Tuesday, Dec. 17, 2024 / The right to die

[HALF SECOND OF SILENCE]

[BILLBOARD]

NOEL: Well, they said it couldn’t be done but for the second day in a row Today, Explained leads with news from the 51st state, Canada.

SCORING — Cloud Seven (BMC) and Pensive Flow (Perc Stem only) - APM

NOEL: Just a few days ago the Canadian government released some new data about deaths there: around ONE IN TWENTY people in Canada now die with medical assistance - voluntary euthanasia, medically assisted suicide, Medical Assistance in Dying or MAID, there are several terms that we now use as the world debates whether or not this is … okay

[*<CLIP>TIM FARRON, UK MP:: “*](https://www.youtube.com/watch?v=jv8l9B55H_8)*In Canada, we know that more than 1 in 3 people opting for assisted dying gave the reason that they felt they were a burden on others. Honestly….*

NOEL: In the U-K, Parliament just voted to advance the cause. And other countries seem poised to follow.

NOEL: The push for a right to die gains steam. Coming Up.

[THEME]

KARLA: I'm Karla Adam. I'm the U.K. correspondent for The Washington Post.

NOEL: You've been covering this debate around what people are calling the right to die there in the United Kingdom. What is going on?

SCORING IN—LOOK NO HANDS

KARLA: Yes. So we had a hugely significant vote in the House of Commons recently. And I know that journalists don't shy away from using the word historic, but it feels apt in this case.

NOEL: Huh.

KARLA: And that's because for the first time, British MPs have voted in favor of legalizing assisted dying in England and Wales.

[<CLIP> CNN:](https://www.youtube.com/watch?v=-cuG6BV2fnQ&t=26s) “After hours of debate today the House of Commons voted 330 for, and to 275 against supporting the bill…”

[<CLIP> BBC:](https://www.youtube.com/watch?v=ybZyMKnCbn8) “Look this is a really significant moment for the first time parliament has approved the principle of there being a way for there to be assisted dying in England and Wales…

[<CLIP> CHANNEL 4:](https://www.youtube.com/watch?v=5dhMIvY8Fdk) the campaigners allowed themselves some congratulations outside ....”

KARLA: This is not a done deal, so it still has to move through various stages in parliament and in the new year, we'll start to hear some public hearings. If it does pass all the hurdles, it could still be 2 to 3 years before it's a real possibility. But there is a very decent chance of this becoming law. So, yes, it's historic. And people have compared it to the decriminalization of abortion in the 1960s and they're making these kind of comparisons.

SCORING OUT

NOEL: What are we talking about here when we talk about assisted dying?

KARLA: So in the case of England and Wales, it applies to adults who have been diagnosed with a terminal illness and they have less than six months to live. And the second crucial thing is you have to administer the drug yourself. And that makes it distinct from some countries where a doctor can administer a lethal drug.But also there are more restrictions. So in the UK case, the request will need to be authorized by two physicians as well as a High Court judge.

NOEL: All right. So there's a lot of restrictions here. You have to be terminally ill. You have to have only less than six months to live. It doesn't sound like it's going to be easy to just do this should you want to do it. When people advocate for assisted dying, why do they say it's needed?

KARLA: Yeah, well, I think it's helpful to talk about the debate in the House of Commons. Which was incredibly powerful, respectful, emotional debate

[*<CLIP> UK HOUSE OF COMMONS PRESIDING OFFICER:*](https://www.youtube.com/watch?v=jv8l9B55H_8) *Before I begin proceedings, I would like to say a few words to help manage expectations about business today. More than 160 members have indicated that they wish to speak in the first debate.*

KARLA:. Kim Leadbeater. She's the main sponsor of the bill. She's a Labor MP and she talked very movingly about choice and autonomy. And she made the point that this is not about shortening life, this is about shortening death. And she recounted some heartbreaking stories. And said the current law wasn't serving people and that we need to have choice to alleviate suffering at the end of life.

[*<CLIP> KIM LEADBETTER:*](https://www.youtube.com/watch?v=jv8l9B55H_8) *Tim fell in love at first sight when he met his wife, Louise. He proposed after just three days, but Louise got cancer twice. And at the end the morphine simply could not control her pain. In desperation, she smashed, she managed to smash a small glass bottle and tried to take her own life, not realizing that her toddler daughter had got into bed with her. Tim found her. He says you get to a point where you stop praying for a miracle and start praying for mercy.*

KARLA: Another very moving speech was given by David Davies. He's a Conservative MP, a senior figure in the Conservative Party, and he talked about how he changed his mind.

