STATES OF GUERNSEY
ADVISORY
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Dr Louise Gaunt
Chairman – Ethical Committee
John Henry House
Le Vauquiedor
St Martin's
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21 May 2003

Dear Dr Gaunt

**Death With Dignity (Voluntary Euthanasia)**

14

Following the decision taken by the States at the September 2002 meeting in favour of the Requête on Death With Dignity, a research Working Party has been established under the chairmanship of Advocate Gill Dinning.

The Working Party, of which I am a member and which met for the first time earlier this month, decided that opinions should be sought from a number of relevant bodies, including the Ethical Committee. I should, therefore, be grateful to in due course receive the views of the Committee in regard to Death With Dignity.

If you have any questions regarding this matter please do not hesitate to contact me.

Yours sincerely,

Wayne Hassall
Policy Adviser

Copy to: The Executive Assistant (Committees), States of Guernsey Board of Health, John Henry House, Le Vauquiedor, St Martin's.

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Our Ref: MLG/cl/09.11

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18 June 2003

Mr Wayne Hassall
Policy Advisor
Advisory & Finance Committee
Sir Charles Frossard House
P.O. Box 43
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Dear Mr Hassall

14

Thank you for your recent letter regarding voluntary euthanasia. I put the issue before the Ethical Committee at our meeting last night and we feel that this is such a large subject that we cannot come up with instant answers. We are proposing to set aside the whole of our next meeting, which will be on Monday 21 July, to debate the ethical issues related to voluntary euthanasia and at that time will be able to give you, certainly our initial thoughts and feelings.

It was noted by the Committee that there has been a recent communication in the Guernsey Press from a political activist involved in the initial requete related to death with dignity, and concern was expressed that the speed of this particular agenda is being determined by public pressure from various politicians, plus the Guernsey Press. Ethically we feel that this is something to be discouraged and that for all the people of Guernsey no rash decisions should be made with regard to voluntary euthanasia, and that any final decision should be after considered and careful deliberation.

A concern was also expressed by medical members of the committee in relation to the titling of the requete. It is the aim of all medical practitioners that any patient dies with dignity, which we feel is a separate issue from the more thorny issue of voluntary euthanasia.

With kind regards

Yours sincerely

Dr M L Gaunt M.B., Ch.B., F.R.C.R.
Consultant Radiologist

Copy: Mr Ian Gaudion, Executive Assistant

States of Guernsey
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IJG/C5.4

Miss S Murphy
Policy and Research Unit
Advisory and Finance Committee
Sir Charles Frossard House
La Charroterie
St Peter Port
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4 September, 2003

Dear Miss Murphy

Further to our recent telephone conversation, I have pleasure in enclosing the response from the Board of Health's Ethical Committee to the Advisory and Finance Committee's Working Party "Death With Dignity" in respect of their views on the concept of Voluntary Euthanasia.



The report is presented as follows:

- Page 1 – An abstract of the report including a summary of 'Positive Conclusions' and 'The Consensus View' of the Ethical Committee;
- Pages 2 to 6 – The full report;
- Pages 7 & 8 – Appendix 1 of report 'Bibliography of Papers Circulated for Discussion on Monday 21 July, 2003'.

I trust that you will the attached in order but please feel free to contact me should you require any further information. (Tel. 01481 725241 Ext. 4359)

Yours sincerely

**IAN GAUDION**
Executive Assistant (Committees)

cc Dr M L Gaunt M.B., Ch.B., F.R.C.R., Chairman, Ethical Committee

**CONFIDENTIAL**

## REPORT FROM ETHICAL COMMITTEE MEETING 21 JULY, 2003

**Abstract:**

Following a request from the Advisory and Finance Committee Working Party "Death With Dignity" the Board of Health Ethical Committee were asked to provide their view on the concept of Voluntary Euthanasia. The Committee debated the matter on Monday 21 July, 2003 – this abstract highlights the conclusions of the Committee. The full report of the Committees' deliberations is attached, together with a bibliography of literature studied to assist in the final conclusions.

### POSITIVE CONCLUSIONS

Positive views endorsed by the whole Committee were:

1) The continued support for a well-staffed palliative care service;

2) Developments of the concept of Advance Directives within the provision of health care in Guernsey, as is current practice in the United Kingdom.

### THE CONSENSUS VIEW

14

The consensus of the Ethical Committee regarding the introduction of voluntary euthanasia into Guernsey legislation was that it is morally and ethically incorrect for the following reasons:

i) The presence of voluntary euthanasia within our society will undermine the current trust within health care professional / patient relationships;

ii) It is ethically unacceptable to ask the caring professions to sanction the use of legalised killing as a standard medical treatment;

iii) The sanctioning of legalised death on request undermines many of the moral, secular values of a society by changing the public perception of the value of each person's life;

iv) The protocols to determine how voluntary euthanasia is applied are extremely difficult to develop, and policing of such protocols is almost impossible as demonstrated by the evidence from Holland;

v) There is no guarantee that an assisted death will be pain free and, therefore, achieve the death with dignity that is being sought.

