

ASSISTED DYING:
**SETTING
THE
RECORD
STRAIGHT.**

**CAMPAIGN FOR
DIGNITY
IN DYING.**

August 2015

DISPELLING THE MYTHS.

82%
OF THE GENERAL
PUBLIC

year over 300 terminally ill people end their own lives at home, often in distressing circumstances,³ and around 1,000 lives per year are ended by doctors illegally at the patient's request.⁴

79%
OF RELIGIOUS
PEOPLE

Allowing these practices to continue, unregulated and behind closed doors, is no substitute for a safeguarded assisted dying law. The Supreme Court has warned Parliament to address this issue and a majority of Peers in the House of Lords have voted in support of Lord Falconer's Assisted Dying Bill.

86%
OF DISABLED
PEOPLE

The Assisted Dying Bill builds on the law in Oregon, USA, which has been operating safely since 1997. It is not based on the laws in Belgium or the Netherlands, which were much wider in scope from the outset and contain fewer safeguards than the Assisted Dying Bill; comparison to these laws is misleading.

**SUPPORT THE
CHOICE OF
ASSISTED DYING
FOR TERMINALLY
ILL PEOPLE¹.**

Terminally ill people deserve the compassion and protection of a safeguarded law. They also deserve an informed, evidence-based debate when lawmakers are determining what end-of-life choices should be available to them. In order for this to be achieved, some common myths must be dispelled.

An assisted dying law is needed. The current law does not work: every two weeks somebody from Britain travels to Dignitas to die,² every

VULNERABLE PEOPLE.

MYTH POTENTIALLY VULNERABLE PEOPLE, SUCH AS OLDER PEOPLE OR DISABLED PEOPLE, WILL BE AT RISK UNDER AN ASSISTED DYING LAW.

Where assisted dying is legal there is no evidence that potentially vulnerable groups such as the over-85s, disabled people, people of lower socio-economic status and those with mental health problems are adversely affected.⁵ The current law does not contain any safeguards to protect vulnerable people who seek assistance to die.

MYTH IN OREGON AND WASHINGTON, WHERE ASSISTED DYING IS LEGAL, "FEELING A BURDEN" IS REGULARLY CITED AS A REASON FOR A REQUEST.

Patients who request assisted dying in Oregon and Washington give several reasons for their choice - burden falls low on the list.

The key reasons for requesting assistance to die in both States are loss of autonomy (c.90%), being less able to engage in enjoyable activities (c.88%) and loss of dignity (c.79%).⁶ Burden is less frequently cited (40% in Oregon and 59% in Washington), with research showing

that this can reflect patients' own feelings, rather than how caregivers view them. Caregivers find positive meaning in caring for terminally ill family members who have requested assisted dying.⁷

Under the proposed Bill, two doctors would be required to independently assess the person making a request, including exploring the reasoning and motivations for a request. The person would be able to change their mind at any point.

MYTH AN ASSISTED DYING LAW WOULD BE THE START OF A SLIPPERY SLOPE.

In Oregon, where an assisted dying law has operated safely since 1997, there have been no cases of abuse of the law and no widening of its initial, limited scope. Assisted deaths in Oregon account for just 0.3% of total deaths.⁶

The Assisted Dying Bill contains additional safeguards to the Oregon law, including the oversight of a High Court judge and a clause which would allow the Act to be reviewed at a later date.

Those opposed to assisted dying often cite the wider eligibility criteria of the laws operating in Belgium and

the Netherlands, but these have always been much wider in scope than the Assisted Dying Bill and do not therefore represent a slippery slope. The law you enact is the law you get.

MYTH MENTAL CAPACITY CANNOT BE RELIABLY ASSESSED.

Doctors routinely assess mental capacity as part of their day-to-day duties. Determining mental capacity already plays a key role in end-of-life decision making, such as the right to refuse treatment.

The Assisted Dying Bill ensures that if either assessing doctor had doubts about a person's capacity to request an assisted death then they would make a referral to an appropriately trained specialist. If they lacked capacity they would not be eligible for assistance. The Royal College of Psychiatrists is neutral towards a change in the law on assisted dying.

MYTH IN OREGON, PEOPLE WITH DEPRESSION HAVE HAD AN ASSISTED DEATH.

A level of sadness is normal in terminally ill patients.⁸ Research from Oregon found that whilst some requesting patients presented some of the symptoms associated with

depression (weight loss, fatigue, loss of appetite etc.), there was no evidence to suggest these people had depression.⁹

MYTH ASSISTED DYING IS SUICIDE, LEGISLATING FOR IT SENDS A DANGEROUS MESSAGE TO SOCIETY AS A WHOLE.

