

Written evidence submitted by Dr Jennifer Klimiuk (ADY0203)

I am a Consultant in Palliative Medicine working at a hospice in Greater Manchester.

Assisted dying drastically undermines the practice and principles of Palliative Care and is a threat to the safety of vulnerable patients; it also threatens the relationship of trust and care that exists between patients and healthcare professionals whose duty is to 'do no harm'.

There have been many concerning reports from countries that have already legalised assisted dying which detail harrowing tales of pressure on vulnerable patients to end their lives to prevent them being a 'burden' on their families and society. The Oregon Health Authority's annual report from 2020 (Public Health Division, Center for Health Statistics, 2021) showed that 53% of people opting for assisted suicide quoted the fear of being a burden on family, friends or caregivers as a factor in their decision. There have also been reports of slackening of what were originally 'rigid' laws to allow other groups to be euthanised- even though some were not terminally ill. Some places have now introduced assisted dying for children. In the Netherlands despite tight laws initially when assisted dying was introduced in 2001, this has now extended to other groups including those with dementia and no capacity to consent to this decision. A review of trends in the Netherlands (Chambaere et al., 2015) showed that in 2013 more than 25% of physician-assisted deaths were categorised as "Hastening of death without an explicit request from the patient." This most commonly involved the elderly, those in a coma and those with dementia.

Access to good Palliative care services is extraordinarily fragmented across the UK which means some people have access to Gold standard levels of care, others do not. A recent report by Pask S et al. (2022) demonstrates the level of inequity across the UK for out of hours palliative care provision. This is one of many reports with similar themes. It would be extremely detrimental to palliative care services to introduce assisted dying as this would detract from the need to improve care across the board for all patients. It would also be dangerous for patients as it would be seen as an 'easy alternative' for those who do not have access to the level of care and support they need. Access needs to be equitable which requires better support and funding from government, and I believe that this would negate many of the current arguments for assisted dying.

In society we must protect and cherish our most vulnerable by providing the best quality palliative care to those who need it. With assisted dying, the focus will be on enabling people to 'end suffering' rather than providing the appropriate resources for the majority who wish to live the best life they can until natural death. In my experience and in discussion with colleagues- the number of

patients who ever seriously request the option of assisted dying is in a tiny minority (most of these patients often feel very differently when their symptoms and concerns are better managed with effective palliative care input). The majority of patients want to live as well as they can until their natural death. Seeking to change a law which protects the majority, to serve the interests of a minority is irrational, dangerous and undemocratic. It places the most vulnerable at risk. If society shifts to providing death on demand then the focus on providing excellent palliative and supportive care will be severely undermined, important resources will be diverted and the ability to provide good quality care will be even harder. Vulnerable patients are likely to feel pressured into ending their lives to prevent burden to their loved ones and eventually, we are likely to see the 'slippery slope' with slackening of once rigid rules to allow more patients the 'right to die'. We must learn from the mistakes of others before we follow this course from which there will be no going back.

I urge the government to oppose introducing assisted dying. It does not protect wider society but only serves the needs of a select few and it seriously threatens the most vulnerable, whom it is our duty to protect.

References

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