

It is our responsibility to promote care, not killing

“Those of us who work in palliative care units, looking after many terminally ill patients, aim to mitigate their suffering and help them to live with dignity until they die. However, a vocal media campaign has been promoting assisted suicide as the only sensible way to deal with the uncertainty of dying from terminal illness, the fear this brings and the suffering it engenders. ‘Dignity in Dying’, the new name of the Voluntary Euthanasia Society, reinforces this; and Ludwig Minelli, founder of Dignitas, a ‘centre for assisted dying’ in Switzerland, claims that, to die with dignity, we should be able to determine our ‘date with death’.”

How they may die is a conversation we have with most patients, but they seldom mention suicide or euthanasia, and we devote time to exploring underlying distress, solutions, options and means of care. This does not appear to be something Dignitas does, instead believing that the decision for assisted suicide is a final one.

In December 2008, Sky televised ‘The right to die?’, a documentary about one of the people Dignitas ‘helped’. We watched Dr Ewart, who had motor neurone disease and depended on a ventilator to breathe, swallow a lethal dose of barbiturate. The irony is that, under existing English law, it was his right to have his ventilator stopped and his symptoms controlled while he died: this would have taken place, like his ‘suicide’, over an hour or so, but without the choking we saw in the documentary.

Palliative care specialists have the skills, and duty, to do this. Many, like us, have cared for someone this way as they have died at home, in a hospice or in an intensive care unit, and will continue to do so because it is good medical practice. In fact, with the new *End of Life Care Strategy*, we are expected to plan with patients how to manage such withdrawal of life support.² You can stay in the UK to die, and to die well; you do not need go to Switzerland to be killed. If society insists that places such as Dignitas exist, they must be off limits to clinicians because they represent a lifestyle choice and have nothing to do with healthcare.

What clinicians worry about most is coercion, explicit or otherwise. So who is vulnerable if we allow being killed to be a life choice? Not the usual suspects, of whom Lady Warnock was talking when she said, ‘One of the things that would motivate me [to die] is I couldn’t bear hanging on and being such a burden on people’.³ No, it is we who are at risk: the baby boomer generation, who feel the pull of being in control, and for whom the one-way ticket or lethal prescription provides an illusion of control. The focus of life switches to when the lethal prescription might be used, rather than being on what can be done to make life worth living today or helping to dispel the unfounded fears that haunt the night. We all change our minds, we all deal with uncertainty. One failed assessment may result in a date with death that cannot be changed.

Let’s hope the UK remains a country where society is mature enough to see that it is better to forbid the killing, especially for financial gain, of people who ask to die, than risk the licence to kill those who might have more living to do. We, the palliative care profession, represent the most powerful antidote to the vocal minority who continue to push their pro-assisted suicide message. It is our responsibility to refute all scaremongering and related stories that focus on the inability to die with dignity if euthanasia and assisted suicide are not legalised. If we each contribute to raising the public profile of palliative care, we will ensure that our multiprofessional teams continue to care, not kill. We urge you all, wherever possible, to participate in the public debate.

You can stay in the UK to die, and to die well; you do not need go to Switzerland to be killed

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References

1. A date with death. *The Sunday Times*, 16 April 2006.
2. Department of Health. *End of Life Care Strategy: Promoting high quality care for all adults at the end of life*. London: DH, 2008.
3. ‘Better for old to kill themselves than be a burden,’ says Warnock. *The Sunday Times*, 12 December 2004.