

17/9/21

At their 2021 Annual Representative Meeting 2021 The British Medical Association (BMA) voted by the narrowest margin (49% to 48%) to become 'neutral' in regards to assisted suicide and euthanasia replacing its previous position of opposition.

The breakdown was:

- 149 (49%) votes in favour
- 145 (48%) votes against
- 8 abstained

The APM's response to this vote:

- 1) The BMA's 2020 poll found that the vast majority of doctors who look after dying patients oppose the legalisation and would not have any involvement in assisted suicide and euthanasia.
- 2) The BMA's adoption of a position of neutrality mistakenly suggests that a representative view exists on this most complex topic.
- 3) The key motion contained no caveats, such as any new law being restricted to include only adults, the mentally competent or those who have terminal illness with a prognosis of 6 months or less to live.
- 4) Prior to the BMA confirming what is a seismic shift to endorse a neutral position, further and far more informed discussion and debate is required about the myriad of clinical, healthcare, personal, legal, ethical, moral and other risks that the BMA taking a neutral position creates.

What needs to be done now:

- 1) The debate about assisted suicide is NOT about compassion vs. morality, it is about public safety!
- 2) It must be highlighted that proposed assisted suicide legislation is called 'Dignity in Dying'. This wrongly implies that the only way to die with dignity is to die by assisted suicide or euthanasia. This needs correcting and conversations about end of life care need to be destigmatized.
- 3) Palliative care is the active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers. We must highlight the lack of funding and prioritisation of palliative care that is commonly left to the charitable sector for the majority of funds. We would also extend this lack of funding to the social care sector to protect those who are vulnerable. We advocate for increased funding for palliative care to tackle the known inequalities in access and achieve a dignified death for all, rather than spending on assisted suicide.
- 4) Before the debate goes any further, we must identify the unintended consequences of any assisted suicide legislation and ask if it is worth it. Some of the consequences

include- damage to the patient-doctor relationship, impact on the most vulnerable in society, giving suicide validation in our society, and the accusations of cost-cutting during the pandemic.

- 5) The evidence base for assisted dying from across the world must be reviewed and studied to help guide opinion.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'A Proffitt', is positioned above the typed name.

Dr Amy Proffitt , President of the Association for Palliative Medicine of Great Britain and Ireland (APM)

On behalf of the Ethics Committee of the APM