*<CLIP> DAVE DAVIS: I'm a believer in the sanctity of life, but I'm also an antagonist to torture and misery at the end of life. And I've witnessed with constituents in particular any number of people who have died slowly and in agony beyond the reach of palliative care.*

KARLA: Those were some to some of the very powerful arguments in favor of this bill.

NOEL: And so what were the arguments against it?

KARLA: Yeah. So there's an equally passionate case against the bill. And here we heard arguments about the need to protect the vulnerable, the sanctity of life, the need to focus on improving the end of life care rather than introducing assisted dying, especially for those who might think that they are a burden. And Diane Abbott, she's the mother of the house, a senior figure in the Labor Party. She made a very impassioned plea

*<CLIP> DIANE ABBOTT: There will be those who say to themselves they don't want to be a burden. And I can imagine myself saying that in particular circumstances. Others will worry the assets they had hoped to leave for their grandchildren are being eroded by the cost of care. And there will even be a handful who who think they should not be taking up a hospital bed.*

KARLA: And she also raised a lot of questions about logistics. So what exactly what a high court judge do? Would there be a trial? What if the judge disagreed with the doctors? Would they even ever do that? Or is this just a rubber stamp? Danny Kruger, he's probably the leading opponent against the bill. He's a conservative MP. He talked about how parliament could do better than what he called a state suicide service.

KARLA: Language that some people said was inflammatory.

*<CLIP> DANNY KRUGER: Real choice and autonomy means having access to the best care possible and the fullest control over what happens to you while you live. That true dignity consists in being cared for to the end….*

KARLA: If you zoom out, you see these really two human instincts playing out, which is the desire to alleviate human suffering and the desire to protect the vulnerable. And it's playing out not just in Parliament, but also across society. We've had former prime ministers and faith leaders and those in the medical community all weighing in. And yeah, it's been it's been very emotional.

NOEL: I feel like if this debate was happening in the United States, it would be like everything else. It would be like the country is split exactly 50-50 right down the middle What do the numbers tell us about whether or not this is actually popular in the UK?

KARLA: I was just looking this up and I found one poll that showed over 70% of people back assisted dying with some restrictions. So, I mean, there's overwhelming support for for this here. In a way, the politics are catching up with public opinion and not just public opinion. In 2024, there has long been support for assisted dying in the UK and not just in the UK and in several countries as well.

NOEL Where else do you see this debate playing out?

KARLA: Yeah, it's playing out in a lot of countries, and I should say that it is illegal in most countries around the world. But at the same time, I think we've seen a lot of countries revisiting their prohibitions on assisted dying in recent years, like just since 2021, for instance, we've had Austria, Spain, Portugal, they've all passed laws. In Italy, in Germany, there isn't a national law, but the courts have effectively made people the first state to allow assisted dying in the US was Oregon. But a handful of states now have a version of this, including DC. I think there's been really interesting movement in Ireland, which is a hugely Catholic country and Parliament is considering it there and we'll see if that's taken on board when there's a new government in the new year. In many countries there's been a single specific case that has really drawn attention to this issue and people might be familiar with the movie with Javier Bardem It's called The Sea Inside, and it's about a young man, a young Spanish man who is paralyzed after a diving accident.

*<CLIP> JAVIER BARDEM IN THE SEA INSIDE: [TRANSLATED FROM SPANISH]: Life for me in this state has no dignity. You are sitting there three feet away, but for me those three feet are an impossible journey.*

KARLA: He found himself taking poison after a huge 28 year effort to secure the right to die. And I mean, this was this was a massive deal in Spain and it's not just Spain that has like singular cases like this, that have really galvanized momentum behind the subject. But, I mean, that's that's one sort of high profile example that was made into a film. But many other countries, there'll be a singular case that this emotionally really, really sort of tugs at the nation.

NOEL: Okay, So this movement really is picking up steam. And it's not just in one country. It's not just in one place. It's all over Europe. Fascinating. What are you thinking about as this as this option becomes more of a reality in the UK?

KARLA: I think that the details are going to become super important and we're going to see that play out over the next few months and and perhaps in a few few years as, as it if and when it comes into practice.

