Written evidence submitted by Right To Life UK (ADY0404)

1. About us

1.1. Right To Life UK is a charitable organisation focused on life issues.[1]

1.2. We protect and defend the right to life of every human being from conception to natural death through our work across education, politics, the media and through a large network of people in constituencies across England, Wales, Scotland and Northern Ireland.

1.3. We are committed to an evidence-based approach to life issues, uniting people from different political ideologies and philosophical beliefs (including those who are non-religious, religious, or agnostic).

2. Summary

2.1. Right To Life UK welcomes the opportunity to submit evidence to the Health and Social Care Committee's inquiry into assisted suicide. Right To Life UK opposes assisted suicide, and supports the development of palliative care services and end of life care that remove any perceived need for assisted suicide.

2.2. Based on evidence from overseas, we are deeply concerned that assisted suicide legislation, whilst often introduced as a narrow proposal for those with terminal illnesses, often expands to include cases which were previously regarded as implausible and unconscionable.

2.3. Furthermore, assisted suicide provisions are never safe for vulnerable groups in society and entail many ethical and practical concerns for healthcare professionals.

2.4. We therefore urge the Committee to recommend that the Government does not change the law but instead focuses on improving palliative care, social care and mental health support for those with disabilities, the elderly and the seriously ill.

3. Definitions

3.1. The NHS defines assisted suicide as "*the act of deliberately assisting or encouraging another person to kill themselves*".[2]

3.2. The phrase "*assisted dying*" is misleading; research in 2021 showed more than half of UK adults believe that it refers to hospice-type care of those who are dying and allowing patients to stop life-prolonging treatment, which are both already legal.[3]

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[1] See: https://righttolife.org.uk/about-us

[2] See: *NHS*: Euthanasia and assisted suicide

[3] See: *Survation* - APPG for Dying Well Survey July 2021.

4. Evidence from countries where assisted suicide is legal about provisions expanding

4.1. There is clear evidence that assisted suicide provisions expand over time. The Anscombe Bioethics Centre reviewed statistics from fifteen jurisdictions that publish official data on assisted suicide or euthanasia rates and characteristics of death for them, and discovered that "*there are common patterns which emerge in each of these jurisdictions: in every jurisdiction numbers have increased over time and continue to do so; there has also been a shift from permitting assisted suicide for cancer victims to include other diseases . . . Supposed safeguards such as psychiatric referral have also declined in frequency. Essentially, the practice has become more widespread and more routine*."[4]

4.2. Obtaining accurate information can be challenging. For example, research has shown that in Flanders (Belgium) only half of the assisted suicide cases have been reported and approximately three quarters in the Netherlands.[5,6]

4.3. Assisted suicide legislation has often initially been introduced in a limited manner, however, gradually the 'right to die' is expanded to become a more widespread provision, subsequently leading to an increase in assisted suicides.

4.3.1. For example, in 2021 the former President of the Canadian Society of Palliative Care Physicians, Dr. Leonie Herx, warned British politicians that in as little as five years euthanasia provisions in Canada expanded to allow disabled people who are not terminally ill and the mentally ill to utilise it, whilst proponents also now push for euthanasia for children. Dr. Herx said "*it is not a slippery slope, it is a logical progression*". She also explained that "*administering death is cheaper and easier than providing care, and it will quickly become the solution for any form of human suffering, as we have seen in Canada*."[7]

4.3.2. Unsurprisingly there has been a consistent, rapid increase in the yearly number of assisted suicides in Canada since the Medical Assistance in Dying (MAiD) provision became law in 2016. That year the number of deaths was 1,018. Just five years later, in 2021, there were 10,064 deaths - an 889% increase. This represented 3.3% of all deaths in Canada.[8]

4.4. The U.S. state of Oregon is often held up as a model for moderate assisted suicide legislation, but in fact provisions have significantly expanded there too. Oregon's laws, enacted in 1997, specified a patient must have "*an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months*". This has since been reinterpreted.[9]

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[4] See: *Anscombe Bioethics Centre* - Assisted Suicide and Euthanasia: A Guide to the Evidence.

