What's wrong with assisted suicide? Some key points

Key point 1: Assisted suicide puts pressure on vulnerable people.
Offering people the choice to end their lives creates pressure for them to choose death. Where assisted suicide is legal, one reason people choose to die is because they feel they are a burden on others.

- In Oregon in 2020, a majority (53.1%) of people killed by assisted suicide cited a fear of being a "burden on family, friends/caregivers" as a reason to end their lives.[1]
- In Washington State in 2018, 51% of people who were killed by assisted suicide said that being a burden on family, friends and caregivers was a reason to end their lives.[2]

In one study researchers also identified a range of pressures on vulnerable people who desire assisted suicide, leading to a choice "strongly influenced by fears, sadness and loneliness". The same researchers were concerned about the development of a culture that would "increase social pressure on older people and reinforce negative ideas surrounding old age".[3]

Key point 2: Disabled people fear assisted suicide.
People with disabilities particularly fear a change in the law which could make them feel pressured to end their lives.

Proponents of "assisted dying" insist that it is not about disability. However, while people with disabilities are not usually terminally ill, the terminally ill are almost always disabled.[4] Although intractable pain has been emphasized as the primary reason for enacting assisted suicide laws, the top five reasons Oregon doctors actually report for issuing lethal prescriptions are:

- "loss of autonomy" (91%)
- "less able to engage in activities" (89%)
- "loss of dignity" (81%)
- "loss of control of bodily functions" (50%)
- "feelings of being a burden" (40%)[5]

These are common experiences of disabled people and must not be dismissed. Our response should be to offer practical help and compassion, not to make disabled people feel they ought to choose death.

The establishment of assisted suicide as clinical and public policy will reinforce social conditions that contribute to disabled people's despair.[6]

Key point 3: Assisted suicide cannot be controlled.
The arguments used for assisted suicide are essentially the same as for euthanasia, and will in time be used to apply pressure for euthanasia. In countries where assisted suicide and euthanasia are both legal, over time vulnerable groups, including children, infants, dementia patients, psychiatric patients, those who are not dying, and those who have not requested euthanasia, have all received it. In Dutch and Belgian reports up till 2010, between 7% and 9% of all infant deaths involved active euthanasia, that is, a lethal injection. More recent reports almost certainly underestimate the rate because practitioners fail to report cases, some of which they considered not to be euthanasia even though a lethal injection was used.[7] In the Netherlands

[1] Oregon Death with Dignity Act 2020 Data Summary
[2] 2018 Death with Dignity Act Report (July 2019)
[3] van Wijngaarden E *et al.* (2017) Assisted dying for healthy older people: a step too far? *BMJ* 357:2298.
[4] https://notdeadyet.org/disability-rights-toolkit-for-advocacy-against-legalization-of-assisted-suicide
[5] Oregon Death with Dignity Act 2020 Data Summary
[6] Gill CJ (2010) No, we don't think our doctors are out to get us: Responding to the straw man distortions of disability rights arguments against assisted suicide. *Disability & Health J* 3:31-38.
[7] Euthanasia and Assisted Suicide – When Choice is an Illusion and Informed Consent Fails, *Gregory K Pike* 2020

the number of people with dementia killed by euthanasia has risen steadily from 12 in 2009 to 162 cases in 2019.[8]

Oregon is often held up a good example by "assisted dying" campaigners, who claim that "there have been no cases of abuse in Oregon's law". However, the State does not collect adequate data to be able to make this claim. Data on assisted deaths in Oregon come from a form filled out by the physician *who wrote the lethal prescription*. And in the first decade of legalisation, one quarter (62,271) of all lethal prescriptions were provided by just three doctors.[9] Also, the number of cases of assisted suicide in Oregon has steadily increased year on year from 16 in 1998 to 188 in 2019, an increase of 1175%.[10]

Key point 4: Assisted suicide is not the answer to pain.

Assisted suicide is not a solution to pain. Good palliative care should ensure that pain is controlled well. Research suggests that palliative care can significantly improve quality of life, with people experiencing fewer physical symptoms[11] and reduced rates of depression.[12] Legalising assisted suicide risks less investment being made in palliative care.

Key point 5: Doctors oppose assisted suicide.

Doctors have historically always been opposed to both euthanasia and assisted suicide. The majority of doctors in the UK remain opposed to assisted dying. The opposition to euthanasia is strongest amongst doctors who work most closely with dying patients and are most familiar with treatments available. 82% of members of the Association for Palliative Medicine of Great Britain & Ireland rejected the legalisation of assisted suicide when last polled[13], and the Royal College of General Practitioners (RCGP)[14] and the British Geriatrics Society[15] remain opposed to euthanasia.

Key point 6: Suicide rates go up.

In countries with assisted suicide, there is evidence of a rise in suicide more broadly. A 2015 study from the United States found that making it legal for doctors to assist someone to end their life resulted in a 6.3% increase in total suicides, and a 14.5% increase for those over 65 years of age.[16] The report's authors concluded that changing the law was associated with "an increased inclination to suicide in others". This implies that changing the law to allow assisted suicide has engendered a cultural change. Suicide in those US states that legalised it now seems to be seen as more acceptable.

Suicide is rightly seen as a profound tragedy, and the community wants to help people see their lives as worth living. Legalising assisted suicide undermines community efforts to combat suicide more generally and risks abandoning the frail and vulnerable right at the time they should be supported most.

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[8] Regional Euthanasia Review Committees RTE Annual Report 2019 https://english.euthanasiecommissie.nl/the-committees/documents/publications/annual-reports/2002/annual-reports/annual-reports

[9] From <https://blogs.bmj.com/bmj/2018 (Web view)

[10] Oregon Health Authority, Public Health Division (2020) Oregon Death With Dignity Act: 2019 Data Summary. See https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf Accessed 2 April 2020

[11] Higginson IJ, Bausewein C, Reilly CC, Gao W, Gysels M, Dzingina M, McCrone P, Booth S, Jolley CJ, Moxham J. An integrated palliative and respiratory care service for patients with advanced disease and refractory breathlessness: a randomised controlled trial. Lancet Respir Med. 2014 Dec;2(12):979-87. doi: 10.1016/S2213-2600(14)70226-7. Epub 2014 Oct 29. PMID: 25465642.

[12] Temel, Jennifer & Greer, Joseph & Muzikansky, Alona & Gallagher, Emily & Admane, Sonal & Jackson, Vicki & Dahlin, Constance & Blinderman, Craig & Jacobsen, Juliet & Pirl, William & Billings, John & Lynch, Thomas. (2010). Early Palliative Care for Patients with Metastatic Non-Small- Cell Lung Cancer. The New England journal of medicine. 363. 733-42. 10.1056/NEJMoa1000678.

[13] https://apmonline.org/news-events/apm-physician-assisted-dying-web-materials/

[14] https://www.bgs.org.uk/policy-and-media/physician-assisted-suicide

[15] https://www.rcgp.org.uk/policy/rcgp-policy-areas/assisted-dying.aspx

[16] Jones DA, Paton D. How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide? South Med J. 2015 Oct;108(10):599-604. doi: 10.14423/SMJ.0000000000000349. PMID: 26437189