

EDITORIAL

SLIDING DOWN A SLIPPERY SLOPE



Dignity in Dying, once known as the Voluntary Euthanasia Society, is a well funded pressure group with celebrities, academics and clinicians as patrons. Some of the patrons make apparently reasonable demands. Dr Raymond Tallis, for example, is persuaded by the "ethical case for giving people the right to seek assistance in dying when they have a terminal illness with symptoms that are both unbearable and unable to be alleviated by good care."

Similarly, Dr Liza MacDonald writes: "I think that assisted dying is an important choice to be offered in the rare situation when doctors are unable to control unbearable symptoms." Professor Philip Graham of Dignity in Dying, has stated that the organization supports "assisted dying" for terminally ill, mentally competent patients who are suffering intolerably despite the best available palliative care, but not "assisted suicide" for those who are not terminally ill.

One wonders how Tallis, MacDonald and Graham would respond to the following from fellow patron Anthony Grayling: "I believe that decisions about the timing and manner of death belong to the individual as a human right. This is essentially relevant in cases of terminal illness, painful or undignified unrelievable illness, exhausting old age and other circumstances where an individual might make the autonomous decision to end his or her life."

Here we have a whole array of circumstances in which Grayling believes that "assisted dying" could be considered. Presumably Grayling would share the opinion of Ludwig Minelli, the founder of the Swiss Dignitas Clinic, that chronic depression is reason enough to consider assisted suicide. Indeed in an email correspondence with me, Professor Philip Graham admits that Professor Grayling "might be in favour of assisted suicide as well as assisted dying." He also writes: "You may have seen the recent programme by Terry Pratchett. The two men who were assisted to die were examples of assisted suicide as they had at least a year to go."

These admissions appear to suggest that high profile members of Dignity in Dying are in fact campaigning actively for assisted suicide.

Nick Ross is a patron of Dignity in Dying because "Ethical judgement, like life itself, is inevitably on a slippery slope. Very few important moral dilemmas are simply a binary choice between right and wrong." This admission of a "slippery slope" is both honest and troubling.

Ian McEwan has a perfectly understandable concern that people with terminal illness should not be "writhing on a hospital bed." Similarly, Nell Dunn joined the organization after seeing her father "die in so much pain." It would indeed appear that many people are persuaded to join Dignity in Dying

after seeing their loved ones receive poor quality end of life care. We need to keep promoting excellence in palliative care.

Jasper Conran writes: "If our pets are hopelessly ill we have them put down...If however our nearest and dearest are terminally ill and writhing in an agony that drugs cannot help any more, we allow the law to insist that we do nothing." A straightforward reading of this would suggest that there is little moral difference between voluntary and non-voluntary euthanasia as seemingly what matters is the perceived degree of pain.

Howard De Voto takes a frankly nihilistic approach to the whole issue: "Nobody asks to be born. Life is thrust upon us. Who are you to try and force me to stay if I'm suffering at the end of my life?" For De Voto, it would appear that personal autonomy must always trump reasonable clinical judgement.

If the patrons of the leading pro-euthanasia organization in the UK cannot agree among themselves, is it possible that there will be robust safeguards in any proposed law on assisted suicide which would protect the weak and the vulnerable? During the debate on the Joffe Bill, a reflection was offered. Let us imagine an elderly person who is frail, frightened and in pain. The person is lying in bed and is surrounded by family members and the doctor. The doctor may choose to try hard and alleviate the pain. On the other hand, the doctor may let it be known that the patient is "untreatable." Members of the family may be motivated by compassion. On the other hand, they may see an inheritance fast disappearing due to expenses brought on by chronic ill health. We have here a set of circumstances that might make the patient feel that he or she is a burden to others. Can we be certain that the person is making choices based on his or her own free will, or is the person being subtly coerced? The right to die may then become a duty to die. Indeed, Baroness Warnock has advocated that dementia sufferers may have a duty to die because they are "a burden to their family, or to the state." Sarah Wootton, Chief Executive of Dignity in Dying, while not endorsing the duty to die argument, nevertheless responded with a remarkably weak observation: "She (Warnock) is at least right to spark a debate about what is an often neglected, but fundamentally important issue." Dignity in Dying has certainly gone down a slippery slope. Wootton has stated that in two recent legal cases, that of Inglis and Gilderdale, the "existing law doesn't work in practice." Neither case involved terminal illness. In one case, a person suffering from ME asked for assistance to die. The other case involved an act of non-voluntary euthanasia when a mother who killed her disabled son was jailed.

So how ought one to act? We ought always to see the patient as our primary concern, as someone who is of infinite worth, no matter how disabled. We ought to do our very best in order to alleviate human suffering, especially at the end of life. But if killing becomes one of the treatment options, we cease being true healers and become something else.