[5] See: Reporting of euthanasia in medical practice in Flanders, Belgium: cross sectional analysis of reported and unreported cases.

[6] See: Trends in end-of-life practices before and after the enactment of the euthanasia law in the Netherlands from 1990 to 2010: a repeated cross-sectional survey.

[7] See: *Catholic Herald* - Bishops mobilise Church against assisted dying Bill (9/9/21).

[8] See: Third annual report on Medical Assistance in Dying in Canada 2021.

4.4.1. Subsequent to inquiries in 2017, the Oregon Health Authority freely admitted that 'incurable' illness can include illnesses for which life-sustaining treatment exists, and that the definition of 'terminal' illness is based on the likelihood of death within six months if such life-sustaining treatment is stopped.[10] This allows patients with chronic conditions, such as diabetes, to transform their condition into a terminal version by refusing appropriate treatment, such as insulin, and thus legally apply for assisted suicide.

4.4.2. Oregon's list of applicable conditions now includes many non-terminal conditions, such as arthritis, complications from a fall, kidney failure, hernia and anorexia.[11,12]

4.5. The Netherlands and Belgium have also broadened their euthanasia and assisted suicide provisions to include children.[13,14]

4.6. Professor Theo Boer, a Dutch ethicist and former member of one of the five Regional Review Committees on Euthanasia in the Netherlands between 2005-2014 (where he reviewed over 4,000 cases) formerly supported assisted suicide, but in July 2014 implored the UK Parliament not to pass an assisted suicide bill, commenting that "*In 2007 I wrote that 'there doesn't need to be a slippery slope when it comes to euthanasia . . . But we were wrong - terribly wrong . . . Whereas the law sees assisted suicide and euthanasia as an exception, public opinion is shifting towards considering them rights, with corresponding duties on doctors to act."*[15]

5. Assisted suicide provisions undermine other forms of care

5.1. There is ample evidence that the legalisation of assisted suicide can lead to worrying economic incentives to decrease healthcare spending which impacts upon the vulnerable.

5.2. The Association for Palliative Medicine of Great Britain & Ireland explain that so-called assisted dying (AD) "*fragments good palliative care services because their philosophies are incompatible - Oregon and Canada demonstrate this. Jurisdictions worldwide that involve doctors directly in AD have seen disinvestment in palliative care . . . Growth in services in Belgium and the Netherlands has stopped since 2012 where AD continues to rise*".[16]

5.3. In 2017, Canadian researchers found that assisted suicide provisions "*could reduce annual health care spending across Canada by between $34.7 million and $138.8 million*."[17]

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[9] See: Oregon Revised Statute: Oregon's *Death with Dignity Act*.

[10] See: Submission to the Justice Committee, New Zealand Parliament February 2018.

[11] See: Oregon *Death with Dignity Act* 2020 Data Summary p. 13.

[12] See: Oregon *Death with Dignity Act* 2021 Data Summary p 14.

[13] See: *DW* - Belgium approves assisted suicide for minors.

[14] See: *BBC* - Netherlands backs euthanasia for terminally ill children under 12.

[15] See: *Daily Mail* - Don't make our mistake: As assisted suicide bill goes to Lords, Dutch watchdog who once backed euthanasia warns UK of 'slippery slope' to mass deaths (9/7/14).

[16] See: Briefing on Baroness Meacher's Bill by the Association for Palliative Medicine of Great Britain and Ireland.

[17] See: Cost analysis of medical assistance in dying in Canada (23/01/2017).

5.4. Research from Scottish academics has already been published attempting to evaluate the benefits to the healthcare system of starting to offer assisted suicide to cancer patients and reallocating the resources dedicated to them.[18]

5.5. It is not unfathomable and in fact it is wise to consider that increasing life expectancy, an ageing population and subsequent increasing pressure to provide costly social and palliative care could lead to very concerning economic incentives to promote assisted suicide.

