ASSISTED SUICIDE: Q and A

Q. Is the Church of England’s opposition to assisted suicide based on religious conviction?

A. While the Church of England believes that there are some specifically theological reasons for opposing assisted suicide, it does not argue, on that basis, that assisted suicide ought to remain illegal. The Church’s opposition to a change in the law is based on principles that people with varying religious convictions or none may hold. These principles include affirming life, caring for the vulnerable, building a caring and cohesive society and respecting every individual member of society.

Q. Why should non-religious people listen to what the Church of England has to say?

A. The Church of England is part of society. As such, both the Church and individual Christians have the same rights and responsibilities as everyone else to contribute to the debate on assisted suicide and to state what sort of society they want to live in. The Church does not expect to be heard simply because it is the Church, but because it believes that its arguments are worth respecting. While the Church’s position is ultimately based on its theological and ethical convictions the principles that it espouses are also held by people coming from different philosophical and theological backgrounds.

Q. Is assisted suicide not a matter of individual conscience?

A. The Church of England respects the right of every individual to hold his or her own views on religious and ethical matters. It does not seek to impose its opinion on its members or on others outside the Church. As a responsible body within society, it does, however, comment on ethical issues, seeking to inform individuals and to contribute to national debates. Assisted suicide, by its very nature, involves more than individuals who wish to die; as such, it is
reasonable for the Church to examine the implications of assisted suicide for society.

Q. Is opposition to assisted suicide based on dogma?

A. Everyone involved in the debate on assisted suicide argues from a position of principle. Those who favour a change in the law to permit assisted suicide often argue that individual autonomy ought to be given precedence in this area. This viewpoint is as ‘dogmatic’ as any of the principles promoted by those who wish to keep the law unchanged. Overall, it is not helpful to characterise the opinions of others as ‘dogma’ while presenting one’s own opinions as ‘principles’. It is preferable to recognise that everyone has principles that guide them in their decision-making rather than to caricature the opinions of others.

Q. Is it not compassionate to change the law to allow someone who is suffering and who needs assistance to die, to do so?

A. It is undoubtedly the case that assisted suicide may be a compassionate response in some circumstances. It is not, however, the only compassionate response that may be made. Providing care, support and understanding both for those suffering and for their carers is also a compassionate response. Compassion does not always mean saying ‘yes’. When there is more than one way of demonstrating compassion, other factors must also be taken into account.

Q. What are the most important arguments against permitting assisted suicide?

A. The most important argument against changing the law on assisted suicide is that such a change would fundamentally undermine the intrinsic value of every human life within society. The Church believes that every person is of unique value, even if, at times, people may not value themselves or others may view them as not being ‘useful’ or even as being a burden to
society. If belief in the intrinsic value of every individual were to be undermined this would have a hugely detrimental effect not only on criminal and human rights law but also on the ways in which society is prepared to care for its vulnerable members. The debate on assisted suicide is about allowing one individual freely and actively to participate in ending another individual’s life; this is a line that society would cross at its peril.

A change in the law would, undoubtedly place vulnerable individuals at risk. Currently more than 300,000 vulnerable elderly people suffer abuse each year in England, with a further 100,000 suffering neglect. In more than half of all incidents, close family members are involved, with financial gain being the primary motive in a quarter of all cases. It would be negligent in the extreme to think that a law allowing assisted suicide would not be used to put pressure on vulnerable people by unscrupulous individuals. Pressure may be subtle, suggesting that assisted suicide would be a way of ‘not being a burden’; such pressure would be very difficult to monitor or to regulate. Evidence from Oregon indicates that such concerns are well founded; within the first five years of physician assisted suicide being legalised some 44 percent of individuals who made use of the Death with Dignity Act did so, at least in part, because they feared being a burden to others.

Any action that involves others cannot be seen as being purely a matter for an individual; there will always be consequences for others. The nature of healthcare would be irreparably altered if assisted suicide were to be seen as being an aspect of ‘care’. The doctor-patient relationship would also be fundamentally changed in a way that most doctors find objectionable. In addition, there are often unintended consequences to most actions; assisted suicide is too important an area to take chances with unknown outcomes.

Q. Are ‘slippery slope’ arguments just scare-mongering?

A. It is true that not all ethical slopes are slippery, but some are and it is not always easy to know in advance which is which. In such circumstances it is reasonable to be cautious. The experience of the Netherlands suggests that
arguments that were advanced to allow assisted suicide were also then
applied first of all to voluntary and then to involuntary euthanasia, eventually
permitting euthanasia of infants in certain circumstances. It is doubtful that
this was the original intention of all who wished to see assisted suicide made
available for consenting adults. The Dutch experience indicates that once
arguments are allowed, in principle, to change the law in one area it is difficult
to stop them expanding into other areas.

Q. Is assisted suicide not happening already?
A. Assisted suicide is a very rare occurrence in the United Kingdom and
ought not to be confused either with doctors withholding or withdrawing futile
treatment or individuals choosing not to accept life-prolonging treatment.
Since the Director of Public Prosecutions issued guidelines on the application
of the law on assisted suicide in 2010, no one has been prosecuted while
fewer than fifty cases have been brought to his intention. This demonstrates
that the current law serves to protect vulnerable people by being a deterrent
to unscrupulous individuals while it has been applied humanely to those few
cases where clearly individuals have acted out of compassion in hugely
difficult circumstances.

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