

**Written evidence submitted by Professor Rutger Jan van der Gaag MD PhD HonFRCPsych (ADY0365)**

Thank you for giving the opportunity for submitting evidence on the need for legislation on assisted dying. Though I grew up in Kent in the '50s I am not a British citizen but hope that my experience as a Dutch medical doctor and a previous President of the *Royal Dutch Medical Association (KNMG)* will be of some help in your considerations.

Palliative care in the UK is of high quality and medical doctors in your country will give palliative sedation when the suffering becomes unbearable, and the prospects of recovery are slim to non-existent. In many discussions within the World Medical Association WMA, on which I served for four years on the Council, this was the argument put forward by many countries to oppose legislation as it was in place then in the Benelux, some states in the USA and Canada. The Canadian Medical Association and the KNMG left the WMA when their doctors were "condemned for 'killing' patients, whilst administering palliative sedation in their view was merely meant to alleviate discomfort and lead to a "natural death".

The outcome of both palliative sedation and legally assisted dying according is the same: the patient does not have to suffer any more and the process of dying that might have ended after a long period of agony, is ended.

But there are very big differences, that in my opinion and in the view of parliaments around the globe play an important role. Namely 1) palliative sedation is in the hands of the doctor, whilst assisted dying is a decision of the person that is ill, 2) in palliative sedation there are no checks and balances, whereas in all the countries with legislation on assisted dying, there is a whole procedure that must be followed beforehand with independent assessments and a system of reviewing the procedure independently afterwards.

In other words, though all medical doctors have pledged an oath that they will respect the will of the patient and his autonomy, having only palliative care, gives no guarantee that the will of the patient is or has been fully respected. This means that the beliefs and prejudices of the doctor, of relatives and of others in the community will have played a part, sometimes inducing an untimely death on request of third parties or a period of unnecessary, prolonged agony.

So, the evidence that I would like to put forward is that legislation on assisted dying is primarily a sign that the government and parliament of a country take the autonomy of their citizens seriously and putting in place a procedure with independent checks and balances to make sure that autonomy and the right to decide (and that capacity has to be independently assessed) is guaranteed.

My personal experience before and after the 2002 legislation in the Netherlands, is that {before 2002} as a doctor I could assure my patients that they would not have to suffer more than they could endure, it gave them peace of mind. Remarkably none of my patients ever used the means that I had provided them. The knowledge that it was their choice and the fact that I visited them every day until their last one, and assisted their relatives after they had died, was enough for them. Until 2002 I was anxious about my practice but after the assisted dying law was passed in 2002, I was able to practice humanely with confidence.

For patients, knowing that they live in a country where they can die with dignity, on their own conditions, is a blessing. Assisted dying is only unusually applied, but the knowledge that citizens can count on it when necessary and that they will not be dependent on the views or fears of their doctors or eventually relatives, is a sign of political maturity and taking the citizens wishes seriously.

I hope that this will prove helpful in your considerations and would be happy to provide further evidence, if necessary,

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