

GENERAL SYNOD

Independent Commission on Assisted Dying Background Paper from Mission and Public Affairs

The 'Commission on Assisted Dying'

1. A 'Commission on Assisted Dying' was launched on 30th November 2010 and published its report on 5th January 2012. The use of the term, 'commission' led to some confusion in the public mind with many people mistakenly believing that it had some form of 'official' status.
2. This commission was supported by the pressure group Dignity in Dying and funded by proponents of assisted suicide. It was chaired by Lord Falconer, a leading campaigner for assisted suicide who personally chose the other commissioners. He precluded from membership anyone who had a principled objection to assisted suicide; consequently, nine of the original twelve commissioners were known supporters of assisted suicide.
3. The Terms of Reference stated that the commission '*shall investigate the circumstances under which it should be possible for people to be assisted to die*' while its Aims and Objectives stated that the commission '*aims to issue an authoritative report defining clear and workable recommendations for a framework for assisted dying*'. This suggests that the commission had pre-determined that it was possible to establish an acceptable framework for assisted suicide. Clearly, this compromises the independence of the commission and casts a shadow over its deliberations and recommendations.
4. In the light of its composition and its stated terms of reference and aims and objectives many individuals and bodies declined to give evidence to the commission in order to avoid giving the commission unwarranted credibility. This was the position adopted, among others, by the BMA, the Care not Killing Alliance and representatives of the Church of England.

Response to the Commission's Report

5. Unsurprisingly, the commission found in favour of changing the law on assisted suicide to permit Physician Assisted Suicide (PAS) for terminally ill individuals who were competent to make a request for 'assisted dying' and who had a free and settled opinion on the matter. The term, 'assisted dying' was one utilised by the commission to refer to a particular type of assisted suicide; 'assisted dying' has no legal definition or status.
6. The commission recommended that safeguards be established to minimise the risk of abuse to vulnerable people. It failed to state definitively what these comprehensive safeguards would consist of, but they included the requirement that two doctors would independently confirm that the person making the request was terminally ill ('*likely to die within twelve months*': an unreliable and unworkable definition) and that he or she was competent to make a free and informed request for PAS.

7. Responding to the commission's report, the Bishop of Carlisle, the lead bishop for healthcare issues, drew attention to the biased composition of the commission, its failure to frame adequate safeguards against abuse of vulnerable people, its failure to take sufficient account of failings in jurisdictions where assisted suicide or euthanasia are permitted and its mistakenly negative assessment of the efficacy of the current law. He concluded,

'What Lord Falconer has done is to argue that it is morally acceptable to put many vulnerable people at increased risk so that the aspirations of a small number of individuals, to control the time, place and means of their deaths, might be met. Such a calculus of risk is unnecessary and wholly unacceptable.'
8. The Mission and Public Affairs Division issued a detailed response to the commission's report and the Bishop of Carlisle and MPA respectively published two further articles, *'The Intrinsic Value of Human Life'* and *'Turning a Blind Eye'*. These documents featured in press reports and are published on the Church of England website. A key element in the Church's response to the commission's report is the question, *'are vulnerable individuals at greater risk of abuse under Lord Falconer's proposals or under the current law?'* The documents above argue that the commission's recommendation place vulnerable people at greatly increased risk.

The Future Debate

9. Attempts to change the law on assisted suicide are certain to continue. For some advocates of assisted suicide, the Commission's report is intended to be the first major step on the way to legalising euthanasia.
10. In contributing to this debate in the future, it is essential that the Church's voice is both adequately heard and appropriately expressed. To ensure that this is the case, a number of issues ought to be pursued. These include:
 - An understanding of the ways in which public policy principles may emerge from theological positions;
 - An engagement with society on the basis of defensible principles such as the affirmation of life, the care of the vulnerable, the creation of a cohesive and compassionate society and respect for individuals, without requiring agreement on the theological positions that underpin them;
 - A defence of the Church's role in public debate as a part of a democratic society;
 - The implications for law, morality and societal cohesion of a failure to recognise that human life is of intrinsic value;
 - The true state of vulnerability of many people, especially those who are elderly and infirm, and the implications for them of any change in the current law;
 - The wide-scale implications of a change in the law that would allow an individual actively to participate in ending another person's life;

- The nature of the doctor-patient relationship and the implications of expanding the meaning of healthcare to include actively ending life;
 - The need for greater resources to be allocated to end of life and palliative care.
11. With the help of our National Adviser on Medical Ethics and Social and Healthcare Policy, the Revd Dr Brendan McCarthy, MPA continues to research these issues and to promote debate which takes such points seriously. Our position is, we believe, theologically well-founded, yet draws on arguments which are accessible to people of other faiths and none. One way to promote wider debate, in the churches and beyond, may be for MPA to produce a full report on the subject for a future Synod debate.

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