

# Assisted Suicide - Called to Care, Not to Kill



There's been a lot of talk lately about 'assisted dying', but what does the term 'assisted dying' actually mean? A poll has revealed that most people think assisted dying to mean giving people palliative care or stopping burdensome life-prolonging treatment. But it's neither of those things. It is doctor-assisted suicide. It is a proposed law which will allow a doctor to provide a patient with a lethal cocktail of drugs to kill themselves.

You may have read stories in newspapers and seen storylines in soap operas about people who are very ill and simply wish to die. This kind of anguish appeals very much to the heart. But is it that simple? Nobody wants to suffer or be in pain at the end of life. And with good palliative care we shouldn't need to be.

Sadly, however, palliative care in this country is not good enough. Marie Curie has revealed that a quarter of people in the UK die without the palliative care that they need. Palliative care needs significant improvement. Yet, one of the key reasons why assisted suicide is a bad idea is that it *undermines efforts to provide good palliative care* by providing a quick, cheap alternative.

Assisted suicide is also a bad idea because it....

- *Attacks human dignity.* Implicit in assisted suicide is the suggestion that an individual can lose their value and worth. In this way, assisted suicide strikes at the very heart of our faith, as each human being is inherently valuable as we are each made in the image and likeness of God.
- *Undermines efforts to prevent suicide* by suggesting, very chillingly, that sometimes suicide *is* an appropriate response to an individual's circumstances, worries and anxieties. It makes suicide acceptable and declares that some people are beyond hope. And instead of suicide prevention, it promotes suicide completion.
- *Undermines trust in doctors and damages the doctor-patient relationship.* People go to doctors and into hospitals for treatment, not to be prescribed death.
- *Pressurises vulnerable people, including the elderly and disabled, to end their lives prematurely.* In countries where assisted suicide is legal, there is evidence that vulnerable people experience external pressure to end their lives.

In Oregon, USA, consistently around half of patients list being a burden as a reason to end their lives by assisted suicide. This is a consistent theme in places where assisted suicide is legal. But when vulnerable people, including the poor, express concerns about being a burden, the appropriate response is not to suggest they die; rather, it is to commit to meeting their needs and providing the care and compassion that they need to help them live.

In Canada, where assisted suicide was legalised just a few years ago, the Federal Minister for Disability Inclusion has been recorded saying that “In some places in our country, it’s easier to access [assisted dying] than it is to get a wheelchair.” In one deeply troubling case, Veteran and celebrated Paralympian Christine Gauthier, who had been trying to get a wheelchair lift installed in her home, was offered an assisted death instead. Back home, the Glasgow Disability Alliance has said that the proposal to legalise assisted suicide in Scotland could not offer enough protections to stop disabled people being pressured to choose assisted suicide, because the law would suggest to them that they are a burden.

- *Is uncontrollable.* Every country where assisted suicide and/or euthanasia is legal has seen safeguards eroded and eligibility criteria expanded. Countries which had set out to ensure only terminally ill adults who are mentally competent could access assisted suicide have expanded or redefined eligibility to include people with arthritis, anorexia, autism, and dementia. And also children, including babies up to one year old with Spina Bifida. According to some experts, the proposal currently before the Scottish Parliament would permit people with anorexia, dementia, and diabetes to apply for an assisted death.

Canadian man Alan Nichols had a history of depression and other medical issues, but none of them were life-threatening. He was admitted to hospital in 2019 and shortly thereafter applied to be euthanised. His application for euthanasia listed only one health condition as the reason for his wish to die: hearing loss. Kathrin Mentler, a 37-year-old Vancouver woman suffering with depression, who had been told that she will need to wait a long time to see a psychiatrist, has been offered euthanasia as an alternative.

In a chilling case from the Netherlands, a woman with dementia, who had stated in an advanced directive that she wanted to be euthanised, had to be held down after she resisted the doctor who had come to euthanise her. The doctor put drugs in her coffee to partially sedate her, and her son-in-law held her down while the doctor fatally injected her.

It isn’t just a slippery slope. It is a logical progression. Once it is allowed for some there will be immediate pressure to expand it and allow it for the many, and there is no way for legislators to protect such a law from future expansion.

So, what can we do about it?

This issue will be decided by the 129 members of the Scottish Parliament. They are the people we need to target. [There are sheets with contact details for all eight of our MSPs as you leave the church, and I would urge you to take a copy and contact them about this issue.]

The more people who contact their MSPs with concerns, the more likely we are to win.

If we are going to stop death by prescription in Scotland and instead call for better palliative care, then we need to act. In 2010 and 2015, when assisted suicide was previously considered by the Scottish Parliament, the Catholic community was key to stopping it in its tracks. If it wasn’t for the Catholic community assisted suicide would already be legal.

We need you again. We are called to care, not to kill.