5.5.1. Consider for example the case of Roger Foley, who suffers from cerebellar ataxia, a fatal neurological disorder. Mr Foley filed a landmark lawsuit against a Canadian hospital, several health agencies, the Ontario government and the federal government, which states that he was "*told by hospital staff that he had stayed at the hospital for too long and if he did not receive self-directed funding [from local agencies, covering home care], he should apply for assisted death as an option*".[19] [20]

5.6. There are many misconceptions about palliative and end-of-life care. For example, many assume that the desire for assisted suicide comes principally from those suffering with unbearable physical pain from terminal illness. Baroness Finlay of Llandaff, a professor of palliative medicine, said "*with modern analgesia, pain is much easier to control than once it was . . . it is high time that the argument that 'assisted dying' is necessary to avoid a painful death is exposed as a fallacy*".[21]

5.7. In Oregon, far from being the most important reason for assisted suicide, inadequate pain control, or simply being concerned about inadequate pain control was cited as a reason in just 27.5% of cases between 1998 and 2021.[22]

5.8. In comparison, the most significant end of life concern for patients between 1998 and 2021 was losing autonomy (90.9%), followed closely by less ability to engage in activities making life enjoyable (90.2%).[23] This suggests that the key factors leading people to consider assisted suicide are mostly psychological, likely stemming from fear and anxiety over the future.

5.9. Whilst depression, anxiety and demoralisation are known to be significant reasons for assisted suicide, between 1998-2019 only 4.0% of patients in Oregon were referred for psychiatric evaluation. This is decreasing over time, as the figure in 2021 was 0.8%.[24] This demonstrates how assisted suicide provisions can undermine both suicide prevention efforts and efforts to support those with mental health issues like depression.

5.9.1. Indeed, research has found that around a quarter of those in Oregon considering assisted suicide meet criteria for depression and a quarter for anxiety.

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[18] See: Counting the cost of denying assisted dying (10/3/2020).

[19] See: *CTV News* - 'Barely hanging on to life': Roger Foley shares his fight for home care with UN envoy.

[20] See: *New York Post* - Canadian man claims assisted suicide is being pushed on him by hospital.

[21] See: *The Times* letters: Frustration at new lockdown restrictions.

[22] See: Oregon Death with Dignity Act 2021 Data Summary p 13.

[23] See: Ibid.

[24] See: Ibid, p. 12.

5.9.2. Some of those who underwent assisted suicide have had undiagnosed clinical depression and were not referred for psychological examination, as Oregon's laws require.[25]

6. The professional and ethical considerations involved in allowing physicians to assist someone to end their life

6.1. Assisted suicide places enormous pressure on doctors. Campaigners often believe that doctors can predict the outcome of a suspected terminal illness or how long a person with a terminal illness may have left to live. However, it is far more difficult and prone to error than is often suggested.[26]

6.2. Indeed, research in 2016 from the Marie Curie Palliative Care Research Department at University College London found that the accuracy of prognoses for terminal illness can range from 78% down to a mere 23%.[27] One doctor, speaking for the Royal College of Physicians, explained to the Select Committee on Assisted Dying for the Terminally Ill Bill in the House of Lords that it is "*pretty desperately hopeless*" to prognosticate at a range of six months.[28]

6.3. Even the pro-assisted suicide campaign group *My Death, My Decision* acknowledge that "*doctors freely admit that they cannot accurately predict when someone only has six months left to live*".[29]

6.4. The Royal College of Nursing describes pain as "*a complex physical, psychological and social phenomenon that is uniquely subjective*".[30] Consequently, there is no consensus on the definition of subjective suffering or how to objectively measure it, particularly as physical or psychological pain may be handled entirely differently by two different people. If we had an assisted suicide provision on the basis of a patient's suffering, how would medical professionals make a value judgement on how much pain someone is experiencing and apply a consistent standard across different patients?

