

Debate: Would judicial consent for assisted dying protect vulnerable people?

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In *The BMJ* this week, two experts discuss whether the Assisted Dying Bill, to be debated at the House of Commons next month, would provide adequate protection for vulnerable people from harm.

The new Bill, presented by Mr Rob Marris MP, proposes legislation that would allow [doctors](#) to help terminally ill and mentally competent adults to die by prescribing drugs that patients would administer themselves. Doctors would be required to satisfy themselves that all the designated criteria were met and their approval would be checked by a High Court judge.

Jacky Davis, a consultant radiologist at the Whittington Hospital, London, chair of the pressure group Health Professionals for Assisted Dying, and member of the BMA's Ethics Committee, says the proposed safeguards in the Bill "are far more robust than anything in place in the current, confused state of affairs."

In addition, she says it will "result not in more people dying but in fewer people suffering."

It is estimated that 1,000 people a year die in the UK through unregulated voluntary euthanasia, all "with no safeguards, regulation or monitoring", she explains.

"The introduction of the court model adds to the already considerable protections offered including the recording and reporting of all assisted

deaths to parliament."

The proposed law is based on legislation in the US state of Oregon which has worked safely since 1997, she says. Vulnerable groups are underrepresented among deaths and no abuse or extension of this law has been documented in Oregon, she adds.

Baroness Ilora Finlay, former President of the BMA, member of the BMA Medical Ethics Committee, professor of palliative medicine and chair elect of the National Council for Palliative Care, warns that the proposed Bill "would not offer protection to vulnerable people."

Doctors' diagnoses and prognoses of terminal illnesses are not always "black and white", she says, adding that many of the criteria listed by the Bill lie outside clinical practice.

For example, with hard-pressed GP practices and overwhelmed hospital clinics, how would a doctor decide whether there were unseen personal or family pressures influencing the request, she asks.

Patients can sometimes lack the capacity to consent to treatment, but "here we are talking about something more serious - assisting suicide," she explains.

Furthermore, "Oregon's experience shows that doctors sometimes fail to recognise clinical depression and agree to assist suicide without referring for psychiatric evaluation", she says, adding that research showing that vulnerable groups are not at risk is "flawed."

The Court would not be required to undertake investigations or inquiries, and dividing responsibility between doctors and the Court could actually make the process less rather than more safe by blurring accountability, she adds.

Most doctors are against legislation, she says. A recent survey of 1,000 GPs shows only one in seven would be prepared to conduct assessments for assisted suicide.

If society wants assisted suicide, such decisions should be taken solely by the courts, with doctors providing input on strictly medical issues to allow doctors to "concentrate on clinical care," she concludes.

A series of articles, all published on thebmj.com today, explore the debate around assisted dying in detail. These include a snapshot of law and practice in different countries, a personal account by the daughter of a doctor who chose an assisted death, and a view on how [assisted dying](#) impacts families, and a call for clarity in what is meant by mental capacity in this context.

More information: Would judicial consent for assisted dying protect vulnerable people? The *BMJ*, www.bmj.com/cgi/doi/10.1136/bmj.h4437

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