

The 6 DANGERS from Assisted Dying legislation

Please:

- Read this to understand the seriousness of what is being proposed, as **there is a lot of false information around.**
- Write to your MP about this issue – it is literally “A matter of Life and Death”. **Please use your own words, especially at the start of the letter;** you can use some quotes from the material here but don’t “copy and paste” large parts as the MPs ignore letters with exactly the same wording. Maybe focus on 3 issues of evidence that you find the most compelling
- These are some websites to inform you further:

(Hypertext links don't work in pdf documents, so please copy and paste them into your browser)

The information below is from:

Care Not Killing Alliance:

<https://www.carenotkilling.org.uk/>

For additional information:

Keep Assisted Dying Out of Healthcare:

<https://kadoh.uk/>

and

Right to Life:

<https://righttolife.org.uk/knowledgebase/assisted-suicide-and-euthanasia>

Definition:

- Assisted Dying is NOT “Hospice Care” nor is it “stopping medication, nutrition and water as the very end of life approaches”. In a recent survey of 1000 people 54% of people thought it was one of those – both are legal.
- Assisted Dying was previously called Assisted Suicide because a doctor prescribes medication so you can take your own life. But it is also being proposed that the doctor might administer injections to end your life – Euthanasia. But that is not as smooth and simple a process as it is made out to be. A 2019 study published in the journal *Anaesthesia*, considering the means of effecting euthanasia and assisted suicide in the USA and Europe, found that ***“for all these forms of assisted dying, there appears to be a relatively high incidence of vomiting (up to 10%), prolongation of death (up to 7 days), and reawakening from coma (up to 4%), constituting failure of unconsciousness. This raises a concern that some deaths may be inhumane.”***

If assisted suicide were to become law in England & Wales:

1. Vulnerable people would feel pressure to end their lives

In Oregon, around HALF of those opting for physician-assisted suicide did so from “**fear of being a burden** on their families, friends or carers”. (Only 1-in-3 people opting for assisted suicide did so owing to physical pain or fear of future pain). The answer to end of life symptom control is better Palliative Care which aims to relieve symptoms and result in a “good, dignified death”.

2. Those in favour of Assisted Dying seek to WIDEN the law (in fact, they're doing it already!)

On its website, Dignity in Dying (formerly the Voluntary Euthanasia Society) states its official position is to legalise assisted suicide for terminally ill people ONLY.

“We believe assisted dying for terminally ill, mentally competent adults should be legal in the UK.”

Dignity in Dying strongly denies the ‘slippery slope’ argument or that its true campaigning objective is to go beyond this ‘minimalist’ position.

Yet many of its supporters would support a broader law to include also those who are chronically ill.

A report in *The Telegraph* on October 4th revealed that 54 MPs are already calling for the Leadbeater Bill to go further and expand the criteria from those who are terminally ill to those who are ‘incurably suffering’ – i.e. **people whose illnesses are NOT terminal.**

This would make the Bill similar to Canada’s Medical Assistance in Dying (MAiD) law under which at least 13,241 people died in 2022, accounting for 4.1% of all deaths in Canada that year. Canada’s 2016 law has expanded from terminal illnesses to chronic illnesses and disabilities, to mental illnesses (postponed for a year), with expansion to minors under consideration.

(In keeping with its declared 'position' it will be interesting to see if Dignity in Dying will call for the 54 MPs' bid to widen the Bill's eligibility criteria to be rejected. They didn't do so in Jersey where the initial proposals included those not terminally ill.)

3. People would be denied palliative care

Thousands of patients in Britain are already deprived of specialist palliative care.

A survey published by King's College London in April found that

- 65% of people across the UK are worried about access to palliative and end of life care
- 41% think there is too little NHS resource allocated to palliative care (for example most Hospices rely on charity funding for most of their income).

Last year, the end-of-life care charity Marie Curie warned that

- **1-in-4 people in the UK die without the care and support they need at the end of life**

The charity says that if trends continue, by 2048 the number of people with palliative care needs in the UK will climb by more than 147,000 to over 730,000.