**CONFIDENTIAL**

## REPORT FROM ETHICAL COMMITTEE MEETING 21 JULY, 2003

Present at the meeting were the following members of the Board of Health's Ethical Committee:

| NAME | REPRESENTATION |
|---|---|
| Dr. Louise Gaunt (Chair) | States Employed Doctors |
| Mr. John Ferguson | Medical Specialist Group |
| Dr. Margaret Costen | States Employed Doctors |
| Dr. Philip Simpson | Primary Care, Health Care Group |
| Dr. Paul Williams | Primary Care, L'Aumone and St. Sampson's |
| Dr. David Jeffs | Director of Public Health |
| Mrs. Tina Poxon | Director of Health Studies and Nursing Services |
| Mr. Ed Freestone | Chief Pharmacist, Board of Health |
| The Very Reverend Canon Marc Trickey | Lay Member (MAC Nominated) |
| Jurat Michael Tanguy | Lay Member (Board Nominated) |

The following Committee Members were absent:

| NAME | REPRESENTATION |
|---|---|
| Dr. Bryan Lean | Medical Specialist Group |
| Dr. Stephen Wray | Primary Care, Queen's Road Medical Practice |



The following Board of Health officers (ex-officio) were also present:

| NAME | REPRESENTATION |
|---|---|
| Mr. David Hughes | Chief Executive, Board of Health |
| Mrs. Jane Rowe | Administration Director, Board of Health |
| Mr. Ian Gaudion | Executive Assistant (Committees), BOH |

The Committee had been advised at the previous meeting of 16 June, 2003 that they had been asked by the Advisory and Finance Committee Working Party to consider the ethical issues related to Voluntary Euthanasia. All Committee members were asked to consider the issues, talk to colleagues, and any information they felt would be useful to be disseminated to all Committee members. Many members of the Ethical Committee provided a considerable amount of documentation. A full list is contained in Appendix A of this document.

## INTRODUCTION

To allow a final consensus opinion, the Committee agreed to use the British Medical Association statement on consensus as its guide. This consensus statement was made at the BMA Conference to discuss the ethics of Voluntary Euthanasia and Doctor Assisted Suicide.

*"Consensus involves the identification of areas of broad agreement and shared values. Achieving consensus entails two processes: finding issues or perspectives that are already common to all and developing those into statements with which everyone feels comfortable. Consensus acknowledges the existence of differences but focuses attention on exploring the middle ground where unanimity is most likely to be found. It involves identifying compromises which are potentially acceptable to all and which, when agreed, form a collective opinion."*

All Committee members were asked to give their own views and concerns regarding the moral and ethical issues related to the possible legalisation of Voluntary Euthanasia in Guernsey, to be followed by a general discussion of the points raised. Notes were made by the Executive Assistant (Committees) but the only formal record of the proceedings is this final report. This course of action was chosen to encourage all Committee members to speak freely, which was felt to be the most appropriate means to reach consensus and provide meaningful advice to the working party.

## ITEMS AND ISSUES RAISED DURING DISCUSSION

From the initial members' statements, the following items were raised:

14

1) This is a momentous decision to be taken by the people of Guernsey, and could have a profound effect on the practice of medicine. There was also concern raised as to the message this gives to other jurisdictions considering the same issues.

2) Are we certain we are considering the right person? Who will benefit – the patient themselves or their distressed relatives? The view was expressed that, for many members of the public, the support for Voluntary Euthanasia was based on a desire not to die in pain and suffering, and that, to counter that view, Guernsey should be looking towards development of the currently existing palliative care services. It is the view of the Ethical Committee that "Death With Dignity" should be the goal for EVERYONE, not just those whose death may be legally assisted, and that use of this terminology as a euphemism for legalised taking of life was sanitising the issue in the eye of the public. The use of such euphemisms is "fudging" the ethical and moral issues – should our society legalise the taking of another's life?

   The committee feel there should be clarification for the public of the terminology, with explicit definitions of Voluntary Euthanasia, Passive Euthanasia, Doctor Assisted Suicide and Advance Directives.

   The implication from the working party title "Death with Dignity" is that voluntary euthanasia is the only way to ensure a dignified death. It is the view of the Ethical Committee that well managed palliative care plus a greater understanding by the public in general that life must end is a much more fulfilling way for our society to view death. It no longer becomes a taboo subject.

