SERIOUS QUESTIONS ABOUT VOLUNTARY ASSISTED SUICIDE

- What will be **the consequences of removing the prohibition of intentional killing,** which is a bedrock of both the law and medical ethics, by legalising assisted suicide? The British House of Lords called the prohibition of intention killing 'the cornerstone of law and of social relationships'. (The House of Lords. Medical ethics select committee report on euthanasia, Hansard, 9 May 1994) Legalising assisted suicide is in direct contradiction to this prohibition and once legislation is in place it is very difficult to remove.
- **Can the 'slippery slope' be avoided if legalising assisted suicide?** Where euthanasia has been legalised there has been an incremental expansion over time far beyond the initial 'hard cases'. Since legalisation in the Netherlands and Belgium, euthanasia has been extended to those with depression and anorexia nervosa, non-voluntary euthanasia (i.e., nurses killing patients deliberately without request), euthanasia for younger patients with non-lethal physical disability, euthanasia of infants, and euthanasia of the elderly who are 'weary of life'. (see Bolt E et al, *J MED Ethics 2015,* 41:592-598; Verhagen E, Sauer PJ. The Groningen protocol - euthanasia in severely ill newborns. *NEnglJMed.2005*; 352:959-962; PijnenborgL et al Life-terminating acts without explicit request of patient. Lancet.1993; 341:1196-1199; Chambaere K et al, Recent trends in euthanasia and other end-of-life practices in Belgium, *NEnglJMed. 2015*: 372:1179-1181.)
- **How is legalising assisted suicide consistent with suicide prevention?** As a society we are, through government funding, investing considerable resources into suicide-prevention measures. And so we should. But doesn't legalising assisted suicide send the wrong message – that some people can be assisted with their suicide but not others. It would confuse and weaken suicide prevention messages.
- **Can increase in the risk of elder abuse be avoided if assisted suicide is legalised ?** We are just becoming aware of the extent of elder abuse, financial, physical and emotional and that it is very often at the hands of family members. Wouldn't legalising assisted suicide leave vulnerable elderly people exposed to the risk of coercion (which may be very subtle) to seek assistance to suicide? That coercion would be difficult to detect.
- **Can the experience in countries that have legalised euthanasia be avoided if assisted suicide is legalised?** Where euthanasia is legal, controls and reporting mechanisms have been largely ineffective. For example in Belgian a recent survey showed only 53% of euthanasia deaths were reported and 32% of euthanasia deaths were found to have occurred without explicit request or consent. And none of these cases were referred by the Euthanasia Evaluation Commission for investigation. (see Smets T, et al, *Reporting of euthanasia in medical practice in Flanders, Belgium*: *BMJ.* 2010; 341)

- Improvements in effectiveness, availability of and access to palliative care are needed to give any credence to end of life "choices." Improved care, not killing, should be offered to us when facing the end of our lives.

- Legalising euthanasia or assisted suicide would undermine palliative care. It would affect amount of investment of resources in improvements to palliative care if the seemingly easier and cheaper option of euthanasia or assisted suicide were legally available.
- Euthanasia and assisted suicide are not palliative care.

- Euthanasia and assisted suicide are against the codes of ethics of peak medical bodies.

- Safe guards can never be adequate to protect the vulnerable. *Safeguards are inadequate is because of the lack of detection of coercion.* Coercion of vulnerable, emotionally dependent ill patients may be occurring on an unconscious basis by means of the attitudes of family, or indeed health care professionals attending the patient or family. Vulnerable ill people are highly dependent for their sense of self-worth and self-esteem on the attitudes of those around them.

- *Elder abuse,* by patients being pushed to leave die because they are perceived as being inconvenient and in the way. Note: a form of elder abuse is "early inheritance syndrome".

- *Slippage of criteria,* as has happened in The Netherlands and Belgium, because people will claim "discrimination" and criteria will inevitable spread to psychiatric illness, other chronic illnesses, and (as has happened in Europe) "being tired of life".

- A developing perception, as is happening in Europe, of *"a duty to die".*

- Assisted suicide legislation will inevitably result in the perception by bureaucrats and health economists of *"a cheaper form of medical treatment".* It is inevitable in the medium and longer term that there will be a pressure for financial reasons to prefer assisted suicide (or even involuntary euthanasia, as is happening in The Netherlands) to palliative care, old age care, palliative chemotherapy, etc.

- **"What kind of health care system do we want?"**
  Is it wiser to fund the education of the community, the ordinary doctor and the ordinary nurse, as well as specialist palliative care teams, rather than find the development of a bureaucracy to administer assisted suicide ? (see Ezekiel MJA reference).