

Dear Member,

9 September 2015

As someone with 28 years bedside experience caring for over 20,000 dying people, and who works in the NHS and voluntary sector, across the community, in hospital, hospice and care homes, I feel impelled to write to you personally ahead of the Assisted Dying (No 2) Bill's debate this Friday. I am not just a doctor; I am also a son, so this is personal too.

I was there looking after Dad as he died. I was there when Mum turned to me distraught, telling me she couldn't bear to see him suffering. I always say to others who accompany a loved one to their journey's end that 'They'll go when they're ready, not before or after.' How right, but also how painful for us it turned out to be.

I also remember the previous year: Dad lying in a hospital bed, pumping his legs up and down; nurses and doctors scuttled past doing 'real medicine'. Mum anguished at his bedside - from our side of the blankets it was definitely time to go. It was all about whether we could go on, not he. "Dad?" I asked, gently "Mum's worrying. She thinks you're suffering." "... Don't be ridiculous," came the response, "Can't you see I'm busy climbing?" Stuck in his own reality, I remember feeling impotent to act as Dad did that last climb.

How easy it would have been to end what seemed to us like pointless suffering. Fortunately I may care and comfort but mustn't kill, and not because – like most doctors – I'm against assisted suicide, but because the law protects us all from that expedient folly. Consequently, my Dad was allowed to finish his climb uninterrupted. It took well over a year of highs and lows. His struggle certainly had meaning, whatever that was. Dying is never simple.

As you debate this Bill, which seeks to give doctors lethal power should someone who appears to be dying want assistance with their suicide, I urge you to approach it with the greatest caution. The Bill calls it 'assisted dying' and claims to have lots of safeguards. As a specialist in palliative care, I worry the whole debate is being driven by propaganda and is largely ill-informed. The public does not hear of doctors' consistent opposition or their reasons. And over half a million die a year in our borders: when will we hear the real implications of this tectonic change in medicine for the tens of thousands like my father and not just the personal tragedy of the very few who choose assisted suicide in Switzerland?

Doctors who care regularly for the dying see how fragile and unstable someone's judgment and perspective becomes when struggling with illness or death - no matter how smart that person is. We are also as vulnerable as anyone to the personal burden of witnessing dying, to misjudgements and to subliminal coercions - it's called humanity and compassion. Surveys across all our relevant professional bodies show that these concerns for our patients, not our personal motives or beliefs, form our view that assisted suicide is not safe in our hands. They are not unfounded as evidence from abroad bears out clearly.

I'm not against having a debate on assisted suicide; on the contrary, it is good and right that such weighty issues are discussed in Parliament and society. But as a doctor at the coalface of care for the dying, I am profoundly worried and concerned by the legislation that is being proposed. Here are five reasons why I cannot support it.

Firstly, I worry how the language of this Bill manipulates us. 'Assisted dying' is so palatable and, at a glance, something anyone would vote for. Had my Dad been offered 'assisted dying' he would have taken it; were it called 'assisted suicide', he wouldn't have even considered it. We must call things what they are, not what we would like them to be. Know that if this

becomes a choice in someone's healthcare, I become duty bound to offer it and most will assume that is because I believe it may be the right thing for them. With this potential power my relationship with patients will change and I believe for the worse.

Predicting when someone will die is very hard. Dad's GP had said he was dying a few times over those last years and even I had agreed. Had 'assisted dying' been legal, I can well imagine that Dad would have inadvertently denied himself those added years, never climbed that necessary mountain, and we also would have been denied the privilege of accompanying and serving him, burdensome and painful as that had been for us.

I also worry that the Bill's arbitrary qualifier of 'six months to live' is unknowable and therefore unsustainable. Campaigners ensure that timely stories accompany calls for 'assisted dying', yet this six-month boundary bars pretty well all stories told so far from even qualifying under the proposed legislation. Their tragedy demands inclusion, for their exclusion is cruel, unfair and disingenuous in a campaign that trumpets dignity compassion and choice. 'Assisted dying' might sound good, but in this form it means nothing.

Then I worry that people's misconception and fear of hospices as places where you go solely to die will become true and wipe out over a generation's work. Palliative care has been called midwifery for the dying, yet paradoxically early involvement with palliative care is showing now both improvements in the quality *and* length of life. Our mission is to help people complete lives, not die deaths; we prolong where feasible and desirable; we relieve where possible and we never say there is nothing more that can be done. People matter to the very last moment and, since suffering is a perception, change is always possibility. Assisting suicide is the opposite.

I worry because I know that once healthcare sees death as an option, economics will bite - and bite hard. Reports, including from the Ombudsman, that highlight repeatedly pockets of scandalously poor care of dying people continue to be ignored. Around 45% of England's Clinical Commissioning Groups from 2013/14 to 2015/16 have either frozen or cut budgets and 52% include their local voluntary hospices, the very places where communities can engage in caring for their own, people can have real choices over where they die, the dignity they deserve and society can flourish. Assisted suicide will impede and not promote this.

Finally, I worry because the same people harmed now because of inadequate care and resource will run the risk of being harmed further because of assisted suicide in healthcare – dying will have become so simple and cheap that we will have forgotten how to care, and may just not see the point of doing so any more.

'Assisted dying' is the wrong campaign: it is unsafe, contaminates care, disorientates us the public and distracts politics from the desperate need to improve care for those suffering the uncertainties of deteriorating health. Let's invest in healthcare to conclude lives well and not bring death before its time. That does involve money to get clinical services up to scratch: the government estimates £130M (in context, cancer drugs alone cost around £320M). The engine room of good palliative care is our hospices and NHS teams. This week the '*Ambitions for Palliative and End of Life Care*' is published. It is the vision and call to action that continues the work necessitated by the Neuberger Review '*More Care Less Pathway*'. Our teams need now to know the government is on their side so that we can get back to providing the global leadership in palliative care for which Britain is rightly famous.



Professor Rob George,
President Association for Palliative Medicine of Great Britain and Ireland, Medical Director St Christopher's Hospice, Professor Palliative Care Cicely Saunders Institute King's College London.