

## ASSISTED DYING Q & A

### **What is assisted dying?**

It is the right of a terminally ill, mentally competent adult the choice of an assisted death if they are facing unbearable suffering.

### **Is it the same as suicide or euthanasia?**

No, it is totally different and should not be confused with either of them.

Suicide is when someone takes their own life, but for which they could have lived for many years. Assisted dying is only for those who are terminally ill and expected to die in a short time, usually defined as six months or less.

Euthanasia is when one person takes another person's life, whether with or without their permission. Assisted dying only applies to the person concerned taking their own life.

### **Will assisted dying apply to people who are disabled?**

No, being disabled does not mean you are terminally ill. On the contrary, a disabled person may go on to live a long and fulfilling life, and assisted dying does not apply to them.

### **Will assisted dying apply to those who have forms of dementia?**

No, as it is a core requirement that the person is fully competent and makes any decision to proceed on their own free will at the time. Someone with dementia does not qualify. Even if they made known their preferences for an assisted death when they were mentally competent in the past, that cannot be regarded as valid at a later date when they no longer have competency.

### **What safeguards are there to ensure competency and free will?**

A person requesting an assisted death would have to make a request to their GP, be assessed by two independent doctors and counselled by a palliative care expert; would have to make two oral and one written request; the latter witnessed by two independent witnesses not connected with family or hospital; the application would then have to be approved by a high-court judge to check that all procedures had been complied with; there would be a fourteen day waiting period for reflection; patient could refuse right at any time and including right up to the last minute.

### **How can we be sure that the system will work?**

We are in the fortunate position of knowing in advance what will be the likely effects of permitting assisted dying, as a result of the experiences elsewhere, especially in Oregon, which has the closest system to the legislation being proposed for Britain and has now passed the 25 years mark. Since it was introduced in 1997, several thousand dying patients per year enquire about assistance to die, but only around 0.2% opt for it. What's more, it is a static average figure that is not shooting up but stable. It indicates that many people wish to 'know it's there' and have the emotional safety-net of knowing they can resort to it if their situation makes life intolerable, but never find they reach that stage. There has also been analysis of those who take it up – people who are largely in positions of independence and responsibility and used to controlling the course of their life. This

may not be everyone's choice, but why should those who want it be denied it because others do not wish it?

### **What's wrong with the current situation?**

We all know hospices do wonderful work, but they can't help everyone and the options for those facing a painful death are only bad ones: endure it, when they don't want to; commit suicide (which sometimes fails, and is always horrible for relatives); or go to Dignitas in Geneva (but this means not only ending their life far away from home, but doing so earlier than they if they had the option in UK, as they have to be fit enough to travel abroad).

### **Are all religious groups opposed to it?**

No, there are those who disagree with assisted dying, and that is their right. However, there are also people of faith (across all religions) who see it as perfectly permissible in principle, while in practice it is a much kinder and more religious response to suffering. Thus there is not one monolithic "no", but a variety of religious views.

### **What do doctors think?**

There is a massive shift in opinion going on at the moment, with many doctors now thinking it is a matter of patient choice and withdrawing their previous opposition to it. The Royal College of Physicians has adopted a neutral position following a survey of its members, as have the Royal College of Nursing, the Royal College of Psychiatrists and the Royal Pharmaceutical Society. The British Medical Association is expected to follow shortly.

### **What does the public at large reckon?**

Poll after poll shows an 84% approval rate among the population at large. This includes people who are religious (defined as going to a place of worship at least once a month: with a breakdown of 82% among Christians and 71% among Jews). If this was applied to a general election, it would be a landslide off the scale of anything ever known.

### **What is the motive for legalising assisted dying?**

It is partly a matter of letting people who have had control over their life, also have control over their death. It is partly a matter of compassion, to minimise the suffering of those dying in pain or indignity. Above all, it is saying that assisted dying should be one of several options for end-of-life care. Many people will not take it up, but there are also many crying out for it. They have a right to choose it for themselves, and we do not have the right to deny them a pain-free death.

### **What role does Liberal Judaism have in this?**

As is typical of so many pioneering stances that Liberal Judaism has taken in the past, it will be one of the founding members of a new Religious Alliance. Along with with other groups and individuals, the Religious Alliance will advocate legislation to permit assisted dying in this country for terminally ill, mentally competent adults who wish to have it as an option.