

GENERAL SYNOD

ASSISTED SUICIDE (Private Member's Motion)

Background Note from the Secretary General

Introduction

1. The General Synod last debated Assisted Dying in February 2012 and voted by 284 to 0 (with 4 Abstentions) to support the motion (see footnote) opposing assisted suicide.¹ A briefing paper was provided by the Secretary General with background information for that debate in GS 1815B .
2. The notes below outline the Church of England's position on Assisted Suicide and Palliative Care which has been consistent over many years. Promoting the improvement of, and greater access to, palliative care, whilst retaining the present restrictions on assisting people in taking their own life is consistent with the church's overall approach to medical ethics which starts with the principles of affirming life, caring for the vulnerable, building a caring and cohesive society and respecting individuals; the above principles understood in cascading order.

Palliative Care

3. The Church of England has supported the proposals of the government regarding the meaning of Palliative Care as reflecting best practice in Caring for the Dying under current legislation.² The Church of England also supported the principle that palliative care should be universally accessible.
4. The Church of England has been a member of the palliative care APPG including looking at palliative care options during the pandemic.

Assisted Suicide

5. The Church of England has been a long-term supporter of current legislation more recently applied through the lens of the DPP guidelines.³
6. Terminology can vary, confusing the issues. A change in legislation will require a change in the 1961 law on Assisted Suicide. For this reason, the Church of England has insisted on talking about Assisted Suicide rather than Assisted Dying.
7. On its website the Church of England has argued that the current legislation and the DPP guidelines are in keeping with the church's core principles in medical

¹ 'That this Synod (a) express its concern that the Independent Commission on Assisted Dying was insufficiently independent to be able to develop proposals which will properly protect the interests of vulnerable and disabled people; (b) endorse the responses to the Commission on Assisted Dying referred to in paragraphs 7 and 8 of GS 1815B; (c) 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; and (d) celebrating the considerable improvement in the quality of care of the dying brought about by the hospice and palliative care movements and by the input of clinicians, clergy and others, encourage the Church's continued involvement in the wider agenda of the care of those approaching the end of their lives and the support of those caring for them.'

² Briefing Paper: QSD on the future of hospices and palliative care services – V Bridgeman/E Howe 2010

³ This was the case prior to the General Synod February 2012 debate

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ethics of: affirming life, caring for the vulnerable, building a caring and cohesive society and respecting individuals; the above understood in cascading order.⁶

8. The Supreme Court has made it clear that Parliament alone can change the law on Assisted Suicide.⁴
9. The Church of England's reasons for opposing Assisted Suicide include the following:
 - The opposition is not based solely on religious conviction but is based on a commitment to the Common Good which is, in principle, accessible to all people of any religious belief or none. This is an important point because of the frequent accusation from secularists that our position is an attempt to foist a religious ethic onto all people. Opposition to Assisted Suicide is not merely a matter of dogma.
 - The Church has a responsibility to speak in the public sphere to the whole nation, not only to its adherents.
 - Assisted Suicide is a communal not merely a personal decision, affecting relationships between individuals, family members, professionals and whole communities.
 - Opinion polls are not a valid means of testing ethical arguments. Opinion polls not only rely upon questions which lack nuance or context, they also invite people to imagine themselves into a situation in which most people have no relevant experience.
 - The argument from compassion must also include compassion towards those who are vulnerable to persuasion to end their lives
 - A change in the law would entail a change in the doctor-patient relationship, affecting the trust upon which that relationship must depend.
 - A change in the law would undermine the intrinsic value of every human life.
 - Despite claims that safeguards can always be established, we are persuaded that there is no adequate way to introduce safeguards into a change in the law.⁵
10. For these reasons – and because no new or better arguments to the contrary have been advanced by any of the lobbyists for Assisted Suicide -- the Church of England has been adamant in its rejection of a change in the current law in Parliament, in the media and among the medical professions.

*William Nye LVO
Secretary General*

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⁴ <https://www.supremecourt.uk/docs/r-on-the-application-of-conway-v-secretary-of-state-for-justice-court-order.pdf> Page 2

⁵ Assisted Suicide FAQ 2020