

Assisted Dying (Assisted Suicide)

The purpose of this statement is to clarify the position of Phyllis Tuckwell Hospice Care (PTHC) relating to the debate about assisted dying.

The term “Assisted Dying” describes the situation where a person is helped to either end his/her own life (assisted suicide), or where there is a deliberate act to end a person's life (euthanasia).

PTHC is an independent healthcare charity providing specialist palliative care. We affirm life, regard death as a natural part of life, and seek to enhance patient dignity so we neither hasten nor postpone a patient’s death.

We put patients and families at the centre of everything that we do, exploring what is important to them, the choices they have and addressing any worries or fears they have about their illness and the future. We provide excellent care, encouraging people to live fully until they die, helping them to achieve the best possible quality of life and death.

We do not believe assisted suicide or euthanasia is consistent with the provision of specialist palliative care for our patients and we do not support any change in the law to allow assisted dying, in any form.

We acknowledge, however, that there is a wide range of opinions with regards to assisted dying, both in the general public and amongst our own staff, patients and families, and we respect the right of every individual to have their own personal view on this matter. We can assure patients that the standard of care which Phyllis Tuckwell provides will not be affected by any individual views held by our staff, patients or families.

We fully understand the compassionate argument for some individuals who want to end their own lives and feel deeply for the distress that they and their loved ones experience. The request for assisted dying can arise as a result of a patient’s suffering, worries about loss of dignity, or the fear of being a burden to loved ones. However, our experience of providing palliative and end of life care for 40 years, demonstrates that good palliative care for a patient, and compassionate and practical support for carers and families, can greatly improve people’s quality of life when living with, and dying from, an advanced or terminal illness, and can alleviate many of these very real fears.

It is significant that most of the medical profession is opposed to assisted dying, as they believe that it would be detrimental to the important relationship of trust which doctors and clinical staff have with patients and their families. All parties should be clear about the purpose of the care and, if assisted dying was an option, we believe this could lead to confusion about the role of the clinician. This, in our view, would cause further distress at a time when people are feeling their most vulnerable.

We are also concerned that, were a change in the law be introduced to enable some patients to have the *right to choose* when they die, this could result in some patients feeling they have a *duty to*

die, feeling obliged to consider assisted dying as an option in fear of becoming a burden to their family or society in the future. Although individual cases may, on the surface, appear to justify the rights of individuals to choose to end their own lives, we strongly believe that legalising assisted dying would result in greater risks to the wider society, and would not improve the quality of care, life and death for the population as a whole.

It could also introduce what has been termed as the 'slippery slope' argument. An active step to end life could be the start of further changes, going beyond terminally ill people and leading us back to the debate about assisted suicide in a broader sense.

Allowing assisted dying would only impact on tens or hundreds of patients. We believe that, instead, it would be better to invest in more palliative and end of life care, which would have a positive impact on thousands of patients.

In addition to the arguments relating directly to patients, legalising assisted dying would also have far-reaching repercussions in terms of the public's understanding of, and support for, hospice care more generally. First, it would lead to further confusion and mistrust of what hospice care actually is, which would cause distress and fear for many more people than it would help. This may mean that many who could benefit from hospice care, may refuse to be referred to our services due to misunderstood fears, and would therefore deny themselves the opportunity to receive compassionate and appropriate support and care at a time when they need it most.

It would also impact on our ability to recruit and retain excellent and highly dedicated staff and volunteers who, in the main, do not agree with assisted dying, which would, in turn, limit our ability to provide good palliative care.

Finally, as a registered hospice care charity, we are dependent on the generosity of our local community, who donate over £8m each year to enable us to provide this important palliative care. A change in the law that forces us to provide assisted dying could have a major negative impact on our ability to raise the money to fund our services for more people at the time when they need us most.

PTHC's position has, at its heart, the words of the founder of the modern hospice movement, Dame Cicely Saunders:

" You matter because you are you, and you matter to the end of your life.

We will do all we can not only to help you die peacefully, but also to live until you die."

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