6.5. Assisted suicide fundamentally contradicts the medical profession's ethics and changes the relationship between patient and doctor by undermining the trust between them.

6.5.1. The Association for Palliative Medicine (APM), which represents over 1,200 palliative medicine doctors across the UK, believes that "*actively assisting a patient to take his or her life undermines the fundamental principles of the doctor-patient relationship irrevocably and harmfully*."[31]

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[25] See: Prevalence of depression and anxiety in patients requesting physicians' aid in dying: cross sectional survey.

[26] See: *Dignity in Dying* - Our position for an example of the representation of terminal illness as "six months or less to live".

[27] See: APPG for Terminal Illness - Six Months To Live?, p. 24 for the difficulties of diagnosing terminal illness.

[28] See: Select Committee on Assisted Dying for the Terminally Ill Bill First Report. Paragraph 118.

[29] See: *My Death, My Decision* - Our Campaign - What We Want.

[30] See: *Royal College of Nursing* - Pain.

[31] See: *APM* - Position Statement - Physician Assisted Suicide and Physician Administered Euthanasia (sometimes referred to as 'Assisted Dying').

6.5.2. The APM President, Dr. Amy Proffitt, describes it as "*a dramatic and irreversible shift in medicine's philosophy and practice to do no harm".*[32]

6.6. Savanta ComRes polling in 2019 found that 48% surveyed said that giving GPs "*the power to help patients commit suicide*" would "*fundamentally change the relationship between a doctor and patient, since GPs are currently under a duty to protect and preserve the lives of patients.*" Only 23% disagreed with that statement.[33]

6.7. Katherine Sleeman, a palliative case specialist, argued in the British Medical Journal that any legal change concerning end of life care must be "*associated with more protection for society, not less*".[34]

6.8. In the UK, no doctors groups support changing the current law. This includes the British Medical Association, Royal College of Physicians, Royal College of General Practitioners, Royal College of Surgeons of England, the British Geriatric Society, and the Association for Palliative Medicine.[35,36,37,38,39,40]

6.9. A British Medical Association survey found that 76% of palliative medicine specialists opposed the legalisation of assisted suicide.[41] A similar survey from the Royal College of Physicians found that 84% of palliative medicine physicians were opposed to changing the law.[42]

6.10. Given the scale of opposition from those working in related areas of healthcare, including palliative medicine, assisted suicide provisions risk placing many medical professionals in uncomfortable situations which violate their conscience and cause great distress.

6.10.1. Research conducted over the last few decades shows that up to half of all doctors who have participated in assisted suicide medical procedures described suffering an emotional burden or discomfort afterwards, with up to one fifth experiencing significant, ongoing adverse personal impact.[43]

6.10.2. One study, from the Netherlands, found that 78% of physicians reported uncomfortable feelings following participation in assisted suicide.[44]

6.11. Evidence from overseas shows that, over time, many healthcare professionals are increasingly forced to participate, regardless of their views.

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[32] See: *Daily Express* - Assisted dying law risks undermining our trust in doctors.

[33] See: *Care Not Killing* - Poll: public recognise PAS danger.

[34] See: *BMJ* Opinion - Katherine Sleeman: Assisted dying - how safe is safe enough?.

[35] See: The BMA's position on physician-assisted dying.

[36] See: *RCP* - Press release: No majority view on assisted dying moves RCP position to neutral.

[37] See: *RCGP* - Assisted Dying.

[38] See: *RCS* - Public Policy

[39] See: *BGS* - Physician Assisted Suicide.

[40] See: *APM* - Press release: APM survey confirms opposition to physician-assisted suicide.

[41] See: *BMA* - Survey on Physician-Assisted Dying, p. 20.

[42] See: *RCP* - Assisted dying survey 2019 results.

[43] See: The response to participation in euthanasia and physician-assisted suicide among doctors:a review of research findings (2019).

