Written evidence submitted by Catholic Bishops' Conference of England and Wales (ADY0363)

1.1 The Catholic Bishops' Conference of England and Wales has made this submission because of its concern for the good of every person in society, the protection of this good in law, and the spiritual and pastoral care of the sick and dying. The Catholic Church also provides many care homes for the elderly, hospices and spiritual and pastoral care in hospitals. The outcome of this Inquiry could affect these institution as well as individuals. Additionally, it will raise serious questions of conscience for healthcare professionals.

1.2 The submission of the Catholic Church to this Inquiry illustrates that our opposition to any legislative change in this area is a matter of human reason, as well as religious faith. The purpose of the submission to your Select Committee is twofold: to underline our principled opposition to the introduction of any form of legislation which will liberalise the law with regard to assisted suicide/euthanasia and, secondly, to highlight a number of concerns around some of the more pragmatic issues which your Inquiry raises.

The Catholic Church stands opposed to the legalisation of assisted suicide/euthanasia

2.1 Catholic teaching stands opposed to the legalisation of assisted suicide/euthanasia on the principle that life is a gift to be cherished and cared for at all stages until the time of natural death.[1] The Catholic Church teaches that it is morally wrong to intentionally take the life of another person, including at their request. Human life is the primary common good of society; it is a sacred and inviolable gift. This is something that we hold to be knowable by right reason as well as by faith. It follows that assisted suicide is a crime against human life, involving the rejection of the inherent value of human life by all parties involved. We will continue to stand opposed to any legislation to liberalise the law in this area.

Clarity of Language

3.1 Clarity of language is central to any effective public debate on an important moral issue. The language in which this Inquiry has been framed is of serious concern. It is crucial, therefore, that the Committee recognises that the use of the term 'assisted dying' is euphemistic, seemingly designed to evade the reality that prescribing lethal drugs to terminally ill patients is assistance in the suicide of a person. Those in

[1] See V. The Teaching of the Magisterium, Letter SAMARITANUS BONUS on the care of persons in the critical and terminal phases of life, Congregation for the Doctrine of Faith, 14 July 2020 (Hereafter, SAMARITANUS BONUS 2020) See also John Paul II, EVANGELIUM VITAE on the Value and Inviolability of Human Life, 25 March 1995 at 64-67

support of assisted suicide often attempt to reframe the proposal as compassionate assistance in a painful dying process, yet this obscures the grim reality that physician assisted suicide always intends the deliberate death of a patient.

The fallacy of autonomy, compassion and 'dignity in dying'

4.1 Arguments in support of legalising assisted suicide/euthanasia centre on the autonomy and freedom of the individual to take responsibility for his or her own choices. The focus on radical autonomy is flawed. Human beings are both relational and individual. Assisted suicide/euthanasia can never be an isolated, autonomous act but is always deeply relational. It implicates many people beyond the dying person such as family, friends, and healthcare professionals. Assisted suicide/euthanasia also has grave consequences for the fabric of society. The common good of the fabric of society is eroded when relationships are reduced to merely reductive or transactional approaches to the quality of life, dependency, and human relationships.[2]

4.2 The language of compassion plays an important role in this debate though its true meaning, to suffer with another person, is often obscured. Appeals for assisted suicide/euthanasia are often based on a false and misleading view of 'compassion'[3] one that fails to adequately address the reality of suffering, which is part of being human. Such advocacy effectively recommends death as a solution to certain types of suffering which allegedly render life no longer worth living.[4] Assisted suicide/euthanasia premised on 'compassion' holds that it is better to die than to find other ways of alleviating suffering. The Catholic Church consistently teaches that 'human compassion consists not in causing death, but in embracing the sick, in supporting them in their difficulties, in offering them affection, attention, and the means to alleviate suffering.'[5] Such care is demonstrated by serving the pastoral and spiritual needs of a person in nursing homes, hospices and through chaplaincy work in hospitals.

