



Not in my name

Jacqueline Laing challenges the Falconer report

A recent report by a Commission on Assisted Suicide funded by euthanasia advocates, Terry Pratchett and Bernard Lewis, ushered in by euthanasia supporter and Labour peer, Charles Falconer, and sponsored by Dignity in Dying (formerly the Voluntary Euthanasia Society), has found, predictably, that a legal framework should be investigated that would allow medical complicity in suicide. The fact that the 11-strong commission was made up of nine well-known proponents of euthanasia, led, inexorably, to an early-stage boycott of the inquiry by over 40 organisations, including the British Medical Association.

Rejecting current law, the commission demands that Parliament “investigate the circumstances under which it should be possible for people to be assisted to die...”. The programme it proposes would offer medically assisted suicide to patients satisfying certain “eligibility criteria”. Parliament has repeatedly rejected attempts to legalise euthanasia and its variants in 2009, 2004, 2003, in the 1990s and, interestingly, in 1936 at the same time Aktion T4 (Nazi Germany’s euthanasia programme) was being implemented. With a steadily ageing population in Western countries and numerous political, financial and medical interests in the procedure, it is, perhaps, unsurprising that the subject should now be raised annually. While the use of toxins intentionally and actively to bring about death is nothing new, the aggressive campaign to institutionalise medically assisted death certainly is. Given this fact, it is worth rehearsing the case against.

Eroding respect for human life

One central concern about efforts to institutionalise homicide or suicide is that it erodes respect for human life. Recognition of the intrinsic and equal dignity of human life underlies any plain reading of the Universal Declaration of Human Rights and the European Convention on Human Rights. Both international instruments emerged after a period in history that saw

the enactment of laws and regulations once thought progressive but which merely institutionalised gross human rights abuse. The World Medical Association (Resolution on Euthanasia Adopted General Assembly 2002) condemns euthanasia whether by lethal injection or by medically assisted suicide, and urges all domestic medical associations to refrain from complicity in such practice, even if domestic law professes to legalise it. The Hippocratic Oath denounces it. Numerous sacred traditions reject it.

Discrimination

Whenever euthanasia comes up for debate, disquiet is expressed by disability groups. These fears are far from irrational. Efforts to institutionalise the practice are predicated on the idea that certain subjects are appropriate for elimination, while others are of sufficient value to be worth preserving. Discrimination against the vulnerable, and thus Art 14 incompatibility, bedevils this ethical terrain. The sick, the terminally ill and the disabled are invariably the first to be regarded as proper subjects for medically assisted suicide. The logic of active euthanasia endangers the vulnerable by inviting one of the gravest of crimes in law. The practice undermines the dignity of those who may indeed be a burden.

Once enshrined in law, the practice invariably involves a move towards the elimination of those who have not asked to be killed, those who are unwanted, those who are lonely and low-income (KNMG Dutch Physicians Guidelines, Position paper, 23 June 2011), and those whose deaths offer some advantage to third parties controlling the process. It does so because it involves a radically altered mindset.

Vested interests

Organs for transplant are an ongoing incentive for active euthanasia. So too is cost-saving, litigation and payout minimisation, bed clearing, medical research, improper individual concerns

about inheritance and even political Malthusianism. In this environment failures of transparency, ie lies and deception, are both pragmatic and inevitable. Belgium is now well-known for its failures of transparency with only 52.8% of acts of euthanasia reported to the authorities in Flanders. (*Reporting of euthanasia in medical practice in Flanders, Belgium* (BMJ 2010; 341: c5174).)

Wrong call

Marketed as autonomy-enhancing, pain-minimising and subject to watertight “safeguards”, euthanasia (and its variants) at first glance, appears progressive. The Dutch experience suggests otherwise—there voluntary euthanasia has given way to non-voluntary euthanasia, false reporting and under-reporting. Further, the practice undermines the goals of medicine by effectively destroying palliative care.

Falconer et al seriously underestimate human capacity for error and vice. Because, in this context, they beget an act as grave as unlawful homicide, as in other areas of law where individual autonomy is limited for reasons of public interest (eg helmets, seatbelts, drug possession, incest, tax, parking offences, etc), there is every reason to reject their ill-judged demands.

By dismissing the army of corporate, financial, medical and political interests that there are in controlling death, euthanasia’s corrosive effects on public and professional attitudes, and the discrimination implicit in its implementation, Falconer and his stacked commission with their foot-in-the-door approach to this programme, invite, institutionalise and incentivise murder—nothing less. NLJ

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