

# Speech on euthanasia and assisted suicide

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There is one question which has haunted and shaped society for thousands of years. It underlies all human relationships. It underlies all ethical decisions. The question is: 'Am I my brother's keeper?' The answering of that question has led, throughout history, to the righting of major injustices, like the abolition of the slave trade. But the usual answer to that archetypal question may be about to be rewritten in the United Kingdom. The answer 'yes' is about to be replaced by the answer 'no'. Let me put it another way: 'Can I be my brother's killer?' For thousands of years the answer has been 'no'; but in legal terms, in the UK, the answer 'yes' is being seriously proposed: 'Yes, you may kill your brother in certain defined circumstances'. When euthanasia was considered by a House of Lords Select Committee in 1993-4, it said this: ... society's prohibition of intentional killing [is] a prohibition which is the cornerstone of law and social relationships. It protects each one of us impartially, embodying the belief that all are equal. Those are solemn and profound words. They are now under attack philosophically; listen to these words from Professor John Harris of Manchester University about our ability to make choices and the freedom to choose between competing conceptions of how to live: ... it is only by the exercise of autonomy that our lives become in any real sense our own. The ending of our lives determines life's final shape and meaning, both for ourselves and in the eyes of others. When we are denied control of the end of our lives, we are denied autonomy. It is an appealing and seductive argument, and goes with the grain of our society: It's my life and I can do what I want with it ... or, if you prefer Frank Sinatra's kitsch version: I did it my way. But a moment's thought will reveal that, actually, the choices I

make as an individual impinge on others - that, ultimately, is why we have laws, to enable us to decide who has the priority or what is just. In the case of euthanasia, this Bill, proposed by Lord Joffe, if passed, would give any one of us the right (in given circumstances) to demand and require that another human being kills us. (In the interests of fairness, I must also point out that in the 'assisted suicide' part of the Bill, what I would have the right to demand and require is that someone should provide me with the means by which I could kill myself.) The major question about the fundamental principle of the Bill, personal autonomy, is whether this is a philosophically and morally secure basis on which society can operate. I do not believe it is. A more nuanced version of the personal autonomy argument, and one which I strongly support, is to talk of 'principled autonomy' in which: ... the rights of an individual always go hand in hand with the duty of the individual to other people. [Professor Robin Gill] It was a point which was made very powerfully by the Archbishop of Canterbury in an article (entitled 'Does a right to assisted death entail a responsibility on others to kill?') in The Times on 20th January 2005. So: · I believe the Bill is profoundly flawed because it strikes at the heart of the moral basis which prohibits intentional killing. · I believe the Bill, as it stands, is profoundly flawed on philosophical grounds. At the 1998 Lambeth Conference, we spelt out what we described as five bedrock principles which should undergird all discussion of euthanasia. The principles are these: 1. Life is God-given and therefore has intrinsic sanctity, significance and worth. 2. Human beings are in relationship with the created order - a relationship characterised by such words as respect, enjoyment and responsibility. 3. Human beings, while flawed by sin, nevertheless have the

capacity to make free and responsible moral choices. 4. Human meaning and purpose are found in our relationship with God, in the exercise of freedom, critical self-knowledge and in our relationships with one another and the wider community. 5. This life is not the sum total of human existence; we find our ultimate fulfilment in eternity with God, through Christ. · You will see, if you compare those five bedrock principles with the Joffe Bill, that the Bill fails in a number of areas, not least because it does not even open the door a fraction of an inch to any concept that life might be derived from God or might move ultimately back to God. The next reason I am against this Bill is because its proponents say they want eventually to extend its range. Lord Joffe: We are starting off, this is a first stage ... I believe that this Bill initially should be limited, although I would prefer it to be of wider application. I find that chilling, for a whole variety of obvious reasons. Allow me to give an example from the Netherlands. In the Netherlands (unlike Oregon) the medical profession makes no distinction between assisted suicide and euthanasia but, as Dr Johann Legemaate told us on the Select Committee: Many doctors prefer euthanasia for practical and clinical reasons. There are approximately 140, 000 natural deaths in the Netherlands each year. Almost 10. 000 requests for euthanasia are made annually; about 3, 500 actually receive euthanasia and approximately 300 are assisted suicides. Somewhere between 1 in 32 and 1 in 38 of all deaths in the Netherlands are now via euthanasia/assisted suicide. In addition, it is estimated that there are about 1, 000 deaths per annum where doctors end a patient's life without an explicit request; for example, those who are in a coma. I need to point out that the medical system in the Netherlands is very different from ours - and