[44] See: Physicians' experiences with euthanasia: a cross-sectional survey amongst a random sample of Dutch physicians to explore their concerns, feelings and pressure (17/12/19).

6.11.1. In Canada, a British Columbia hospice society has been embroiled in a legal battle (including the removal of material support from their local health authority) for refusing to comply with provincial policies on Medical Assistance in Dying which conflicted with it's Christian character.[45] In 2019, an Ontario Court of Appeal ruled that doctors who oppose euthanasia had to participate in the act by doing an effective referral.[46]

6.12. In 2020, the Physicians' Alliance Against Euthanasia in Canada reported that a growing number of physicians are being 'bullied' into participating in the provision of euthanasia or assisted suicide. Palliative care specialists have suffered particular distress, including the "*betrayal of collegial relationships*".[47]

6.13. This is clearly contrary to guidance from the World Medical Association, which is clear that "*no physician should be forced to participate in euthanasia or assisted suicide, nor should any physician be obliged to make referral decisions to this end*".[48]

7. Assisted suicide laws harm the most vulnerable

7.1. Laws permitting assisted suicide would deeply change society's attitude towards vulnerable groups, including the elderly, seriously ill, and disabled. Assisted suicide would undoubtedly send a subconscious message to those groups that society values them less and it is an option they 'ought' to consider.

7.2. Almost all the major UK disability rights groups explicitly oppose any change in the law, (including SCOPE, United Kingdom's Disabled People's Council, and Not Dead Yet UK); none support a change (Disability Rights UK have expressed strong concerns with the idea).[49,50,51,52]

7.3. Amongst British adults, when asked if they "*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*", ComRes polling in 2019 found that 51% say yes, whilst only 25% disagreed.[53]

7.4. Due to the risk to disabled persons rights, United Nations human rights experts have criticised Canada because of the "*growing trend to enact legislation enabling access to medically assisted dying based largely on having a disability or disabling conditions, including in old age.*"[54]

7.5. In 2021 in Canada, 35.7% of those seeking Medical Assistance in Dying (MAiD) gave as a reason their perception that they were a burden on family, friends or caregivers.[55] In Oregon, concern

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45 See: *CBC* - BC hospice looking at legal and other options after funding cut by province (26/2/20).
46 See: ON Court of Appeal Decision CMDS v CPSO 2019-05-15.pdf.
47 See: *Physicians' Alliance Against Euthanasia* - A growing number of Canadian physicians are bullied to participate in MAiD.
48 See: *WMA* - Declaration on Euthanasia and Physician-Assisted Suicide.
49 See: *Scope* - Press release: Scope concerned by reported relaxation of assisted suicide guidance.
50 See: *Care Not Killing* - The United Kingdom's Disabled People's Council.
51 See: *Not Dead Yet UK* - UK disability activists opposed to assisted suicide.
52 See: *Disability Rights UK* - Our position on the proposed assisted dying bill.
53 See: *Care Not Killing* - Poll: public recognise PAS danger.
54 See: *OHCHR* - Press release: Disability is not a reason to sanction medically assisted dying (January 2021).

about being or becoming a burden on family, friends, and caregivers ranks even higher at 54.2% in 2021.[56]

7.6. There are cases of Canada's MAiD being used due to poverty.

7.6.1. One woman ended her life in 2022 after she was unsuccessful in applying for affordable housing to help alleviate symptoms associated with a chronic health condition.[57]

7.6.2. There are other stories of severely disabled Canadians unable to provide for their basic needs applying for MAiD and then reconsidering when crowd-funding raised enough money to help them pay for food and housing.[58,59]

7.7. In 2020, an elderly Canadian woman was reported to have asked for an assisted suicide due to depression and loneliness during COVID-19 shielding.[60]

7.8. In Canada, there has been an alarming cultural shift whereby a major fashion company attempted to not only normalise, but even glamourise suicide as "*the most beautiful exit*".[61] Their advert featured a young woman who was approved for assisted suicide within weeks despite not having a terminal illness. She had previously revealed to a media outlet under a pseudonym that she had been struggling for years to get access to proper healthcare and appears to have given up hope.[62,63]

8. What should the Government's role be in relation to the debate?

8.1. The Government and Parliament should look very carefully at the overseas evidence when considering assisted suicide legislation, and should reject the practice as it could never be safely implemented.

