

JOINT MEDICAL ETHICS COMMITTEE OF THE CATHOLIC UNION AND CATHOLIC MEDICAL ASSOCIATION

Terminally Ill Adults (end of life) Bill

The overwhelming issue in the last year has been the Terminally Ill Adults (end of life) Bill. This is currently before Parliament and there have been a number of written submissions by members of the Catholic Medical Association and Catholic Union who continue to raise issues with individual MPs and Peers. If passed, the Bill would threaten the fundamental principle of the right to life and the Hippocratic tradition in the practice of medicine. If passed into statute law, it would take years to reverse through Parliament. Now is the time to petition Peers individually to stop this from happening.

Denial of the fundamental right to life

The Bill would deny Article 2 of the European Convention on Human Rights that:

“ Everyone’s right to life shall be protected by law. No one shall be deprived of his life intentionally.”

The right to life is fundamental and is the basis for the enjoyment of all other rights. It is inclusive and belongs to everyone without discrimination and inherent, existing for all living human beings by virtue of membership of the human family. It is equal in so far as it applies to everyone. It is inalienable and cannot be removed, destroyed, transferred or renounced, even by individuals themselves. It is indivisible and cannot be sacrificed or denied in order to enhance the rights of others. It is universal, so as to be upheld everywhere and at all times, irrespective of culture.

According to Judge Serghides in the case of *Mortier v Belgium* in the European Court of Human Rights in October 23 2022. “Neither Article 8 of the Convention [right to private and family life], which safeguards the right to respect for one’s private life, including personal autonomy, nor any other Convention provision can.... be employed such as to negate the right to life. The life of every human being is unique, precious, irreplaceable and worthy of respect by all, including the State, and the maintenance or preservation of human life must not be dependent in any manner on the margin of appreciation of a member State. Without life, which is an individual’s greatest and most precious asset, none of his or her other human rights can be exercised or enjoyed, rendering them nugatory.”

In the case of *Karsai v Hungary* before the European Court of Human Rights in 2004, Judge Wojtyczek, whilst accepting that “personal autonomy is a very precious freedom and an important pre-condition for a happy and self-fulfilling life, and must be effectively protected” went on to clarify that “the very notion of “private life” – which first

and foremost presupposes life – does not extend to the choice of death by means of medically assisted suicide or euthanasia.”

On 23 October HHJ Thomas Teague KC, the former Chief Coroner of England and Wales, highlighted that, if assisted suicide were to become lawful, deaths by assisted suicide should be referred to the coroner for investigation. “Since assisted deaths are by definition intentionally self-inflicted, they are, in my view, both in law and in reality, deaths by suicide and therefore unnatural. Our law has mandated for centuries that all such deaths should automatically go to the coroner for investigation”. By recategorizing assisted suicides as natural deaths this “may have the unfortunate and unintended consequence of making it easier for persons who want, for example, to exercise coercion, pressure or deception to do so”.

The Hippocratic Oath states: “I shall give no deadly drug to any, nor will I counsel such.”

Both euthanasia and assisted suicide involve the deliberate killing of patients. To allow assisted suicide is to cross the Rubicon regarding the fundamental ethics of Medicine. Human life is priceless and it always has an intrinsic and objective value, which does not depend on subjective feelings about the meaningfulness or meaninglessness of life. “If these fundamental assumptions are called into question, then the entire edifice of the Convention system starts to shatter....Article 2 excludes any implicit ‘opt-out-of-life clause’”. (Judge Wojtyczek in *Karsai v Hungary* [2024])

Health professionals who are involved in assisted suicide, will be directly involved in deliberately killing patients. This will have a profound effect on the trust and confidence of the public in the medical and nursing professions. The memories of relatives and friends of the deceased will remain with them for many years.

Dame Cicely Saunders pioneered palliative care in this country. The standard of palliative care in our country has remained a gold standard internationally. It is now difficult to comprehend the impression that would be left if this Bill regarding the deliberate killing of our patients were to pass into law.

Attempted suicide is familiar to psychiatrists, general physicians and emergency care doctors since attempted suicide is a common reason for hospital admission. What is new, is that healthcare professionals would be asked to be involved in the actual suicide of their patients. At present, healthcare professionals would refer those who are considering suicide to a psychiatrist so that they could receive appropriate help, counselling and support to prevent them from taking their own lives. It would be a matter of considerable concern if the referral then led to the assisted suicide of the patient.

We must all face death and our experiences are personal and different from those of others. Healthcare professionals find dealing with patients who are facing death difficult. Empathy and understanding of the individual patient in their particular circumstances are essential. All patients are different and experience death in unique and individual ways.

In conclusion, there is no right of access to medically assisted suicide or euthanasia. Respect for human life and dignity must be practical and effective. It is essential that Parliament does not accept medically assisted suicide. Society must aim to protect the right to life especially of those who are most vulnerable and facing a terminal illness and provide good palliative care. If the Leadbeater Bill is not defeated now it will take years to reverse the legislation and restore the fundamental right to life for all.

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PS. I provided a submission during the passage through the Commons Committee Stage, which is at:

<https://endoflifebill.co.uk/explanatory-notes-commentary-and-proposals-for-changes-to-the-terminally-ill-adults-end-of-life-bill-as-introduced-by-ms-kim-leadbeater-mbe-mp-by-dr-philip-howard/>

<https://endoflifebill.co.uk>