“I am not suicidal. I do not want to die. But I am dying. And I want to die on my own terms.”

Brittany Maynard, who had an assisted death under Oregon's Death with Dignity Act in November 2014, aged 29.

Dying people who want to control the manner and timing of their death are not suicidal. During Committee stage of Lord Falconer's Assisted Dying Bill, peers voted 2 to 1 against an amendment which inserted the word suicide into the wording of the Bill, on the grounds that it did not accurately reflect the assisted dying process.

PUBLIC SUPPORT.

MYTH THE GENERAL PUBLIC IS DIVIDED ON THE ISSUE OF ASSISTED DYING.

The general public overwhelmingly supports a change in the law on assisted dying. The largest poll ever on this issue shows that 82% of the public back the proposals set out in the Assisted Dying Bill.¹

Polling shows that when presented with both sides of the argument, opposition to a change in the law does not rise.¹⁰

The Ministry of Justice has acknowledged “*the substantial majority of people agree the law should be changed*”, noting that “there have been several other surveys of varied statistical merit but none of these has reported a majority opposed to change.”¹¹

MYTH RELIGIOUS PEOPLE ARE OPPOSED TO ASSISTED DYING.

79% of religious people support a change in the law on assisted dying.¹ A number of senior religious figures such as the former Archbishop of Canterbury Lord Carey and Archbishop Desmond Tutu have spoken out in support of the choice of assisted dying.

MYTH DISABLED PEOPLE ARE OPPOSED TO ASSISTED DYING.

86% of disabled people support assisted dying.¹ Disabled people are not eligible for assistance to die under the Assisted Dying Bill unless they are terminally ill and meet all of the other eligibility criteria. A number of well-known disabled people including Professor Stephen Hawking have spoken out in support of assisted dying legislation.

MYTH THE MEDICAL PROFESSION IS OPPOSED TO ASSISTED DYING.

57% of doctors feel that assisted dying legislation with upfront safeguards would be the best way to protect terminally ill patients who want to die and 37% of doctors believe there are already circumstances where healthcare professionals in the UK are actively assisting terminally ill patients to die.¹² Furthermore, 40% of GPs would want the choice of assisted dying for themselves.¹³

The BMA has never surveyed its membership on assisted dying; it has no remit to speak on behalf of its members on this issue. In fact, 56% of GPs think that medical bodies should adopt a position of neutrality on assisted dying.¹⁴

The Royal College of Nursing, Royal College of Psychiatrists, Royal Pharmaceutical Society and Royal Society of Medicine all have a neutral position on the issue.

MYTH TERMINALLY ILL PEOPLE DO NOT WANT THE CHOICE OF ASSISTED DYING.

An in-depth study to examine the views of those who were 'close to death' found overall support in favour of a change in law on assisted dying,¹⁵ and research with people with motor neurone disease found that the choice of assisted dying would bring reassurance, even for those that did not consider it an option for themselves.¹⁶



57%

Of doctors feel assisted dying legislation is the best way to protect terminally ill people who want to die.

MEDICAL PRACTICE.

MYTH IF ASSISTED DYING WERE LEGALISED, IT WOULD BE SAFER TO REMOVE IT FROM MEDICAL PRACTICE SO THAT DOCTORS WOULD NOT BE REQUIRED TO KILL THEIR PATIENTS.

If a request for assisted dying is approved, the dying person would administer the life-ending medication themselves. To use the word “kill” is therefore inappropriate.

Doctors are already required to make complex decisions about patients’ end-of-life care; this includes discontinuing futile treatment and respecting patients’ requests to refuse treatment, both of which may hasten death. Diagnosing a terminal illness, assessing mental capacity and providing palliative support and information all require the expertise of a suitably qualified professional.

Evidence from jurisdictions where assisted dying is legal shows that the model proposed in the Assisted Dying Bill works. Doctors are best placed to effectively assess a request, removing them from the process would undermine the safeguards of the Bill.

MYTH ASSISTED DYING IS CONTRARY TO MEDICAL ETHICS AND WOULD VIOLATE THE HIPPOCRATIC OATH.

The Hippocratic Oath is generally considered incompatible with contemporary medicine and has widely been replaced by the Declaration of Geneva. In contrast to the claim that assisted dying is a violation of the Hippocratic Oath, many healthcare professionals actually consider being prevented from respecting the wishes of dying people in conflict with their medical ethics.

