

Why the Church of England Supports the Current Law on Assisted Suicide

The Church of England believes that the current law on assisted suicide and the Director of Public Prosecutions guidelines for its administration provide a fair, balanced and compassionate approach to a difficult issue which has defied consensus. The General Synod underscored this approach as recently as February 2012.

As a nationwide, community organisation, the Church has the same rights, duties and obligations as other socially aware organisations to participate in the ongoing debate on assisted suicide. Its approach is based on the following considerations:

Affirming Life

For the good of society and individuals, it is essential that both the law and medical practice embrace a presumption in favour of life. While this does not mean that life must be maintained at all costs, it does mean that no one ought to be permitted *actively* to end another person's life. The current debate is not only about an individual's wish to die, but it is also about the limits that ought to be placed on one person participating in bringing about another person's death. To allow such participation is to introduce a novel and dangerous concept into British law; one that would have far-reaching and, potentially, unforeseen consequences.

The right to life is universally recognised as a fundamental, basic human right in domestic and international Human Rights legislation, placing an acknowledged obligation on governments and their agents to respect, protect and promote it. This human right is based on the essential belief that every human being is of *intrinsic value*. This belief is central not only to human rights, but also to the criminal law as well as to medical, nursing and social care. Anything that might undermine this, in principle or in practice ought to be resisted. Arguments in favour of assisted suicide often favour an evaluation of human life that is based either on the faculties and abilities that an individual enjoys or on an individual's sense of personal worth. While these are important considerations, they cannot take the place of the intrinsic value of every person's life. Removing or eroding this principle would have a marked, detrimental effect on many aspects of the law, health and social care and on

community cohesion. The Church remains unconvinced that these implications have been sufficiently recognised by those advocating a change in the law or that their negative effects could be avoided.

Caring for the Vulnerable

The principle of affirming life informs all other considerations including the requirement to care for vulnerable people. The Church recognises that individuals seeking assistance in ending their lives are often vulnerable, but their vulnerability must be placed alongside the vulnerability of very many others. It is understandable that some people might wish to bring their lives to an end for a variety of reasons and the Church would wish to extend empathy and compassion to them, but this does not mean that the law ought to be changed to facilitate their wishes.

Many people, especially elderly people, are already vulnerable to malicious actions by others. Each year in England and Wales in excess of 300,000 people suffer elder abuse with at least another 100,000 suffering neglect. The majority of this abuse is perpetrated by carers or by family members, often with financial gain as a motive. It would be negligent to believe that such people would not seek to exploit a change in the law in order to pursue their goals. Similarly, many elderly, infirm or even disabled people would feel under pressure to ‘do the decent thing’ and remove themselves ‘from being a burden’ to others. We know that this is the case because many individuals have said so.

The Church believes that it is not possible to put into place effective safeguards against such abuse or pressure if the law were to be changed. The Francis Report, for example, demonstrates that even the NHS’s high motives and rigorous monitoring policies did not prevent individuals from acting inappropriately. As Francis indicates, it is too late to try to remedy matters after the event. Sadly, this is not an isolated case. Other recent instances of safeguards being ignored or circumvented have been uncovered, for example in a number of nursing and residential homes and in some abortion clinics. A change in the law on assisted suicide would provide additional scope for further individual and systemic failures and abuses.

The key consideration is whether a change in the law would put increased numbers of vulnerable people at increased risk of harm; it is untenable to think that it would not.

Building a Caring and Cohesive Society

The wishes and aspirations of individuals are important, but it is not possible to view these in isolation from the effects that they might have on other individuals and on society in general. When viewing legislative change an important consideration is whether any changes made are likely to result in a more or less caring and cohesive society: in other words, what sort of community are we building?

In addition to placing increased numbers of vulnerable people in danger of harm, a change in the law on assisted suicide gives, at the very least, mixed health and care signals. We, rightly, expend resources on suicide prevention initiatives and we encourage individuals who are ill, depressed or who are struggling with relationships or other aspects of their lives, to believe that life is worth living. Even when people feel that they are of little or no worth, we treat them as individuals of value whose lives are important. Permitting assisted suicide, even in a limited number of cases, clouds this basic message.

Permitting assisted suicide would introduce a number of problems for healthcare professionals. There are real difficulties in obtaining an accurate prognosis of how long any given terminally ill individual might live. Beyond making an estimation of 'hours or days' towards the very end of life, it is simply not possible for doctors to state how long anyone will live; it would be wrong to place doctors in the position of having to estimate a person's life expectancy for the purposes of them accessing any proposed assisted suicide services. It takes considerable time to ensure that an individual is not suffering from depression or other mental illness; certainly much more time than even a tentative prognosis of 'days or weeks' would allow. Any involvement, however 'indirect', in assisted suicide by healthcare professional would irrevocably change the understanding of health care in the United Kingdom. The entire professional-patient/client relationship would be detrimentally altered as it would not be possible to isolate assisted suicide from other aspects of healthcare.

Respecting Individuals

The Church believes that every person is inherently valuable and deserves to be treated with respect. While assisted suicide is contrary to the principles outlined above, other end of life decisions ought to be respected. This means respecting the decisions of patients who choose not to receive treatment as well as respecting the wishes of those who do, when such treatment is attainable and in their best interests.

It is also essential that high-quality end of life care is available throughout the country with hospices and palliative care units being adequately resourced and funded. In particular, the excellent care pioneered by the hospice movement has demonstrated that holistic, palliative care which treats every individual with respect and dignity and is a viable, life-affirming alternative to assisted suicide.

End of life issues are complex and can be distressing. It is not appropriate to address these issues through opinion polls and online surveys. It is almost impossible to ask 'objective' questions throughout a questionnaire so that results are not skewed; it is also impossible to ensure that terminology used in framing questions is understood in the same way by all respondents. More importantly, complex personal issues cannot be reduced to simple 'yes/no' or multiple choice answers; respecting individuals, means allowing everyone to engage fully with the issues involved. This involves careful consideration; the process cannot be telescoped into a few short questions and answers.

The Church of England accepts that a range of opinion is held both by its members and by others in society. It is not simply the case that 'religious' people hold uniform opinions opposing assisted suicide while others are in favour of it. Nonetheless, because of the considerations outlined above, the Church, through its bishops and through its democratically elected representatives in General Synod, continues to support the current law on assisted suicide.

Brendan McCarthy 3rd November 2017