SCORING IN—A DOLPHIN MOST SERIUS

And already some of the things that people are talking about are, you know while the parliament has said that they back the idea in principle, they will have to sort through the details. So things like with the deaths happen at home or in hospital, how does this work exactly through the NHS? How much money does it costs? Are judges available to sign off? Should doctors be banned from suggesting it? Is it only okay if the patient is the one who first raises it? I think the sort of nitty gritty like that is is fascinating. And there's a lot of unknowns.

NOEL: Yeah, the devil is really in the details here.

KARLA: Indeed.

SCORING BUMP

NOEL: Ahead! The details! When death with dignity collides with reality. If talk of suicide is not for you, we’ll see you back here tomorrow.

[BREAK]

NOEL: Today, Explained returns with Marin Cogan, Vox Senior Correspondent, and resident of Switzerland - the first country to legalize assisted dying.

So in the 1942 Swiss Criminal Code, they basically added a provision that says that assisted suicide for selfish purposes was explicitly outlawed. Now, by omission, that meant that assisted suicide for non selfish purposes was allowed, and it kind of all took off from there. It was the first country that sort of explicitly allowed it in its criminal code. But most of the people who are seeking assisted suicides, most of them are Swiss. Some of them come from other parts of the world. Most of them are elderly and at the end of their lives and have some condition that is going to reasonably bring about their death sometime in the near future.

NOEL: And I assume there is some disagreement about how far these these laws can and should go. Or does everyone agree?

MARIN: Yeah, there has been a really high level of consensus in Switzerland around the practice of assisted suicide for decades now. And any time the Swiss people, they do a lot of direct democracy in this country. Anytime the Swiss people are asked whether they'd like to overturn assisted suicide, the answer is pretty resoundingly no.But that's kind of all been upended with the invention of a new technology, the suicide pod.

SCORING IN—AN EMPTY HOSPITAL FLOOR

So this is a pod. It looks sort of like a tanning bed from the future. You can buy nitrogen gas cheaply and you hook it up to this pod. You lay down inside the pod. The pod asks you if you're prepared to die, essentially, and you say yes and hit a button. It fills the chamber that you're in with nitrogen gas and you pass away. And it was invented by, I would say he’s the world’s most prominent and strident right to die advocate. He’s actually an Australian named Dr. Philip Nitschke.

[*<CLIP> ABC LATELINE: “*](https://www.youtube.com/watch?v=MRnqOfOv1ak&list=PL8Y08TuPAnL4jjE9oAeWe1oqzwry3kXJe&index=5)*On a recent Saturday afternoon in Sydney Euthanasia advocate Dr Philip NItschke held a workshop on the best way to end your life…”*

[*<CLIP> AP NEWS:*](https://www.youtube.com/watch?v=d0OYutun3uU&t=54s) *“Nitschke made international news back in 1996 when assisted suicide was legal in Australia. He helped 4 people kill themselves before the law was overturned…”*

[*<CLIP: NITSCHKE:*](https://www.youtube.com/watch?v=kYjDLSjpncA) *People would use things which aren't very attractive, like plastic bags and they would try to use gas from a compressed cylinder to be able to end their life. This makes it something which is much more elegant, much more stylish and beautiful.*

MARIN: It's called Sarko, short for Sarcophagus, and the idea is to revolutionize assisted suicide by taking doctors out of the picture.

NOEL: How long does that take?

MARIN: Well, so it's only been used once so far. And it was a very controversial case. It can take several minutes.

NOEL: Oh, good Lord.

MARIN: Yeah.

SCORING OUT

NOEL: So only one person in Switzerland has actually used the Sarko pod. What happened? Like, what was the discussion around it like? Who was this person, what do you know?

MARIN: It's been used once by an American woman who came to Switzerland to be the first person to use the Sako pod to end her life. Now, if she had just come to Switzerland to end her life using the standard Swiss protocol, I think we probably would have never heard of this case. But the fact that she used the Sarko pod has been massively controversial and I think it has raised a bunch of really difficult to answer questions about the practice, both here in Switzerland, but around the world, as more countries decide whether or not to legalize and enact medical aid in dying. And one of the countries that is sort of really struggling with those questions right now is Canada.

NOEL: No kidding. What's going on in Canada?

MARIN: So Canada has had medical aid in dying since 2016. It has become a more frequent choice for many people at the end of their lives in the last several years since it became legal. It is very controversial, though, and a lot of people have concerns about who is approved for medical aid in dying, and why. So there have been some stories that have come out about people who have been approved for medical aid in dying, who didn't necessarily have a condition that was causing many people to believe unbearable suffering. It wouldn't reasonably bring about the end of their lives. I think even more concerning than that for a lot of people is that there have been reports that people are seeking medical aid and dying for non explicitly medical reasons, such as financial insecurity, fears of loneliness.