A conscientious objection clause in the Assisted Dying Bill means those who did not want to consider a request could choose not to.

MYTH DOCTORS ARE NOT WILLING TO PARTICIPATE IN ASSISTED DYING, SO A LAW WOULD NOT BE ABLE TO WORK IN PRACTICE.

51% of GPs would be willing to play some role in the assisted dying process, this equates to over 18,000 GPs.¹⁴ Based on data from Oregon we can predict that there would be approximately 1,200 assisted deaths each year in England in Wales.

MYTH ASSISTED DYING WOULD DAMAGE THE DOCTOR-PATIENT RELATIONSHIP.

87% of people say an assisted dying law would actually increase or have no effect on their trust in doctors.¹

In Oregon, only 1 in 10 patients who discuss assisted dying with their doctor go on to take the life-ending medication.¹⁷ Changing the law would allow a dying person to have honest, transparent conversations with their care team about their fears and wishes for the end of their life.

MYTH DOCTORS CANNOT ACCURATELY PREDICT IF SOMEONE IS EXPECTED TO DIE WITHIN 6 MONTHS

Many doctors are experienced in assessing life expectancy. Evidence shows that errors in prognosis are more likely to be over-estimates of life expectancy.¹⁸ Data from the Oregon Health Authority tells us that only 7% of patients who receive the life-ending medication live for more than six months after being assessed as eligible for assistance. On average these patients outlive their prognosis by two months.¹⁹

The assumption underlying concerns around prognosis is that patients are eager to die. This is not true, illustrated by the fact that in Oregon assisted dying patients wait an average of seven weeks between their first request and ingesting the life-ending medication. Additionally, around a third of patients who receive assisted dying do not take the life-ending medication, rather they die from their underlying illness.⁶



USA

In Oregon, only

1 IN 10

Terminally ill patients who discuss assisted dying with their doctor go on to take the life-ending medication

PALLIATIVE CARE.

MYTH AN ASSISTED DYING LAW WOULD NEGATIVELY IMPACT PALLIATIVE CARE.

Oregon, Washington and Vermont, which all have assisted dying legislation, are rated amongst the best states in the USA for the quality of palliative care. 90% of patients who have an assisted death in Oregon are enrolled in hospice care.⁶

The European Association of Palliative Medicine stated, after reviewing available evidence, that: *“The idea that legalisation of euthanasia and/or assisted suicide might obstruct or halt palliative care development thus seems unwarranted and is only expressed in commentaries rather than demonstrated by empirical evidence.”*²⁰



Of patients who have an assisted death in Oregon are enrolled in hospice care

MYTH IF PALLIATIVE CARE IS IMPROVED THERE WILL BE NO NEED FOR ASSISTED DYING.

Research shows that even in hospices approximately 2% of dying people receive no relief of their symptoms in the last three months of their life.²¹ The Catholic Church for England and Wales acknowledges that only around 95% of pain can be controlled by specialist care.²²

Suffering encompasses much more than just pain; loss of autonomy, being less able to engage in enjoyable activities and loss of dignity can deeply affect those at the end of their lives, but cannot necessarily be relieved by palliative care.

MYTH A DIGNIFIED DEATH CAN BE ACHIEVED THROUGH PALLIATIVE SEDATION.

Not all terminally ill people view palliative sedation, which is essentially a medically-induced coma, as a satisfactory alternative to assisted dying. Many dying people want choice and control at the end of life, and to be able to communicate with loved ones as they approach their final moments.●

NUMBERS.

MYTH THE NUMBER OF ASSISTED DEATHS HAS INCREASED RAPIDLY IN STATES IN THE USA WHERE ASSISTED DYING IS LEGAL.

Claims that there have been significant increases in the number of people having an assisted death obscure the fact that when legislation is passed the number of people using the law is extremely low. In states in the USA where assisted dying is legal, assisted deaths account for approximately 0.3% of total deaths. Using this figure we can estimate that there would be approximately 1,200 assisted deaths in England and Wales each year. This equates to just one death every 7 years per GP practice.²³

No more people would die but fewer people would suffer at the end of their lives.

1 IN 350

Go on to request assisted dying and take the life-ending medication.

Dying people who speak openly to their friends and family about assisted dying

MYTH THERE IS NO NEED TO CHANGE THE LAW FOR SUCH A SMALL NUMBER OF PEOPLE.

