



# Association for Palliative Medicine

Of Great Britain and Ireland

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## Association for Palliative Medicine Position Statement

The Association for Palliative Medicine is an organisation of over 1000 palliative medicine doctors working in hospices, hospitals and the community in Great Britain and Ireland

### Physician Assisted Suicide (sometimes referred to as 'Assisted Dying')

The APM is a representative professional body of clinicians, for whom a core responsibility is to care for the dying. Because of this, we:

- have a clear position on matters of law such as the involvement of doctors in assisting the suicide of their patients or administered euthanasia and;
- distinguish between someone's attitude to assisted suicide itself, and the issue of whether doctors should be involved. A paper from a former Ethics Committee Chair explaining this is [here](#).

The APM consulted its membership formally in response to Bills presented to both Houses of Parliament in [2014 and 2015](#). The Survey results can be found [here](#).

Based on this:

**The APM opposes any change in the law to license doctors to supply or administer lethal drugs a patient to enable them to take their own lives.**

The APM acknowledges that, while the majority of its members are opposed to legalisation of assisted suicide, some may take a different view

The APM engaged with Parliament with briefings over [Lord Falconer's Bill](#). The initial briefing can be read [here](#) and the response to Lord Pannick's Amendment [here](#).

### The role of Medicine in assisting suicide/death

The APM considers that it is morally and clinically unacceptable for a doctor to assist a person in committing suicide, even if requested to do so by someone finding life intolerable at that time.

The Association considers that:

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- actively assisting a patient to take his or her life undermines the fundamental principles of the doctor-patient relationship irrevocably and harmfully;
  - our duty of care to respect a patient's preferences must always be balanced against the harms to which those preferences may expose that patient and/or others. No level of safeguard or regulation can be established to guarantee that a Law permitting physician assisted suicide will not be misused or lead unintentionally to the death of someone who wanted to live. The experiences of jurisdictions with 'assisted dying' legislation raise serious concerns around the adequacy of 'safeguards';
  - capacity assessment is complex, and it remains poor in healthcare. But full decision-making mental capacity of a candidate to want and be deemed eligible for physician assisted suicide is essential. Coercion can be subtle or concealed and expecting doctors to detect this reliably is untenable;
  - doctors have a key role in suicide prevention. When dealing with patients contemplating suicide it is critical to ensure that optimal medical and social care measures are in place to redress desperate situations that can lead someone to want to end their own life;
  - prognostication, even for the most experienced physicians, is imprecise and highly variable;
  - The drivers for physician assisted suicide, in general society and even amongst some professional colleagues, may be based on fundamental misconceptions of what palliative care can and cannot achieve;
  - the autonomy of the individual patient has to be balanced against the need to protect vulnerable people from harm, including self-harm. The autonomy of one person cannot be at the expense of the autonomy of another. For doctors the potential degree of moral and psychological risk to which they are exposed by participating in physician assisted suicide or physician administered euthanasia is very considerable;
  - the literature on the personal impact on doctors of being involved directly in assisting suicide and euthanasia reports significant psychological morbidity.
  - conscientious objection' clauses do not protect the autonomy of the doctor against pressures to participate. Such clauses would prove to be insufficient or unsustainable; they cannot protect doctors from the pressures to participate. In some 'assisted dying' jurisdictions conscientious objection has been challenged successfully in court;
  - The APM is not alone amongst professional bodies in expressing major concerns around campaigns to license doctors to perform physician assisted suicide or physician administered euthanasia.