that palliative care provision is a relatively new phenomenon. The figures from Holland, worry me greatly - I need to add that in the Netherlands you do not have to be terminally ill to request help to die: We do not exclude ... exceptional situations in which, for instance, somebody who is fifty-five and has a very severe but incurable mental illness which relates to a situation of hopeless and unbearable suffering, and asks for assisted suicide. The Swiss situation is very different. Euthanasia is not allowed under Swiss law - but assisted suicide is, though you have to belong to one of the 'associations' (for example Dignitas or Exit) in order to receive help with assisted suicide. If there were more time, I would tell you about my Swiss experience ... So, I am against the Bill because the evidence I have seen in the Netherlands suggests that there really is a slippery slope, and as the proponents of the Bill want to extend its scope eventually, I think that it's wiser to try to defeat it now. And in case you think the slippery slope is not slippery, allow me to bring to your attention some evidence I heard from an oncologist from Oregon who told a meeting I attended, that since the introduction of assisted suicide in Oregon, far more people now suffer from lack of palliative care in the terminal stages of their illness than did so before the legislation was introduced. Try this statistic: we were told that 60% of doctors in Oregon do not see Medicaid patients, that is, the poorest people of the state, yet Medicaid continues to pay for the poorest if they opt for assisted suicide. Or this: 75% of doctors in Oregon who prescribed lethal doses of barbiturates for those who wanted to commit suicide, were not present at the patient's subsequent death. Now listen to my original question: 'Am I my brother's keeper?' Tragically, in my view, the slippery slope has been notched up by a

few degrees in the last couple of weeks by the British Medical Association - who have taken, by a narrow majority of 53% in favour, the view that they should remain morally neutral on this issue and that it is: ... primarily a matter for Society and for Parliament. The notion of neutrality on such a subject is tragically misplaced. Are doctors not part of society? Are doctors neutral on subjects such as smoking? Will they not have to administer the lethal doses? Are they not the ones who will see their relationship with patients change? Will the conscience clauses proposed for doctors in the Joffe Bill be in practice any more significant than those in the Abortion Bill? Have they had any conversations with the Royal College of Nursing about their opposition to the Bill? Is it not alarming that some members of the Royal College of Physicians can talk about euthanasia or assisted dying as a "therapeutic option"? I find that Orwellian. Listen again to the question: 'Am I my brother's keeper?' It's a question which should be engraved above the door of every hospital and every surgery in the land; and, of course, the BMA itself in the terrorist attacks in London, answered the question with a resounding "Yes" when they rushed from their Headquarters to assist the wounded and the dying — and did so with enormous professionalism and compassion.. Of course, I am not arguing in favour of prolonged suffering; and I want to point out, to be fair, that many of those in favour of the Bill are proposing it on compassionate grounds. We all know, myself included, that one of the most terrible things that can happen to us, as human beings, is to watch someone we love go through suffering. It is agony. We want to soothe and cherish them, take away the pain. Our helplessness, if we cannot do so, is appalling; and if the one suffering is our own child, then anguish is piled on

anguish. It is awful - no other word will do. It is because many of us have suffered in this way that we can see, at first glance, the reasons why, if someone is suffering terribly with a terminal illness, we might consider euthanasia to be a desirable option. This is a huge and daunting ethical dilemma but it seems to me that what the Bill proposes is a sign of failure, a gesture of despair. We have the best palliative care system in the world, in the UK, but it is patchy and needs much greater resource. We have, too, within much of the medical profession, a massive desire to help, combined with a massive desire to control — and thus, to acknowledge and deal with the inevitability of death, is an affront and is frequently avoided. Empty beds in hospices in the UK is evidence for this. What is needed is not what some are calling, in a horrible travesty of language, the 'therapeutic option' of euthanasia or assisted suicide, but far greater resource — for greater training in palliative care, a care which embraces body, mind and soul. I do not doubt for one second that this subject of euthanasia and assisted suicide is one of the most important questions facing our country. The answer that Parliament provides, if it votes in favour of the Bill, will shift human relationships, it will damage doctor-patient trust, it will make the vulnerable feel even more vulnerable. If we, as the Church of England, in concert with other Churches, do not try to shape and influence the debate, we shall have failed terribly. The question running through this entire subject, is the one asked by Cain after he had killed Abel: 'Am I my brother's keeper?' I have to believe, because of Christ, that there is only one answer to that question — and that is the answer 'Yes'. And the answer 'yes' precludes euthanasia and

it precludes assisted suicide; but it also lays upon us a moral duty to ensure that palliative care, care for body, mind and soul, is available to everyone.