Association for Palliative Medicine
Of Great Britian and Ireland

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Position Statement on a doctor's invovlement in actions intended to terminate life

The Association for Palliative Medicine represents over 1200 palliative medicine doctors working in hospices, hospitals and the community in Great Britain and Ireland.

Our vision is to create a future where all people with life-limiting and life-threatening illnesses live as well as possible for the duration of their natural life and in which no one need die in distress or discomfort for lack of access to adequate specialist palliative care.

One of our core responsibilities is to care for the dying. Because of this, we:

1. Have a clear position on the involvement of doctors in assisting suicide or administering euthanasia.
2. Distinguish between
    a. Society's entitlement to legislate for assisted suicide or euthanasia along with our members' personal attitude to it as a citizen. We respect this and have no organisational view on this moral question, and
    b. Whether ending life with lethal drugs should become a duty of care for doctors. On this, our membership has a clear professional position that justifies represention.
3. While a substantial majority of APM members oppose assisted suicide and euthanasia, and the direct involvement of doctors in particular, some have a different view.

The APM consulted its membership formally in response to similar Bills presented to both Westminster Houses of Parliament in 2014 and 2015. The Survey results can be found here.

The 2019 Royal College of Physicians London survey confirmed that, for palliative medicine physicians eligible to vote, views had not changed: 84.3% oppose legal change and 84.4% are not prepared actively to participate in physician assisted suicide. 9% support legal change, but only 4.8% would assist suicide themselves.

Based on this:

The APM opposes any change in the law to license doctors to supply or administer lethal drugs to a patient to enable them to take their own lives.

The RCP London, The Royal College of General Practitioners and the British Medical Association do not support a change in the Law either.

The Association considers that:

- actively assisting a patient to take his or her life undermines the fundamental principles of the doctor-patient relationship irrevocably and harmfully;
- our duty of care to respect a patient's preferences must always be balanced against the harms to which those preferences may expose that patient and/or others. No level of safeguard or regulation can be established to guarantee that a Law permitting lethal acts by doctors will not be misused or lead unintentionally to the death of someone who wanted to live. The experiences of jurisdictions with 'medically assisted dying' legislation raise serious concerns around the adequacy of their safeguards;
- full decision-making mental capacity of someone to want, and be deemed eligible for, physician assisted suicide is essential, but reliable and consistent capacity assessment in

healthcare is complex and remains poor. Coercion can be subtle or concealed and expecting doctors to detect this reliably and robustly within a clinical relationship is untenable. S10 of this Bill, that covers mental capacity, seems particularly weak and incoherent in this respect;

- doctors have a key role in suicide prevention. When dealing with patients contemplating suicide it is critical to ensure that optimal medical and social care measures are in place to redress desperate situations that can lead someone to want to end their own life;
- prognostication, even for the most experienced physicians, is imprecise and highly variable. S8 shows clearly for example that a person with diabetes at any stage is eligible, and the criteria in S11(4) are not clinically viable;
- The drivers for physician assisted suicide, in general society and even amongst some professional colleagues, may be based on fundamental misconceptions of what palliative care can and cannot achieve;
- The autonomy of the individual patient has to be balanced against the need to protect vulnerable people from harm, including self-harm. The autonomy of one person cannot be at the expense of the autonomy of another. For doctors, the potential degree of moral and psychological risk to which they are exposed by participating in assisted suicide or euthanasia is considerable. The literature on the personal impact on doctors reports significant psychological morbidity.
- conscientious objection' clauses do not protect the autonomy of the doctor against pressures to participate. Such clauses are unsustainable. In some jurisdictions conscientious objection has been challenged successfully in court;
- The reasons given for people wanting assistance in suicide or euthanasia are predominantly social, not medical: no longer enjoying life, feeling burdensome and/or out of control and wanting to orchestrate the time and manner of one's death. Distressing and important as these are for individuals, for safety and the integrity of medicine core values, assisting suicide or administering euthanasia should be the domain of the courts to decide, and the responsibility of a commissioned and regulated service outside healthcare to provide.

In summary,

There are two distinct and separate questions: first whether it is good in itself that having one's life ended should now be part of our society, and second the practical question of who should do it. Both are deceptively complex.

The 'go to' group to offer the solution safely is assumed automatically to be doctors. A dispassionate view of the evidence in all the jurisdictions is clear that it is impossible to maintain safeguards when assisting or causing death is a doctor's responsibility. Those of us who specialise in the care of people as they die know the many reasons why this is inevitable. We suggest that this authority is safest when placed with the Courts and competent operatives outside healthcare.

Most doctors hope that, whilst medical opinion may assist a judge in her decision-making case by case, the means and mechanisms to end someone's life as their best interest must be hermetically sealed from medicine where its presence is a mortal danger to patients and a moral danger to their doctors.

The APM Board September, 2020