Although the number of assisted deaths would be relatively small, the number of people who would take comfort from knowing the option is there if they need it is much higher. In Oregon 1 in 6 dying people speak openly with their friends and family about the option of assisted dying, yet only 1 in 350 go on to request assisted dying and take the life-ending medication.²⁴ The population as a whole is reassured that safeguarded legislation is in place should they need it.

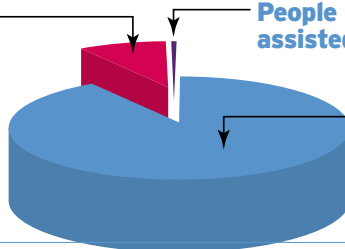


1 IN 6

Dying people in Oregon speak openly to friends and family about whether assisted dying might comfort them.

People who have an assisted death

Dying people in Oregon



REFERENCES.

1. Populus (2015)
2. Dignitas, suicides per year and residence, 1998-2014 [<http://www.dignitas.ch/images/stories/pdf/statistik-ftb-jahr-wohnsitz-1998-2014.pdf>]
3. FOI request (2014) [http://www.dignityindying.org.uk/wp-content/uploads/2014/10/FOI_report_A_Hidden_Problem.pdf]
4. Seale C (2009) End-of-life decisions in the UK involving medical practitioners *Palliative Medicine* 23: 198-204
5. Battin *et al* (2007) Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in "vulnerable" groups *J. Med. Ethics* 2007;33:591-597
6. Oregon Health Authority *Oregon's Death with Dignity Act* (2014) and Washington State Department of Health *Death with Dignity Act Report* (2014)
7. Ganzini, L., Harvath, TA., Jackson., Goy, ER., Miller, LL., and Delorit, MA (2002) "Experiences of Oregon nurses and social workers with hospice patients who requested assistance with suicide", *New England Journal of Medicine* 347: 582-88
8. Ganzini L, Dobscha S (2003) If it isn't depression... *Journal of Palliative Medicine* 6(6): 927-931
9. Ganzini L, Goy E, Dobscha S (2008) Prevalence of depression and anxiety in patients requesting physicians' aid in dying: cross sectional survey *BMJ*
10. YouGov (2014)
11. Correspondence from the Ministry of Justice (June, 2015)
12. Medix (2014)
13. medeConnect (2014)
14. medeConnect (2015)
15. Chapple, A Ziebland, S McPherson, A Herxheimer A (2006) What people close to death say about euthanasia and assisted suicide: a qualitative study *Journal of Medical Ethics* 32;706-710
16. Cooney, Hundt, Goodall, Weaver (2012) *Choices and control when you have a life-shortening illness* [<http://www.mndassociation.org/wp-content/uploads/2015/02/Choices%20and%20control%20FINAL.pdf>]
17. Oregon Health Authority *Oregon's Death with Dignity Act* (2014) and Tolle *et al* (2004) Characteristics and Proportion of Dying Oregonians Who Personally Consider Physician-Assisted Suicide *The Journal of Clinical Ethics* 15(2): 111-122
18. Christakis NA & Lamont EB, "Extent and determinants of error in doctors' prognosis in terminally ill patients: prospective cohort study", *BMJ* 2000; 320: 469-473 and Stiel *et al* (2010) Evaluation and comparison of two prognostic scores and the physicians estimate of survival in terminally ill patients *Supportive Cancer Care* 18: 43-49
19. Oregon Health Authority, Oregon's DWDA 2008-2014 special request data, July 2015
20. Chambaere *et al.* (2011) *Palliative care development in countries with a euthanasia law* [<http://www.rpcu.qc.ca/pdf/documents/PalliativeCareDevInCWAEuthanasiaLaw.pdf>]
21. Office of National Statistics. (2013, July). *National Bereavement Survey VOICES 2012*. Q31 [<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-313468>]
22. The Catholic Church in England and Wales (2015) *Questions and answers on assisted suicide* [<http://www.catholic-ew.org.uk/Home/Featured/Assisted-Dying-Bill/Q-A>]
23. These estimated figures apply to England and Wales and have been calculated based on research from Oregon (Tolle *et al*, 2004) and the Death with Dignity Act Annual Report (2014), mortality data from the ONS (2014) and GP practice data from the BMA (2014).
24. Tolle *et al* (2004) Characteristics and Proportion of Dying Oregonians Who Personally Consider Physician-Assisted Suicide *The Journal of Clinical Ethics* 15(2): 111-122

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