**We must heed the deafening silence of the Terminally Ill Adults (End of Life) Bill**

***By Pia Matthews***

**MPs met the announcement of the vote in favour of legalising assisted suicide in England and Wales first with gasps then with silence. Gasps then silence precisely because a bright red line had been crossed. To be clear, despite its apparently compassionate title, the Terminally Ill Adults (End of Life) Bill would make it legal for doctors to assist in a patient’s suicide. That red line once meant that society protected people, even from themselves. And this is what society continues to do by putting in place suicide protection policies – now it seems as long as the person is not seriously ill. The message here is that society values your life if you are fit and healthy but if you feel that you are a burden because you are ill and expected to die soon, or you are afraid of how you will die, or you do not want to give up control by entrusting yourself to the care of others, then society will help you to take your own life. A change in the law means that society agrees that you are a burden, that your fears are justified, that you should be able to choose to die even if that choice stops all other choices.**

**Advocates of assisted suicide often explain that they are not intending to end life but rather they are shortening death. They point to the many stories of people who have had bad undignified deaths. They claim that there are robust safeguards in the bill to protect people who are vulnerable to pressure and coercion; but assisting someone to take their own life is ending life. There are many stories of people who have good and dignified deaths. And the safeguards are really not that safe.**

**One of the problems with the private member’s bill process is that the principles come first, the details only follow later, and the devil is in the details.  The bill is modelled on the law in the US state of Oregon where assisted dying is available on request to people doctors agree are terminally ill. There is evidence that this may include people with anorexia, arthritis or diabetes. After all, if a patient refuses or stops life-saving treatment intending to die then the person’s death will be reasonably expected to be sooner rather than later and so the person seems eligible for assisted suicide.  There is no requirement of expertise in end-of life care on the part of the doctors.**

**Prognosis on life expectancy and the course of a serious illness is notoriously uncertain. While under the bill the capacity of the person is assessed following the Mental Capacity Act, that Act did not envisage assisted suicide and was designed to have a liberal interpretation where capacity is always presumed. Moreover, the age requirement may be challenged by those who are under 18 but could be considered legally competent.**

**Currently the bill states that a judge may be invited to hear from one of the doctors involved or from the person making the request. However, it is not the role of the judiciary to approve the administration of drugs to bring about death and it is not clear how the process would work, whether there would be an appeals process, and how evidence would be tested. There is no indication that judges or indeed pharmacists could opt out of the process. Additionally, court resources are already stretched.**

**Worryingly, there is no detail on the proposed medication and what happens should the medication fail to kill.  Although slippery slopes can always be legislated against, there is a real concern that some may claim the bill as it stands discriminates against those who are not terminally ill but do have serious disabilities. Some people have already begun to campaign for an extension of the bill to include people with long term illness such as Parkinson’s. Under the bill a doctor can offer assisted dying to a patient along with a range of other options including palliative care. But where access to palliative care is already unequal and hospice care itself is underfunded, there may be implicit coercion.**

**Advocates of the bill may believe that further scrutiny can address most of these real concerns. But the bill is fundamentally flawed from its very premise: that it should be legal for doctors to help patients kill themselves. It may look as if a change in legislation to allow for an assisted death is a compassionate response to a few people who do not want to face what they see as the indignities of dying dependant on the care of others. But the message that a life of dependence is a life not worth living is a dangerous and coercive message to all those who do live dependant lives.**

**The bill will next go to a committee of MPs for further scrutiny before receiving a third reading when further amendments can be made. There will then be a final vote on the bill. Let’s hope and pray that the silence that accompanied the vote at the second reading will weigh heavily on those voting at the bill’s third reading. It is not too late to back away from that bright red line.**