

The BMJ calls for Assisted Dying Bill to become law

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The *BMJ* today calls for Lord Falconer's Assisted Dying Bill, which is expected to receive its second reading in the House of Lords this month, to eventually become law.

In an editorial, Dr Fiona Godlee, editor in chief, Dr Tony Delamothe, UK editor and Rosamund Snow, patient editor, say "recognition of an individual's right to determine his or her best interests lies at the heart of this journal's strategy to advance the patient revolution in healthcare. It would be perverse to suspend our advocacy at the moment a person's days were numbered."

They argue that people should be able to exercise choice over their lives, which should include how and when they die, when death is imminent. And the majority of the British public want the option too, they add. The 2010 British Social Attitudes survey shows that 82% of people are in favour of a change in the law on assisted dying.

The bill would allow adults who are expected to live six months or less to be provided with assistance to end their lives, they explain. Two doctors must be satisfied that the person is terminally ill, has the capacity to make the decision to end his or her life, and has a clear and settled intention to do so. This decision must have been reached voluntarily, on an informed basis, and without coercion or duress.

The bill does not cover people with disabilities who are not terminally ill, other people with non-terminal illness, people who are not mentally

competent, or children, they add. "That much mentioned victim - the elderly lady who believes she has become a burden to others and offers herself up for assisted dying - will not qualify."

Those opposed to a change in the law cite the difficulties of establishing that someone has less than six months to live, write the authors. Yet most studies suggest doctors consistently overestimate rather than underestimate prognosis.

Another argument is that individual choice should be limited when it has a profound impact on others. "But we already accept people's decision to reject life saving treatments, if they have mental capacity, regardless of any effects their subsequent deaths may have on those they leave behind," say the authors.

They acknowledge that some doctors are unhappy about the part they would be asked to play. However, the bill makes robust allowance for conscientious objection - a provision which has worked well for the almost 50 years of the Abortion Act.

They also point to the US state of Oregon, on which the bill in England and Wales is closely modelled, that has allowed assisted dying since 1997. Last year, altogether "assisted deaths" accounted for 2.2 per 1,000 total deaths in the state.

Applying Oregon's figures to England and Wales would mean that every eight to nine years one patient per general practice would take life ending medication, they explain.

Oregon's experience also confounds claims that assisted dying legislation impedes the development of palliative care, say the authors. Oregon is also regarded as a national leader in palliative care post-legalisation, and the Oregon Hospice Association, initially opposed to assisted dying,

found "no evidence that [assisted dying](#) has undermined Oregon's end of life care or harmed the interests of vulnerable people."

"Ultimately, however, this is a matter for parliament, not doctors, to decide," they write. Last month the Supreme Court president said that unless parliament satisfactorily addresses the Suicide Act 1961, which prevents doctors helping patients to end their lives, the court could force change upon them by declaring the act incompatible with the European convention on human rights. "Let us hope that our timid lawmakers will rise to the challenge," they conclude.

Provided by British Medical Journal

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