4.3 Linked to this request for so-called 'compassion' at the end of life is the call for a 'dignified death' or 'dignity in dying'. Respecting the dignity of people who are dying must involve respecting their lives, for without life there is no dignity.[6]☐ Being present with, and care of, the person until their natural death is the

---

[2] See IV. The Cultural Obstacles that Obscure the Sacred Value of Every Human Life, SAMARITANUS BONUS 2020

[3] See Pope Francis, Address to the National Federation of the Orders of Doctors and Dental Surgeons (20 September 2019: L'Osservatore Romano, 21 September 2019, 'These are hasty ways of dealing with choices that are not, as they might seem, an expression of the person's freedom, when the include the discarding of the patient as a possibility, or false compassion in the face of the request to be helped to anticipate death.'

[4] See IV. The Cultural Obstacles that Obscure the Sacred Value of Every Human Life, SAMARITANUS BONUS 2020

[5] Ibid.

only way such dignity can be upheld. Other understandings make judgements about the value of human life based on qualities or criteria such as the possession or lack of particular psychological or physical functions, or sometimes simply by the presence of psychological discomfort.[7] This utilitarian anthropological perspective, sees a life whose quality seems poor, as not deserving to continue. Human life is thus no longer recognised as of value in itself.[8]

Threats to the therapeutic relationship

5.1 Assisted suicide/euthanasia also has grave implications for the therapeutic relationship between patients and healthcare professionals. It would introduce and institutionalise the intentional killing of a patient as a part of medical treatment. This is a negation of the vocation or profession of healthcare workers who share a common calling to care for human life until its natural end. This ethic is expressed in the maxim '*primum non nocere*' or, 'first do no harm'. A healthy and fruitful relationship of care between physician and patient is grounded in trust that the physician knows and cares about the patient's particular situation. The legalisation of assisted suicide would damage the sometimes-fragile trust that exists between physicians and patients by communicating that doctors may be more invested in the death of a patient rather than in their continued care in times of suffering.

5.2 The deleterious impact of assisted suicide/euthanasia on trust between physicians and patients can be further amplified by the difficulty in accurately predicting the outcome of a terminal illness, specifically the amount of time one will live with such a diagnosis. For example, research from the Marie Curie Palliative Care Research Department at University College London in 2016 found the accuracy of prognoses for terminal illness can range from 78% to a mere 23%.[9] Such difficulties can further increase the distance and

---

[6] 'Cherishing Life' Catholic Bishops' Conference of England and Wales, 2004 at 185. See https://www.cbcew.org.uk/wp-content/uploads/sites/3/2019/07/cherishing-life-2004.pdf accessed 09 January 2023

[7] See IV. The Cultural Obstacles that Obscure the Sacred Value of Every Human Life, SAMARITANUS BONUS 2020
See also, Pope Francis, Address to Participants in the Commemorative Conference of the Italian Catholic Physicians' Association on the occasion of its 70th Anniversary (15 November 2014) https://www.vatican.va/content/francesco/en/speeches/2014/november/documents/papa-francesco_20141115_medici-cattolici-italiani.html accessed 12 January 2023

[8] See IV. The Cultural Obstacles that Obscure the Sacred Value of Every Human Life, SAMARITANUS BONUS 2020

[9] APPG for Terminal Illness, 'Six Months to Live? Report of the All-Party Parliamentary Group for Terminal Illness inquiry into the legal definition of terminal illness', July 2019 at page 24. See https://www.mariecurie.org.uk/globalassets/media/documents/policy/appg/all-party-parliamentary-group-for-terminal-illness-report-2019.pdf accessed 10th January 2023

lack of trust between physician and patient, particularly if a prematurely negative prognosis affects the availability of the physician for the full care of the patient and if the patient considers their remaining life to be futile and best ended by an assisted suicide/euthanasia. It is further worth noting that no doctors' groups in the UK support changing the law, including the British Medical Association, the Royal College of General Practitioners, the Royal College of Physicians, the British Geriatric Society, and the Association for Palliative Medicine.

