Dealing *with* death

Professor Max Watson looks at the issues surrounding the Dying with Dignity Bill, currently under review by the Parliament in Dublin.

Across the community of Presbyterians in Ireland, there are different views around Physician Assisted Suicide (PAS) and Physician-Administered Euthanasia (PAE). These views have been arrived at from moral, theological, cultural, ethical and real-life experiences which guide how each of us will respond to the Dying with Dignity Bill, which is currently under review by the Parliament in Dublin.

The sixth commandment to not kill is clear and has been enshrined as a cornerstone of judicial systems across the world. For those who like black and white clarity, the discussion around changing the law to allow PAS (where a doctor supplies lethal drugs to an individual in order to end their own life) or PAE (where a doctor administers lethal drugs directly) may end there. For others, the advance of modern medicine has created a more complex ethical spectrum in which not every life-preserving treatment available may be appropriate.

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Equally, however, doctors may accede to a patient's request to discontinue life-extending treatment and may themselves withhold treatments which they consider futile. The Westminster Parliament has repeatedly rejected changing the law for England and Wales by sizeable majorities. The Scottish Parliament has also rejected similar proposals. These legislatures have not been persuaded that there is clear evidence that the current law is in need of change or the proposed safeguards in the bills that have been put forward would be effective in protecting vulnerable people from harm.

The specialty of palliative care exists to help support patients who have conditions which cannot be cured and who need help in managing their

physical, emotional or spiritual symptoms. The current law in Northern Ireland, which is the same as that in England and Wales, sets out the ethical boundaries in which the work of palliative care can be carried out and allows for the palliation and support of the vast majority of patients and families who access our services.

Across the UK the palliative care community has been one of the most adamant of the medical specialties opposing a change in the current law. There are those who take a very different view arguing that it is cruel and heartless for patients not to be allowed assistance to die in order to end unbearable suffering.

Ethically it is a conflict between autonomy, the individual's right to choose, and the potential harm that a change in the law could cause to a much larger population who could be vulnerable to depression or coercion or manipulation to end their lives prematurely.

Where most of us can agree is that for an individual to arrive at a point where they believe there is no other option but to seek to end their life suggests considerable emotional, physical or spiritual suffering. As such, the movement to change the law in Ireland and to provide access to PAS and PAE for anyone who has been living anywhere on the island for more than 12 months could perhaps be seen as an indictment of the services to support those who are nearing the end of their lives.

My own biases make me question how a caring secular society would not want to ensure that well equipped and easily accessible services which can help alleviate such suffering are first made available to patients before making PAS and PAE available.

In relation to the Dying with Dignity Bill, which is going through its consultative stage in Dublin, the Bill itself is a cause of real concern regardless of one's views on the underlying issues. These can be summarised into four categories.

Safeguarding

The Bill uses broadly-worded phrases (a settled wish to die, a voluntary request

free from pressure, mental capacity) to describe those eligible to avail themselves of PAS/PAE. It does not mandate what minimum and specific actions a doctor faced with a request must take in order to establish, beyond reasonable doubt, that those conditions have been met. This makes the Bill open to relying on subjective opinion. As such, it does not provide adequate safeguard against abuse.

Euthanasia

The Bill allows for Physician-Administered Euthanasia (PAE) as well as Physician Assisted Suicide (PAS). Across the world, in those countries

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where PAE has been legalised, it has been shown to result in 10 times more deaths than PAS. In Holland and Canada where both are legalised, 96% of hastened deaths are due to PAE. PAE has the comforting appearance of health care – intravenous injections by doctors – and it lacks the resolution that self-administration of drugs (PAS) requires.

Doctors as judges

The Bill places doctors at the heart of implementing the system, not just in prescribing or administering drugs but making judgments about matters beyond their professional competence, e.g. whether a request to die represents a settled wish and what family dynamics might be at work in the background of a request. If a society wants to make PAE/PAS available, this process surely needs to be administered and these judgments made by the courts. Doctors may have a role to play as professional advisers on strictly medical aspects of a request, but, if they are made the judges in such matters, this will fundamentally change the doctor–patient relationship.

Jurisdictional confusion

The Bill seeks to make PAS/PAE available for all on the island of Ireland carried out within the Republic of Ireland. This creates the risk of major judicial, administrative and clinical confusion, as under UK law participation in such practices is illegal. The laws surrounding mental capacity are also different from those in the Republic of Ireland and the practicalities of providing medical information in such a context is a minefield, which will undermine still further the few safeguards that the Bill contains for patients from Northern Ireland. This is not a Bill that the people in Northern Ireland have voted or prepared for but, if passed in its current form, it has the potential to cause real distress and confusion for patients, families and health care staff struggling to understand their ethical, legal and professional responsibilities.

If Irish society is committed to passing such a law, then care must be given to ensuring that the Bill is as safe and thought-through as possible. The Dying with Dignity Bill is not that law.

While we can express our concern about this Bill to the powers that be in both jurisdictions, our words will carry more weight if we also seek to improve our care, support and concern for individuals whose degree of suffering and distress leaves them feeling that ending their life is their best option.

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