8.2. Parliament has already considered this issue many times in recent years, with six separate attempts in legislation being rejected since 2014 alone.[64,65,66,67,68,69]

8.3. There is still little support in Parliament for these laws. Polling of MPs conducted by YouGov in 2021, showed that only 35% of MPs support a law change to allow "*doctors to assist in the*

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55 See: Third Annual Report on Medical Assistance in Dying in Canada (2021).
56 See: Oregon Death with Dignity Act 2021 Data Summary, p. 13.
57 See: Are Canadians being driven to assisted suicide by poverty or healthcare crisis?
58 See: Canadian man applies for euthanasia because he can't afford a home but reconsiders after $60,000 GoFundMe.
59 See: Canadian woman, 31, who applied for assisted suicide pauses request after well-wishers donate $65k to her.
60 See: *Info News Canada* - Woman asks for assisted suicide rather than continue in COVID-19 isolation (15/8/20).
61 See: Simons - All is Beauty.
62 See: *CTV News* - B.C. woman behind 'dystopian' commercial found 'death care' easier than health care.
63 See: *CTV News* - 'Easier to let go' without support: B.C. woman approved for medically assisted death speaks out.
64 See: Hansard: Health and Care Bill
65 See: Assisted suicide Bill fails to go to vote after over 60 Peers speak in opposition in 7-hour debate
66 See: Assisted Dying Bill [HL] - Parliamentary Bills - UK Parliament
67 See: Assisted Dying Bill [HL] - Parliamentary Bills
68 See: Assisted Dying (No. 2) Bill - Parliamentary Bills
69 See: Assisted Dying Bill [HL] - Parliamentary Bills

suicide of someone suffering from a terminal illness", dropping to just 16% for a "*painful, incurable but not terminal illness*".[70]

8.4. There is no evidence that a law change is needed as evidence suggests extremely few people in the UK want to undergo assisted suicide. According to figures from Dignitas in Switzerland, from 1998-2021, on average only 21 Britons per year have travelled there for "*accompanied suicide*".[71] Each one of these cases is tragic but, nonetheless, that number is equivalent to around 0.004% of all deaths in Britain during that time period.[72]

8.5. Given that only around one-third of palliative care services are funded by the NHS, the Government should instead focus on protecting and improving the quantity and quality of palliative and hospice care, especially as end of life care currently faces enormous challenges.[73] Research from Oregon found that around half of people who had requested assisted suicide across 1997-1999 changed their mind after their doctor provided them with palliative care.[74]

8.6. Regional disparity in the provision of specialised palliative care should also be resolved, through measures such as those outlined in Baroness Finlay's Access to Palliative Care and Treatment of Children Bill.[75]

8.7. As the Association for Palliative Medicine says, "*the drivers for physician assisted suicide . . . may be based on fundamental misconceptions of what palliative care can and cannot achieve*".[76] We must channel our efforts to improve end of life care, showing compassion by confirming to our vulnerable fellow citizens that their lives are always worth living.

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[70] See: YouGov polling

[71] See: *Dignitas* - Accompanied suicides per year and per country of residence.

[72] See: *ONS* - Deaths registered in England and Wales: 2021 and Monthly Data on Births and Deaths Registered in Scotland.

[73] See: England's palliative care funding challenge (2021).

[74] See: Physicians' Experiences with the Oregon Death with Dignity Act.

[75] See: Access to Palliative Care and Treatment of Children Bill [HL].

[76] See: *APM* - Position Statement - Physician Assisted Suicide and Physician Administered Euthanasia (sometimes referred to as 'Assisted Dying').