The Disproportionate Impact on Vulnerable Groups

6.1 In addition to our principled opposition to assisted suicide on the grounds that it fundamentally undermines the dignity of human life in our society, we would like to highlight the disproportionate and detrimental effects of legalising assisted suicide/euthanasia on some of the most vulnerable members of society. Such pragmatic concerns for the welfare of our population are grounded both in concerns about the current condition of our health and care system and an awareness of the legacy of assisted suicide legislation in other jurisdictions. They reflect the research of many others who have examined this matter and recent debates in the Houses of Parliament.

Disability

6.2 In the first case, the legalisation of assisted suicide/euthanasia would likely result in the dangerous degradation of people living with disabilities. Although access to assisted suicide/euthanasia is often defended on the grounds of personal autonomy and medical freedom, we would argue that this practice effectively reduces the value of life to its physical or psychological capabilities such that those living with disabling, terminal or progressive conditions could easily become disillusioned with their lives and disenchanted with life itself to the extent that they see death as preferable. As Baroness Campbell of Surbiton argued during the Second Reading of the Assisted Dying Bill [HL] in October 2021, assisted suicide 'would alter society's view of those in vulnerable circumstances by signalling to the sick that an assisted suicide is something that they might or ought to consider.'[10] The dehumanising effect of assisted suicide/euthanasia legislation on people living with disabilities has been highlighted by the United Nations whose Special Rapporteur on the Rights of Persons with Disabilities in January 2012 expressed serious concern at a growing international trend in providing access to assisted suicide/euthanasia largely based on

---

[10] Assisted Dying Bill [HL]: Volume 815: debated on Friday 22nd October 2021 https://hansard.parliament.uk/Lords/2021-10-22/debates/11143CAF-BC66-4C60-B782-38B5D9F42810/AssistedDyingBill(HL)?highlight=assisted%20suicide#contribution-4DE6BC7C-02B1-4F0A-AF23-0FC4E50F4A1C accessed 07 January 2023

having a disability. Indeed, as the UN Special Rapporteur commented, 'disability should never be a ground or justification to end someone's life directly or indirectly' and 'disability is not a burden or deficit of the person.'[11]

6.3 Given the difficulty of determining the prognosis for terminal illness (see 5.2), legalising assisted suicide/euthanasia would be fraught with danger for those living with disabling conditions of unreliable prognosis. The United Kingdom enjoys a proud history of opposing the denigration of people living with disabilities, such as through the ground-breaking Disability Discrimination Act 1995, and it would be a grave mistake and contradiction to legalise a practice that would place those with disabilities in harm's way. Moreover, it should be recognised that all major disability rights groups in the United Kingdom have opposed any change in the law on assisted suicide/euthanasia, including Disability Rights UK, Scope, and Not Dead Yet UK, especially for fear that such legislation might lead people with disabilities to experience pressure to consider ending their lives.[12]

The Elderly

6.4 In the second case, the introduction of assisted suicide/euthanasia would pose a grave threat to the elderly members of our society, particularly those suffering from a terminal illness or progressive condition. The permitting of lethal drugs as a somehow acceptable form of medicine once one reaches a certain level of physical or psychological suffering would confront our elderly and infirm neighbours with the deeply unfair concern of whether their life remains worth living or is of equal value to younger, healthier members of society. Indeed, the evidence from countries where assisted suicide/euthanasia has been legalised demonstrates that those who seek it can and do report a fear of burdening their loved ones with their suffering. In the American state of Oregon, 48.3% of those who underwent an assisted suicide between 1998 and 2021 cited fear of being a burden on their family, friends, or caregivers as an end-of-life concern motivating their desire for an assisted suicide.[13] Similarly, the latest available evidence from Canada reveals

