## Offline: Fibbing for God



On Sept 11, the UK's House of Commons votes on a Private Member's Bill (tabled by Rob Marris MP) that would legalise assisted dying. According to Healthcare Professionals for Assisted Dying, a group that lobbies for a change to the law, "dying people should be able to control the manner and timing of their death if their suffering has become unbearable". The forces against assisted dying, or assisted suicide as some critics prefer to call it, are formidable. The most highprofile campaigner against assisted dying is Ilora Finlay, professor of palliative care at Cardiff University, co-chair of Living and Dying Well, chair-elect of the National Council for Palliative Care, past-President of the British Medical Association (BMA), and a member of the BMA's Medical Ethics Committee. She is also a Baroness who sits in the House of Lords. With such impressive credentials, she has a powerful platform to argue against those who do not believe that palliative care can always meet the needs of the terminally ill. We have had our doubts too. Careful readers of The Lancet may have noticed that we have had little to say about assisted dying (or physician-assisted suicide) in recent years. Moral cowardice? Perhaps more that we couldn't easily make our minds up. Although the ethical and clinical arguments might be strong—patient autonomy and the alleviation of suffering—the idea that doctors should cross the line of life to kill, even if that is the expressed wish of the patient and sanctioned by courts and society alike, seemed to some of us a step too far for medicine to take.



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The Bill before Parliament would allow for the assisted death of an adult who was terminally ill and mentally competent. If approved by a High Court judge, that person could end their life by self-administering a fatal drug. A doctor would not give the life-ending medicine directly. Instead, a doctor would prescribe and prepare the medicine, and, if necessary, assist the patient to self-administer that medicine. As the draft Bill puts it: "the final act of doing so [ending a life] must be taken by the person for whom the medicine has been prescribed." The role of the doctor would be to assess the mental capacity of the person seeking an assisted death and to confirm that the person would reasonably be expected

to die within the next 6 months. Two doctors—"attending" and "independent"—must countersign the patient's declaration that he or she wishes to end their life. The doctors must be sure that all other (palliative care) options have been explored. If they are in any doubt about a person's mental capacity they must refer the patient to a psychiatrist for further assessment. The Bill includes a clause for conscientious objection.

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It is true that the majority of doctors whose professional lives are dedicated to caring for the terminally ill are opposed to assisted dying. But palliative care physicians should not have a monopoly on deciding the place of assisted dying in society. Those who are concerned about unseen family pressures on patients to end their lives can be reassured from experiences elsewhere, such as in Oregon, where an assisted dying law has been in operation since 1997. Those who support the assisted dying Bill fear that some critics have deeper reasons for their opposition, reasons that have little or nothing to do with the quality of care of the terminally ill. Personal religious belief, for example, might be a strong influence on judgments about assisted dying (God gave life, and only God can take it away). Supporters of assisted dying claim that some of those resisting changes to the law do so by deliberately using speculative and misleading arguments—"fibbing for God", as one put it to me. The truth surely is that the tide of public opinion is moving towards accepting assisted death as an individual's right to control the manner of their own dying. Four out of five members of the public want an assistant dying law. Instead of opposing this growing consensus, would it not be better for Ilora Finlay and her supporters to end their rigid opposition and ensure that whatever Bill Parliament does eventually approve delivers the safest and most humane system for the person living with a terminal condition, while protecting the vulnerable and our profession? Blindly resisting all efforts to meet the expectations of the terminally ill seems more about ideological (or religious) purity than high-quality health care.



