Association for Palliative Medicine
Of Great Britian and Ireland

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Position Statement on a doctor's involvement in actions intended to end life (Assisted Suicide[1] and Euthanasia)

The Association for Palliative Medicine (APM) represents over 1200 palliative medicine doctors working in hospices, hospitals and the community in Great Britain and Ireland.

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 life

The majority (85%) of our membership do not support a change in the law, and a similar percentage would refuse to participate in assisted suicide or administer euthanasia.[2, 3]

Very few palliative medicines doctors support or are willing to take part in actions to end life

Why does an organisation dedicated to people with life-limiting and life-threatening illness oppose the legalisation of assisted suicide and euthanasia?

- Experience over 15 years with the Mental Capacity Act demonstrates a persisting problem with implementing safeguarding legislation by healthcare staff (including doctors) and organisations[4, 5, 6]

  UK doctors and organisations cannot exclude undue influence and implement safeguarding laws

- Official data in jurisdictions that allow assisted suicide and euthanasia is inadequate or limited. For example, in Oregon, data on complications during assisted suicide were missing in 68% of cases in 2019.[7]

  There is insufficient information on the safety, efficacy and impact of assisted suicide and euthanasia

- High quality research in this field is very limited. Only two comparative studies of assisted-suicide deaths with those dying without intervention have been conducted. No difference was found in the comfort of dying.[8, 9]

  Well-designed research on assisted suicide and euthanasia is rare

- Assessing capacity is extremely complex[10] and estimating prognosis is unreliable[11]. Both challenge UK doctors, specifically when assessing dying, vulnerable individuals.

  It is a fallacy that doctors can prognosticate and assess capacity reliably

- Doctor involvement in assisted suicide risks damaging patient and societal trust in doctors.[12]

  Decisions on assisting suicide and administering euthanasia, were it to be legalised, should be made by judges and the procedures carried out by competent operatives outside healthcare

- In the UK, there are an estimated 92,000 patients each year who are in need of specialist services and have no access to fully funded , equitable and adequate palliative care.[13] This equates to 277 patients/day that are failed by the system.

  Those who claim that failures in palliative care indicate the need for assisted

suicide or euthanasia should first address the lack of palliative care services

What are our foundations?

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.

One of our core responsibilities is to care for the dying. Because of this, we:

- Have a clear position on the involvement of doctors in assisting suicide or administering euthanasia, both of which are in this Bill.
- Respect that, while a substantial majority of APM members oppose assisted suicide and administering euthanasia, and the direct involvement of doctors in particular, some have a different view.

What do we advocate instead?

1. Given the expressed intentions of the Bill *'to assist in achieving a dignified and peaceful end of life'*, we are deeply dismayed to see that no explicit statutory obligation is included to ensure that adequate Specialist Palliative Care is both present , fully funded and equitable across Ireland first. We would ask that this is given serious and full consideration.
2. Proposed safefguards continue to be inadequate. We suggest that, if legalised, this authority is only safe when placed with the Courts and competent operatives outside healthcare.
3. Whilst a doctor will have the ability to give clinical advice to the court on individual cases, the means and mechanisms to end someone's life as their best interest must be hermetically sealed from medical practice. Otherwise It is of mortal dangers to patients and a moral danger to their doctors

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[1] Assisted suicide is defined by the NHS as the act of deliberately assisting another person to kill themselves. See: https://www.nhs.uk/conditions/euthanasia-and-assisted-suicide/

[2] 2019 Royal College of Physicians survey: 84.3% oppose a change in the law, and 84.4% were not prepared actively to participate in physician assisted suicide. Whilst 9% supported legal change, only 4.8% were willing to assist suicide themselves.

[3] APM Press release. See: https://apmonline.org/wp-content/uploads/2019/01/press-release-apm-survey-confirms-opposition-to-physician-assisted-suicide-3.pdf

[4] Heslop P BP, Fleming P, Hoghton M, Marriott A, Russ L. Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD). Norah Fry Research Centre: Bristol: University of Bristol 2013. See http://www.bristol.ac.uk/cipold/ (Checked 7 Sep20)

[5] Mental Capacity Act 2005: post-legislative scrutiny. House of Lords Select committee on the Mental Capacity Act 2005. London: The Stationery Office, 2014. See: https://publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/139.pdf (Checked 14Sep20)

[6] Marshall M, Sprung S. The Mental Capacity Act: 10 years on – the key learning areas for healthcare professionals Nursing: Research and Reviews, 2018; **8**; 29-38

[7] Oregon Death with Dignity Act: annual reports. http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Pages/ar-index.aspx

[8] Veldink JH *et al.* Euthanasia and physician-assisted suicide among patients with amyotrophic lateral sclerosis in the Netherlands. *New England Journal of Medicine*, 2002, 346(21): 1638- 44 https://www.ncbi.nlm.nih.gov/pubmed/12023997

[9] Smith KA *et al* Quality of death and dying in patients who request physician-assisted death. *J Pall Med.* 2011; 14(4): 445-50. https://www.ncbi.nlm.nih.gov/pubmed/21417741

[10] Wade DT, Kitzinger C. Making healthcare decisions in a person's best interests when they lack capacity: clinical guidance based on a review of evidence. *Clin Rehab*, 2019; **33**(10): 1571-85.

[11] Innes S, Payne S advanced cancer patients advanced patients' prognostic information, preferences: a review. *Pall Med, 2009; **23:** 23-29*

[12] https://blogs.bmj.com/bmj/2019/01/30/the-courts-should-judge-applications-for-assisted-suicide-sparing-the-doctor-patient-relationship/Pall

[13] Hughes-Hallet T, Craft A, Davis C. Palliative care funding review: funding the right care and support for everyone. London: Department of Health, 2011. (https://www.gov.uk/government/publications/independent-palliative-care-funding-review) (checked 14Mar20)