[11] See United Nations Office of the High Commissioner on Human Rights , 'Disability is not a reason to sanction medically assisted dying- UN experts' 25 January 2021 https://www.ohchr.org/en/press-releases/2021/01/disability-not-reason-sanction-medically-assisted-dying-un-experts?LangID=E&NewsID=26687 accessed 07 January 2023

[12] See for example: Disability Rights UK 'Our position on the proposed Assisted Dying Bill', https://www.disabilityrightsuk.org/news/2015/september/our-position-proposed-assisted-dying-bill accessed 07 January 2023, Scope UK 'Scope concerned by the reported relaxation of assisted suicide guidance' https://www.scope.org.uk/media/press-releases/scope-concerned-by-reported-relaxation-of-assisted-suicide-guidance/ accessed 07 January 2023, and Not Dead Yet UK 'About' http://notdeadyetuk.org/about/ accessed 07 January 2023

[13] See 'Oregon Death with Dignity Act, 2021 Data Summary' p. 13 https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEAT

that 35.7% of those who received an assisted suicide in 2021 reported being a 'perceived burden on family, friends, or caregivers' as part of the nature of their suffering.[14]

6.5 The fear of being burdensome to family and society would only be amplified by current crises in our health and social care systems alongside the financial pressures on the elderly from the raging cost-of-living crisis. Concerningly, Age UK reported last November that one in ten older people across the UK are reducing or stopping their social care, or expected to do so shortly, as a result of economic difficulties.[15] Separately, the Care and Support Alliance has recently found that 2.6 million people over the age of 50 in England suffer from some form of unmet need for care.[16] Given the heavy pressures on our health and social care systems, the danger of the introduction and later widening of access to assisted suicide/euthanasia as an apparently cost-effective and compassionate option for those who fear becoming a social or economic burden must be resisted to uphold the inherent dignity of our elderly and infirm. Their value extends beyond their physical condition or economic activity.

Experience shows, legalising assisted suicide/euthanasia is never just for very limited circumstances

7.1 The evidence from existing assisted suicide regimes is abundantly clear that there is no possibility of a safe assisted suicide/euthanasia law. Despite the best intentions of those arguing for an apparently restricted assisted suicide law, the experience of other jurisdictions illustrates how assisted suicide/euthanasia legislation expands from hard cases to a more comprehensive provision. This is again particularly clear in the case of Canada which, legally and culturally, offers a helpful comparison for how assisted suicide/euthanasia legislation introduced in England and Wales would develop over time. Worryingly, the example of Canada reveals the dangerous degradation of people living with disabilities through the availability of assisted suicide and the absence of community-based alternatives and palliative care.[17]

HWITHDIGNITYACT/Documents/year24.pdf accessed 10 January 2023

[14] See 'Third Annual Report on Medical Assistance in Dying in Canada 2021' p. 26 https://www.canada.ca/content/dam/hc-sc/documents/services/medical-assistance-dying/annual-report-2021/annual-report-2021.pdf accessed 10 January 2023

[15] See 'One in ten UK Older people are reducing or stopping their social care or expect to do so in the coming months as they struggle with the cost of living' Age UK, 03 November 2022 https://www.ageuk.org.uk/latest-press/articles/2022/one-in-ten-uk-older-people-are-reducing-or-stopping-their-social-care-or-expect-to-do-so-in-the-coming-months-as-they-struggle-with-the-cost-of-living/ accessed 10 January 2023

[16] See 'Incoming PM needs to act fast, says Care and Support Alliance, as new analysis finds 2/6m aged 50+ now have some unmet need for social care' Care and Support Alliance, 02 September 2022 http://careandsupportalliance.com/category/news/ accessed 11 January 2023

[17] United Nations Office of the High Commissioner on Human Rights, 'End of Mission Statement by the

7.2 Another example of the widening of the criteria for assisted suicide is also evidenced by Canada. In March 2021 the Canadian Government amended their 'medical assistance in dying' law to remove the requirement that death be 'reasonably foreseeable' in cases of assisted suicide, after a successful court challenge seeking access to assisted suicide in cases of non-terminal illnesses.[18] Indeed, it seems very likely that any legalisation of assisted suicide/euthanasia for terminal illnesses in England and Wales would eventually be challenged in our courts on the grounds of discrimination and then most probably extended to allow for assisted suicide/euthanasia in cases of non-terminal illnesses.

