with disregard for the intended tight stipulations of the law.

### 'Tired of life'

There is considerable controversy over the relaxation of restraints on euthanasia. One academic argues: "In practice it seems that euthanasia for people who are tired of life is already legal and practiced in Belgium."<sup>42</sup> This is a long way from anything like a terminal illness. People have been euthanised for depression,<sup>43</sup> a failed sex change,<sup>44</sup> and anorexia.<sup>45</sup>

Three Belgian doctors were accused of unlawfully poisoning a patient in an unprecedented legal case recently.<sup>46</sup> Two sisters of a woman aged 38 who was euthanised in 2010 argue that she was suffering from the stress of a failed relationship, which falls far short of the legal requirement for a 'serious and incurable disorder'.

In another case, a woman was euthanised because she was suffering with 'untreatable depression'. The woman's son

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41 <https://www.bmj.com/content/341/bmj.c5174> [https://www.researchgate.net/publication/47349314\\_Reporting\\_of\\_Euthanasia\\_in\\_Medical\\_Practice\\_in\\_Flanders\\_Belgium\\_Cross\\_Sectional\\_Analysis\\_of\\_Reported\\_and\\_Unreported\\_Cases](https://www.researchgate.net/publication/47349314_Reporting_of_Euthanasia_in_Medical_Practice_in_Flanders_Belgium_Cross_Sectional_Analysis_of_Reported_and_Unreported_Cases)

42 Cohen-Almagor, R. (2017). Euthanizing People Who Are 'Tired of Life'. In D. Jones, C. Gastmans, & C. MacKellar (Eds.), *Euthanasia and Assisted Suicide: Lessons from Belgium* (Cambridge Bioethics and Law, pp. 188-201, 281). Cambridge: Cambridge University Press. doi:10.1017/9781108182799.012

43 <https://www.newyorker.com/magazine/2015/06/22/the-death-treatment>

44 <https://nationalpost.com/news/canada/terminally-transsexual-concerns-raised-over-belgian-euthanized-after-botched-sex-change>

45 [https://www.bioedge.org/bioethics/bioethics\\_article/10388](https://www.bioedge.org/bioethics/bioethics_article/10388)

46 <https://www.bbc.co.uk/news/world-europe-51103687>

protested the killing as her regular psychiatrist of more than 20 years had said that she didn't satisfy the requirements of the Belgian euthanasia law. This case is set to be heard in the European Court of Human Rights.<sup>47</sup>

## Normalisation

Rising numbers of deaths by euthanasia, whether reported or unreported, has led to the normalisation of euthanasia, and continued pressure to expand the practice to those with less serious conditions. Authors of an academic study write:

*Death by euthanasia in Belgium is, generally, no longer regarded as an exception requiring special justification. Instead, it is often regarded as a normal death and a benefit not to be restricted without special justification.*<sup>48</sup>

This normalisation has resulted in a fundamental shift in how society views human life:

*By far the most significant aspect was the acceptance, for the first time in Belgian history, that some lives may no longer have any value, worth and meaning and should be ended.*<sup>49</sup>

In effect, the sanctity of human life has become defunct.

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47 <https://adfinternational.org/legal/mortier-v-belgium/>

48 Jones, David Albert, et al., ed. (2017), *Euthanasia and Assisted Suicide: Lessons from Belgium* (Cambridge Bioethics and Law: Cambridge University Press), 281.

49 Jones, David Albert, et al., ed. (2017), *Euthanasia and Assisted Suicide: Lessons from Belgium* (Cambridge Bioethics and Law: Cambridge University Press), 225.

## A warning not to legalise

The editors of a collection of academic studies of euthanasia in Belgium conclude:

*Belgium offers clear lessons for other jurisdictions which are considering the legalisation of assisted suicide or euthanasia. One of these is that legislation that was promoted as giving greater clarity, transparency and control to end-of-life practices, has not fulfilled its expectations.*

*The clear evidence from Belgium is that once the barrier of legalisation is passed, the practice tends to develop a dynamic of its own but it does not show that consequences must follow. Rather the evidence shows that these consequences can follow, and that this was in line with what was predicted to happen, despite assurances to the contrary. ... Nevertheless, the only secure way to avoid these consequences is to resist calls to legalise euthanasia or assisted suicide and instead invest in palliative care as well as research into end-of-life practices while reemphasising the preciousness of human life.<sup>50</sup>*

## Canada

### Legalised in 2016

Medical assistance in dying legislation came into effect in Canada in June 2016. By October 2018 there had already been 6,749 assisted deaths under the new law, with some under-

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<sup>50</sup> Jones, David Albert, et al., ed. (2017), *Euthanasia and Assisted Suicide: Lessons from Belgium* (Cambridge Bioethics and Law: Cambridge University Press), 282.

reporting meaning that the actual number will be higher still.<sup>51</sup> The numbers of medically assisted deaths increased rapidly following legalisation. In the ten months from January to October 2018, 2,614 Canadians had medically assisted deaths, accounting for 1.1% of the total deaths in Canada during the period.

## Judge rules that restricting to ‘terminally ill’ is unconstitutional

In September 2019, a Quebec judge struck down a restriction that limited assisted dying to terminally ill patients, claiming that the requirement was unconstitutional.<sup>52</sup> Already then, the law in Canada is being watered down and allowing more people to carry out assisted deaths.

## Financial Pressure

One patient with a crippling brain disease has claimed that an Ontario hospital threatened to start charging him \$1,800 per day, and suggested that his other options included medically assisted death. A 2017 academic study claimed that: “Medically assisted dying could reduce health care spending in Canada by between \$34.7m and \$138.8m, exceeding the \$1.5-\$14.8m in direct costs associated with its implementation.”<sup>53</sup> With continual pressures on NHS spending, people could start to view killing people as a way to cut costs.

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51 <https://www.canada.ca/en/health-canada/services/publications/health-system-services/medical-assistance-dying-interim-report-april-2019.html>

52 <https://www.theglobeandmail.com/life/health-and-fitness/article-quebec-court-strikes-down-parts-of-laws-on-medically-assisted-death/>

53 <https://www.cmaj.ca/content/189/3/E101.full>

## Conclusions

The experience of legalising EAD in other countries shows that a 'slippery slope' is unavoidable. Safeguards and strict conditions are quickly re-interpreted or watered down. Once legalised, no safeguards have proved effective in controlling its use. The UK should heed the warning from other countries and avoid legalising EAD in any form.

The current law serves to protect the weak and vulnerable and also to preserve the trust between patients and clinicians. Any change in the law will serve to fundamentally undermine these relationships and to put weak and vulnerable people under pressure. The courts have rightly resisted attempts to legalise EAD through legal action. Parliament should also continue to resist demands to legalise EAD. We need assisted living through more palliative care, rather than assisted dying.



