

SUBMISSION ON THE ASSISTED DYING FOR THE TERMINALLY ILL BILL 2004

SUMMARY

1. There is a dearth of methodologically robust research into the impact that Physician Assisted Dying (PAD) would have in the UK
2. Because of the absence of sound evidence, there has not been a properly informed debate, whether between professionals or amongst the wider public, of all the issues that must be resolved before a decision whether to proceed with PAD can safely be made. Legalising PAD would represent a radical departure from UK practice, which should not be undertaken unless and until all the implications have been properly researched and considered.

THE BILL

3. The necessary subjectivity in assessing the degree of a patient's suffering means that the requirement that a patient be suffering unbearably cannot be a wholly effective safeguard.
4. There should be a waiting period. Consideration needs to be given as to its length and starting point.
5. There is no safeguard for patients who are competent, but depressed.
6. Clause 15 is unnecessary, and encourages misconception about the role of pain relief in end of life care.
7. If PAD is legalised, health professionals will be under a duty to raise it as an option with patients. This will have a significant impact on the patient-health professional relationship.
8. Clarity is required about the degree of formality necessary to trigger a request for PAD.
9. By presenting palliative care as an alternative to PAD, the Bill risks reinforcing the misconception that palliative care is solely concerned with the process of dying.
10. The Bill fails to address practical issues about the means and place of death.