7.3 Also of concern is that there is a corresponding lack of psychiatric evaluation for individuals seeking assisted suicide in Canada where only 6.7% of cases were referred to a psychiatrist in 2021.[19] Even though expressions of suicidal ideation by any other group in society, such as young women suffering from eating disorders, would be treated as symptoms of psychological distress rather than a reasonable requests for lethal medication, the availability of assisted suicide/euthanasia in Canada has not been accompanied by any increased concern for the psychiatric condition and needs of those applying.

7.4 Prescribing lethal medication for individuals suffering from suicidal ideation would not only be a grave betrayal of the medical duty to save life but would further undermine the suicide prevention campaigns of our public health authorities. We would recommend that the Government seriously considers whether legalising the prescription of lethal medication for patients expressing suicidal ideation is, in any way, compatible with the staunch focus on suicide prevention as a public health concern shown, by example, by the ongoing updating of the Suicide Prevention Strategy for England. which we warmly welcome.

7.5 The slippery slope of assisted suicide legislation is clearly seen in other jurisdictions besides from Canada. Belgium and the Netherlands have expanded their provision of assisted suicide and euthanasia to include children.[20] The American state of Oregon, often referenced as a model template for mild assisted

---

United Nations Special Rapporteur on the rights of persons with disabilities, Ms. Cataline Devandas-Aguilar, on her visit to Canada, 12 April 2019 https://www.ohchr.org/en/statements/2019/04/end-mission-statement-united-nations-special-rapporteur-rights-persons?LangID=E&NewsID=24481 accessed 10 January 2023

[18] See 'New medical assistance in dying legislation becomes law' Department of Justice Canada 17 March 2021 https://www.canada.ca/en/department-justice/news/2021/03/new-medical-assistance-in-dying-legislation-becomes-law.html accessed 12 January 2023

[19] 'Third annual report on Medical Assistance in Dying in Canada 2021' Government of Canada Table 6.3 https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2021.html accessed 12 January 2023

[20] 'Belgium approves assisted suicide for minors' DW -2/13/2014 https://www.dw.com/en/belgium-approves-assisted-suicide-for-minors/a-17429423 see also 'Netherlands backs euthanasia for terminally ill children under 12' BBC 14 October 2020 https://www.bbc.co.uk/news/world-europe-54538288 accessed 12

suicide legislation, has expanded its list of applicable conditions to now include anorexia, arthritis, complications from a fall, and kidney failure, among other non-terminal conditions.[21] It is abundantly clear from the international evidence that there can be no safe or limited assisted suicide/euthanasia law.

Conclusion

8.1 In conclusion, rather than legalising assisted suicide, the Catholic Bishops' Conference of England and Wales strongly supports greater Government investment in the availability and accessibility of specialist palliative care across the country. Care for human life should be best understood as a 'therapeutic art.' It integrates right relations for the patient with healthcare workers, spiritual and pastoral chaplains, relatives, and the wider community, in the context of care that, based on our recognition of the lasting love of God for all of us, protects and promotes human life until natural death. In this vein, we strongly welcome the Government's acceptance of Baroness Finlay's amendment to the Health and Care Act 2022, which requires integrated care boards across England to provide palliative care as a legal right for patients.[22] We reiterate the Catholic Church's commitment to protecting and valuing life at all stages, no matter how physically or psychologically limited and our consequent opposition to assisted suicide/euthanasia as an attack on the principle of the value of human life.

January 2023

[21] See 'Oregon Death with Dignity Act, 2021 Data Summary' p.14 https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year24.pdf accessed 10 January 2023

[22] Health and Care Act 2022, s.21