Killing is cheaper than curing and caring

Estimates based on a report from Canada's Office of the Parliamentary Budget Officer suggest Canada's healthcare system saved at least \$568 million across 2021, 2022 and 2023 because of Medical Aid in Dying (MAiD).

Some British academics have outlined the 'economic case' for assisted suicide/euthanasia on the grounds that **it will save the NHS money.**

There is no question that so-called 'economic' arguments surrounding assisted suicide make state-assisted killing a temptation for those managing an over-stretched health and social care system resulting from chronic under-funding.

4. Loopholes would be exploited

In her must-see BBC documentary *Better Off Dead?*, British actress and disability rights activist Liz Carr revealed just how inadequate so-called ‘safeguards’ are.

Use <https://righttolife.org.uk/betteroffdead> to watch her 1-hour documentary shown on BBC (watch for free, no TV licence required).

Liz (Clarissa Mullery in BBC crime drama *Silent Witness*) interviewed the daughter of Donna Duncan, a 61-year-old Canadian woman who had a concussion resulting from a minor car accident who applied for - and was quickly granted – a MAiD death in 2021.

At the time of her death, the exact cause of Donna’s medical condition remained a mystery.

Daughter Alicia believed that her mother was suffering from depression.

Under Canadian law, any adult with a serious ‘physical’ illness, disease, or disability can seek MAiD.

“She asked her GP to assess her for MAiD, but he refused, as... he did not believe she was on a trajectory for death.”

Alicia said that her mother found a ‘loophole’ in the law by starving herself:

“to the point that you are [physically] malnourished [so] they can bump you up to track one [where MAiD is sanctioned and actioned within 48 hours] and you can die right away.”

5. Doctors would be expected to participate in the killing of patients

The World Medical Association (WMA) opposes euthanasia and assisted suicide and condemns constraints placed upon doctors' conscience rights.

Even in jurisdictions where assisted suicide/euthanasia today is legal, the laws state that “doctors are explicitly prohibited or strongly discouraged from raising assisted suicide with a patient”. But that is not the reality.

In Canada, official guidance portrays assisted suicide/euthanasia as a normal medical practice stating that doctors have a professional obligation to bring up MAiD as an option, when it's "medically relevant" and the person is likely eligible, as part of the informed consent process. Respect for the consciences of healthcare workers that don't want to be involved is under threat.

6. Suicide prevention programmes would be undermined

The Leadbeater Bill comes at a time when The Samaritans are warning that Britain is experiencing record-high suicide rates.

If claims by those in favour of a change in the law to allow Assisted Dying are to be believed, then it would be expected that suicides among the general population will drop if the law is changed.

But such claims DON'T stand up to scrutiny.

*The non-assisted suicide rate does not fall. **Rather the overall suicide rate increases.***

Research carried out by a team from the University of Nottingham in 2015 showed that:

- American states that had legalised assisted suicide/euthanasia saw their suicide rates increase by 6.3% after the law changed
- The effect was felt strongest in over-65s where a 14.5% increase in suicides was recorded.

NONE of these 6 DANGERS can be controlled by so-called "safeguards"

Promises by the backers of the Leadbeater Bill of robust 'safeguards' are being made to appease and win over undecided MPs, journalists and healthcare professionals.

But "safeguards" DON'T stop abuses.

If they do, why after eight years of Medical Assistance in Dying (MAiD) hasn't Canada put in place sufficient safeguards to silence critics?

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One additional danger: a chilling area to be aware of that the Christian Medical Fellowship raised awareness of in one of its blogs (link below):

Organ donation from those requesting Assisted Dying in Canada:

Canada ensured, right from the introduction of their 'medical assistance in dying' (MAiD) legislation, that the opportunity of organ donation was embedded in the process. National reporting of the number of organs obtained and transplanted from the euthanized is patchy because it is not a statutory requirement anywhere. It is no surprise, however, that in a recent worldwide scoping review of Organ Donation following Euthanasia, 39.7 per cent of the papers found were from experiences in Canada. **Canada leads the world in harvesting organs from those euthanised there.**

<https://cmfblog.org.uk/2024/02/09/a-confluence-of-evils/>

https://journals.lww.com/jbisrir/fulltext/2024/02000/organ_donation_following_medical_assistance_in.3.aspx