



Association for Palliative Medicine Position Statement

Physician Assisted Suicide and Physician Administered Euthanasia (sometimes referred to as 'Assisted Dying')

The Association for Palliative Medicine is an organisation of over 1200 palliative medicine doctors working in hospices, hospitals and the community in Great Britain and Ireland. We also have international members.

Our vision is to create a future where all people with life-limiting and life-threatening illnesses live as well as possible for the duration of their natural life and in which no one need die in distress or discomfort for lack of access to adequate specialist palliative care.

We represent the body of clinicians whose core responsibility is to care for the dying. Because of this, we:

1. Have a clear position on matters of law such as the involvement of doctors in assisting the suicide of their patients or administering euthanasia,
2. Distinguish between two commonly and unnecessarily conflated questions
 - a. Society's entitlement to legislate for assisted suicide or euthanasia independent of medicine, along with our members' personal attitude to it as citizens. Although a substantial, majority of APM members oppose any legalisation, some feel differently. We respect these societal rights and have no organisational view on them,
 - b. Whether ending life with lethal drugs should become a duty of care for doctors. In this our membership has a very clear majority position and justification for us to represent.

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](#). 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](#). These demonstrate how we engage as experts and not campaigners..

The 2019 RCP survey confirmed that, for palliative medicine physicians eligible to vote, views had not changed: 84.3% oppose a change in the law, and 84.4% are not prepared actively to participate in physician assisted suicide. Whilst 9% support legal change, only 4.8% are willing to assist suicide themselves.

Based on this:

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

The Association considers that:

- 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 that involve doctors raise serious concerns around the adequacy of their safeguards
- Full decision-making mental capacity of someone to want, and be deemed eligible for, physician assisted suicide is essential, but reliable and consistent capacity assessment in healthcare is complex and remains poor. Coercion can be subtle or concealed and expecting doctors to detect this reliably and robustly within a clinical relationship 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 and they cannot protect doctors in the long term. 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
- The reasons given for people wanting assistance in suicide or euthanasia are predominantly social, not medical: no longer enjoying life, feeling burdensome and/or out of control and wanting to orchestrate the time and manner of one's death. Distressing and important as these are for individuals, it is vital for the safety and protection of all, and the integrity of medicine's core values, that assisting suicide or administering euthanasia is the domain of the courts to decide, and the responsibility of a commissioned and regulated service outside healthcare to provide.

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