3) Concerns were raised as to the policing of legislation, should voluntary euthanasia become legal in Guernsey – there is considerable evidence from Holland and the State

of Oregon that once doctor assisted death becomes legal, the boundaries become increasingly blurred, and the number of cases of non-voluntary euthanasia increase.

4) Personal autonomy – the view expressed by those in favour of voluntary euthanasia is that this respects personal autonomy – "It is my life and I can do what I want with it". However, the proposed counter argument was that this denies the autonomy of the rest of society, most immediately those closely involved with the dying person, and also their health care professionals.

   The question was raised as to whether society should allow personal autonomy – we live in a communal society, therefore autonomy cannot be seen as absolute. By allowing one person their own right to autonomy, it imposes upon someone else's personal rights. We need to achieve a socially acceptable balance, which cannot be covered by any form of legislation. This is one area where the European Code of Rights is probably out of keeping with how a society should view the issue of legal taking of life.

5) To legalise voluntary euthanasia is to put the onus on health care professionals to initially decide on a suitable method of taking a life, and also to prescribe the means of taking that life. Is it right to allow civic society to transfer this task to health care? It was felt that the health care environment was not a suitable place for also providing the premature taking of life. The two are diametrically opposed - the treatment of disease plus the relief of suffering in those reaching the end of life versus the active taking of life at a person's request. Such a legalised dichotomy potentially has the power to disrupt the health care professional / patient relationship, and shake the public trust in their health care professionals.

   The view was expressed that the request to a clinician for voluntary euthanasia could undermine the doctor patient relationship from the doctor's perspective, and make future care strained on both sides.

6) Concerns were expressed as to whether there could be a degree of financial motivation behind the concept of voluntary euthanasia. Whilst Guernsey currently has a well - funded health care system, the number of people living to an advanced age is increasing. Many of them will require long-term care. Some families do not wish to take this on, and residential care can be expensive. From the literature considered by the Committee, several incidences from the USA were quoted suggesting that health insurance companies advocated voluntary euthanasia as a financially attractive proposition. The Ethical Committee would advise against the adoption of such motivation for the introduction of voluntary euthanasia in Guernsey.

7) Advance directives – the introduction and development of advance directives was felt by all to be beneficial to the practice of modern medicine. It is a means of encouraging patient autonomy, whilst giving clear messages to health care professionals as to the patients' views about treatment they do not wish to have. If made with careful consultation, an advance directive can be a very powerful means of reassurance to patients who may become increasingly disabled and no longer able to express their wishes.

   Advance directives are a means for society to rebalance the drive towards preservation of life at all costs. The public and health care professionals are realising that life must end, and to preserve life unnecessarily should not be the way forward.

8) Double effect – giving narcotic analgesia may have the effect of shortening life, but the quality of those final days is improved as pain is relieved. This effect has been known for many years, but in our modern, litigious society, this must be recognised and doctors need the reassurance of a protective mechanism to prevent accusations of manslaughter or even murder. The Committee also felt that there is a duty of care upon other health care professionals to directly question prescribing. This was felt to particularly apply to nurses and pharmacy staff.

   There is evidence that well managed pain relief may, in fact, lengthen rather than shorten life, as it allows the patient a more comfortable, less tiring life.

9) The view was expressed that, as a member of the public, the concept of a pleasant, pain free death when one was ready to die was an attractive proposition. However, this concept has serious ramifications within a society – Who makes the decisions? How are the decisions applied? Is there a method applicable to all that will give a pain free and pleasant end to life? How will this affect the doctor / patient relationship and trust? How is abuse of the legislation prevented?

10) A view which many members of the committee endorsed was related to the modern approach to death and dying. Many people now do not experience the death of someone close until their middle years. It is no longer the custom to have the body at home to be viewed, and many people now die in hospital without their family present. This has exaggerated the fear of death for many people in Western society. There is also an increasing need within our modern society to feel "in control", although the view was expressed that society as a whole should encourage greater autonomy in relation to caring for our own health. There is no magic pill to cure all ills. We live in a society that has made physical perfection the goal, as is seen by the trend towards plastic surgery, "designer" babies with selected conception, etc. Many people see voluntary euthanasia as a neat, "designer" end – "I will die before I get old and wrinkled." There needs to be a realisation within modern society that there is more to being a human being than a perfect outer skin.

14

**INFORMATION FROM THE LITERATURE CONSIDERED**

Within the literature studied, there are answers to these questions:

- As it is not possible to force health care professionals to practise voluntary euthanasia, patients often see a complete stranger, who will comply with a wish for death that may be made when the patient is in the wrong frame of mind.

- Once a society has reduced the value of life, decisions are made for those unable to decide themselves that life is no longer an option – there is evidence from Holland that handicapped children have been legally killed as it was felt by their doctor that death was a more suitable option than a handicapped life.