NOEL: [gasps]

MARIN: Yeah,

NOEL: That… what you just said is is really quite disturbing. You know, if it's proven to be true, if somebody is making this choice for financial reasons, like the mind boggles. Right.

MARIN: Yeah, absolutely.These aren't totally theoretical or speculative concerns. Some of them are real. You know, there are real concerns that some people are seeking and getting approved for reasons that are not necessarily life threatening or terminal illnesses. So there's an example of this from a recent government report that came out a few months ago. There was a case study of a man who was in his 40s who had inflammatory bowel disease, and he really did suffer a number of issues because of that inflammatory bowel disease. He had difficulty maintaining employment, maintaining relationships, social life. It was actually raised to him during a psychiatry assessment. If he was aware that medical assistance in dying was an option for him. There was no documentation that showed that his family was engaged in the process, and this man had a history of mental illness and substance abuse. His substance abuse was not really explored during Me assessments, and he wasn't offered addiction treatments. So there are real concerns that this isn't just people who are suffering from something. And clearly at the end of their natural lifespan. But people who are dealing with other issues, who may be being presented with made as an option. And I think that the critics main concern of this is that this could become sort of a more appealing option or an option that's sort of pushed on really vulnerable people who might otherwise be helped with some other form of treatment.

NOEL: I, I would say I'm fairly, if not very uncomfortable with all of this. I think my knee jerk reaction is, look, for thousands of years, we did not do this for thousands of years. We did not do this and we were fine. And yet it seems, based on what we've learned in this episode, I might in fact be in the minority here. I wonder why you think it’s important to engage with this fight and not just say, okay, folks, we experimented at the beginning of the 21st century, let's just wrap it up and go back to not doing this.

MARIN: Yeah, it's a great question. You know, I think the flip side of that is that people have been doing this for centuries and people have been getting help with ending their lives for centuries. And I think the other thing that I think about a lot is that the question of what care looks like is really hard to answer.

SCORING IN—DEEP SPACE, WAVE TO WAVE

The day before the story ran, I was taking a walk and I saw a man on a bridge in Geneva, and I walked by him not thinking too much of it, because this is like the most famous bridge in Geneva. And it's the water is so beautiful and clear and sort of turquoise and people stop to look at it all the time. But I just had a sort of strange sense about this guy. So I decided to sort of turn around and see if I could get a better look at him. And he looked at me, I looked at him and I thought, no. So I quickly made my way back to him because I felt like I just needed to ask him if he was okay. And there was a sort of construction zone set up between where he was and I was. So I couldn't see him while I was walking back to him. But by the time I got back to the bridge, he wasn't there and I realized that he had jumped. I ran down to the water, and I'm really happy to say this man was okay. People had seen him. He was pulled out of the water, and I stayed with this man. It was a sunny day, but it was really cold. So I put my hat and my coat on him and just stayed with him until someone came to pick him up and talked to him as best I could in my broken French. And the thing I was thinking about a lot after that happened was that care looks really different in different scenarios, right? So I think that man in that moment really needed to be saved and really needed to be shown love and be shown that people care, you know. But I also think that there and, you know, having had loved ones die. I've also seen times where care might look different from them. Right. And I've I've had loved ones who I've had conversations with about this. And I've also just sort of in my in my broader social circle, have seen people decide that they don't want to undergo medical treatment anymore. Right. Decide that they don't want to keep eating anymore and decide that they're done. It's hard. Those questions are really, really hard. And I think balancing people's needs and their rights and their autonomy and their pain are all really, really important. And I think, yeah, it just looks different depending on what the scenario is. So I think it's really incumbent on these societies to find a balance between respecting people's autonomy and individuality. And right to make their own decisions and. Also making sure that we're not encouraging something deadly. Right? I don't know that there are easy answers to this, but I think it genuinely is really difficult. And I think getting it right is like the most important thing that any society could do right. It's a matter of life or death.

SCORING BUMP

~~NOEL: Vox's Marin Cogan, Marin, thank you so much.~~

CREDITS: Vox’s Marin Cogan in Switzerland. Miles Bryan produced today’s show. Matthew Collette edited. Laura Bullard fact-checked. Patrick Boyd and Andrea Kristinsdottir engineered. I’m Noel King. It’s Today, Explained.

[10 SECONDS OF SILENCE]