Church of England – Mission and Public Affairs Council

Response to ‘Safeguarding Choice: A Draft Assisted Dying Bill for Consultation’

The Mission & Public Affairs Council of the Church of England is the body responsible for overseeing research and comment on social and political issues on behalf of the Church. The Council comprises a representative group of bishops, clergy and lay people with interest and expertise in the relevant areas, and reports to the General Synod through the Archbishops’ Council.

The Mission and Public Affairs Council presents a Christian ethos, drawing on the witness of the Christian Scriptures and reflecting on Christian tradition and contemporary thought. Belief in God as Creator and Redeemer, in human beings’ intrinsic value as creatures made in the Image of God and in the imperatives of love and justice, underpins the Council’s approach. The Council believes that the ethical and social principles developed from this foundation have a value and relevance in society that can be acknowledged by those of other faiths or none.

1.1 We welcome the opportunity to respond to this consultation. We note that, in the consultation document, Question One addresses the issue of the desirability of changing the current law on assisted suicide while the remaining questions address means by which individuals might be safeguarded against abuse were the law to be changed in the manner proposed by the Choice at the End of Life All Party Parliamentary Group.

1.2 The Church of England’s policy with regard to assisted suicide has been most recently stated in a motion passed at General Synod in February 2012. This motion included the clause, that Synod:

‘affirm the intrinsic value of every human life and express its support for the current law on assisted suicide as a means of contributing to a just and compassionate society in which vulnerable people are protected’

1.3 Consequently, we believe that it is appropriate, in this response, to answer Question One in the consultation document (If adequate safeguards can be found to allow assisted dying (assistance to die for terminally ill, mentally competent adults only) and no healthcare professional is obliged in any way to assist a patient to die, would you support a change in the law on assisted dying?), but decline to answer questions that seek to contribute to changing the current law on assisted suicide.

2.1 While acknowledging that the draft bill seeks genuinely to meet the stated wishes of a small number of people, we believe that it fails sufficiently to recognise its potentially damaging consequences.

2.2 It is essential that society values and affirms the life and wellbeing of each of its members, regardless of age, illness, disability or economic or social status. A change in the law on assisted suicide has the capacity to undermine this by suggesting that society may be complicit in some individuals deliberately and actively ending others’ lives prematurely. Important health and social care messages and interventions such as those aimed at suicide prevention or at giving reassurance of compassionate and
effective End of Life Care are difficult to reconcile with a law that would enable health professionals to participate in actively ending patients’ lives. A law permitting assisted suicide would run counter to the purpose and tenor of positive initiatives aimed at affirming and valuing vulnerable individuals and groups including numerous elderly people, many individuals living with disability, those who are socially isolated or who suffer from low self-esteem as well as individuals and families coping with issues related to dementia.

2.3 A change in the law would negatively redefine the concept of health care in England and Wales and would significantly and detrimentally alter the nature of the relationship between health professionals and patients, a point pertinently made by a number of professional bodies.

2.4 Crucially, a change in the law would permit people actively to participate in bringing about the deaths of other individuals, something that, apart from cases of self defence, has not formed part of the legal landscape of the United Kingdom since the abolition of capital punishment. The draft bill seeks specifically to create, in law, a new practice of ‘assisted dying’ in which an individual who is given assistance in ending his or her life is deemed not to have committed suicide. This would be a legal fiction: ending one’s life is, by definition, suicide and it would be both disingenuous and confusing to suggest otherwise.

2.5 Such consequences would have far-reaching and damaging effects on the nature of our society; a price too great to pay for whatever perceived benefits they might arguably bring to a few.

3.1 While recognising that individuals who wish to have assistance in ending their own lives may be seen as being vulnerable, their position needs to be considered alongside the obvious vulnerability of more than 300,000 elderly people who suffer abuse each year in England and Wales, very many of them at the hands of their own family members, often for pecuniary reasons. The question must be asked: on balance, might a change in the law place more vulnerable people at increased risk of neglect, marginalisation or abuse? Unless the answer can be a demonstrable and convincing ‘no’ it would be negligent in the extreme to contemplate such a change.

3.2 Recent revelations with regard to neglect and abuse of elderly people in some care homes and current disquiet at whether the Liverpool Care Pathway and ‘Do not attempt resuscitation’ protocols are consistently applied in a correct manner indicate that even carefully constructed and reputedly well-monitored practices can be prone to lapses and perhaps even deliberate circumvention. There is nothing to cause us to believe that a law permitting assisted suicide would not encounter similar problems.

4.1 Medical professionals have consistently pointed out that it is extremely difficult to place an accurate timescale on terminal illness, especially at the point of initial diagnosis (the moment identified in the Draft Bill as marking the start of a twelve month period during which it is ‘reasonably expected’ that a patient will die). ‘Reasonable expectation’ is an excessively subjective criterion to apply to matters of life and death, and leaves the path open for error and, even, deliberate complicity.
5.1 In addition to difficulties associated with direct and (more probably) indirect pressure being placed on vulnerable people to consider assisted suicide, there is an inherent flaw in the concept of individuals having a 'settled mind' to end their lives. People with the strongest and most 'settled' convictions have been known to change their minds if given time and opportunity to do so. Many individuals who have attempted to end their lives, but who were revived or rescued, sometimes against their expressed wishes, have subsequently gone on to live happy and constructive lives, glad that their ‘settled’ opinion did not result in their intended goal of premature death. Assisted suicide allows no such recourse to a second chance. This is particularly worrying where the entire ‘decision-making’ process is to be compressed within a proposed twelve month time-frame.

6.1 In addition to the concerns outlined above, we have concerns about the particular safeguards proposed in the Draft Bill. So, for all these reasons, we continue to support the current law on assisted suicide and the nuanced and compassionate way in which it is administered.

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