- There are a significant number of Dutch people opting for medical treatment in Germany to avoid the risk of unwanted euthanasia.

- There is also evidence to show that the cocktails of drugs prescribed for patients to end their own life may not always be effective, and can produce a very distressing death.

**POSITIVE CONCLUSIONS**

Positive views endorsed by the whole Committee were:

1) The continued support for a well-staffed palliative care service, which would provide input at all levels within health care. The lack of a multi-disciplinary approach is a continuing concern within primary care, an issue that has been raised with the Board of Health recently. Many doctors will admit to a lack of knowledge regarding modern pain relief techniques. The Board of Health has made some progress with the appointment of a Nurse Consultant in Pain Control. There is, however, scope for further developments, a fact recognised by the Board of Health Cancer Strategy Implementation Group.

2) Developments of the concept of Advance Directives within the provision of health care in Guernsey, as is current practice in the United Kingdom. Such documents, if carefully constructed, with advice from a patient's clinician are felt to be a powerful tool in the management of patients according to their own wishes. This respects patient autonomy whilst giving a clear indication as to their wishes. There must be scope to continually review such a document in light of a patient's changing condition, and also to take into account developments in treatment for their particular disease.

**THE CONSENSUS VIEW**

The consensus of the Ethical Committee regarding the introduction of voluntary euthanasia into Guernsey legislation was that it is morally and ethically incorrect for the following reasons:



i) The presence of voluntary euthanasia within our society will undermine the current trust within health care professional / patient relationships;

ii) It is ethically unacceptable to ask the caring professions to sanction the use of legalised killing as a standard medical treatment;

iii) The sanctioning of legalised death on request undermines many of the moral, secular values of a society by changing the public perception of the value of each person's life;

iv) The protocols to determine how voluntary euthanasia is applied are extremely difficult to develop, and policing of such protocols is almost impossible as demonstrated by the evidence from Holland;

v) There is no guarantee that an assisted death will be pain free and, therefore, achieve the death with dignity that is being sought.

**DR M L GAUNT**
Chairman, Ethical Committee

4 September, 2003

**APPENDIX A**

**BOARD OF HEALTH - ETHICAL COMMITTEE**

**BIBLIOGRAPHY OF PAPERS CIRCULATED FOR DISCUSSION ON MONDAY 21 JULY, 2003**

i) Notes from the public meeting held at the Trelade Hotel on Monday 23 June, 2003;

ii) Physician Assisted Suicide [From the British Medical Association's web site];

iii) Various leaflets, as follows:

a) Surely Euthanasia is OK… Sometimes? …Isn't It? [Produced by HOPE {Healthcare Opposed to Euthanasia}];

b) Euthanasia: Doctor's Duty? Patient's Right? [Produced by HOPE {Healthcare Opposed to Euthanasia}];

c) When to Withdraw or Withhold Treatment – Number 7 [Produced by the Christian Medical Fellowship];

d) Physician-Assisted Suicide – Number 9 [Produced by the Christian Medical Fellowship];

14

e) Advance Directives – Number 19 [Produced by the Christian Medical Fellowship];

iv) Euthanasia – A Briefing Paper [Produced by the General Synod Board for Social Responsibility, The Church of England];

v) BBC News – Euthanasia Special Report [From the BBC News web site];

vi) Nursing Staff - Questionnaire [Circulated to nursing staff by Jacqui Gallienne, Senior Manager of Children's Nursing Services];

vii) Dementia and Personhood: Implications for Advance Directives [article from the June, 2003 Nursing Older People journal, produced by the RCN Publishing Company Ltd];

viii) Euthanasia and the Right to Die [From the web site of Trinity University, San Antonio, Texas];

ix) A non-religious perspective on… Euthanasia [Produced by the British Humanist Association];

x) Euthanasia and Assisted Suicide: Frequently Asked Questions [Produced by the International Task Force on Euthanasia and Assisted Suicide];

xi) Euthanasia and Physician Assisted Suicide: Introduction [From the web site of Ontario Consultants on Religious Tolerance];

xii) Floating clinic will offer the sick offshore euthanasia [Article from the web site of The Observer newspaper];

xiii) Euthanasia and The Right To Die: A Comparative View [Article from the web site of the American Political Science Association – Law and Courts Section];

xiv) Physician Assisted Suicide - A conference to promote the development of consensus [From the web site of the BMJ];

xv) Physician Assisted Suicide – Statements from a conference to promote the development of consensus [From the web site of the BMJ];

xvi) End of Life Decisions - Views of the BMA [From the web site of the BMJ];

xvii) Advance Statements – BMA Views [From the web site of the BMJ].