End of Life Assistance

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Although I recognize that the motivation for this proposed legislation is basically humanitarian and reflects the proponents’ desire to help people in great distress, I oppose it, on the grounds that it could have the opposite effect.

As drafted, the bill appears to offer assisted suicide to anyone dependent on other people because of illness or old age. In a situation of dependency, many men and women feel at times, albeit quite wrongly, that their families would be better off without them. These feelings can change as, for example, the weather improves or a grandchild is born. With the enormous strain on grown-up children trying to juggle care for the elderly with bringing up their own children, it is sometimes difficult for them always to show elderly relatives just how much they are needed and wanted. The law as it stands at present gives necessary protection both to the dependent and to their loving families.

Unfortunately, there are also families and “friends” who would be quite happy to be rid of the “nuisance” of the terminally ill and/or elderly and to inherit their possessions. Such cases can often be related to people requiring long-term care. If unscrupulous, these families and “friends” could exploit the dependence and failing self-confidence of the terminally ill/elderly to persuade them that life is “intolerable” - and then stand back while the patients’ doctor is required to help them die.

Under the proposed legislation, it seems that doctors would have responsibility for providing “end of life assistance”. While I accept that some doctors know their patients, and their patients’ circumstances, extremely well and would be able to assess the true situation, it is sadly the case that such doctors are probably in a small minority. Other doctors could be called upon to act on the basis of inadequate knowledge. There is no “conscience clause” for doctors who do not wish to provide “end of life assistance” and thus, arguably, break their Hippocratic Oath. I understand that the British Medical Association and other professional medical bodies are opposed to assisted suicide.

Again, there are a few unscrupulous and uncaring doctors who might not even care about their patients' best interests. (Did not Dr Harold Shipman believe that his patients no longer needed to live but should be despatched “with dignity and a minimum of distress”? Under the proposed legislation criminals like him could presumably claim that their patients had asked to die.)

My personal ethics, based on religious belief, would preclude me from committing suicide, but I fully recognize other people’s right to work out their own ethics. I have certainly followed court cases concerning assisted suicide with the deepest of sympathy for all concerned. In all cases of which I am aware, the genuinely loving relative or friend has been recognized as such. What I strongly oppose is a removal of legal safeguards for the vulnerable.
In summary, I object to the proposed legislation on the grounds that it does not provide necessary safeguards and that it would seem to place an intolerable burden on doctors.

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