

Death With Dignity (Voluntary Euthanasia) Public Consultation – Summary of Responses

1. In response to the advertisement placed by the Death With Dignity Working Party in the Guernsey Press on 14 and 16 June 2003 and also on the government website, inviting the public and interest groups to give their views on the implications of legislating for voluntary euthanasia, 296 submissions were made. A detailed breakdown of the submissions is provided at Section 10 of this report.
2. A copy of the Working Party's advertisement is **appended at 18A**.
3. Every submission was allocated a reference number and a copy of each one, including those submitted by e-mail, was provided to every Member of the Death With Dignity Working Party. An acknowledgement letter or e-mail was sent to every person or organisation that made a submission, with the exception of a very small number who did not provide an address. A copy of the acknowledgement letter is **appended at 18B**, (a similar acknowledgement was sent to e-mail contributors).
4. An analysis of the submissions reveals that 226 (76%) expressed a view opposing Death With Dignity/Voluntary Euthanasia and 70 (24%) were in favour. It should be noted that submissions signed by more than one person were counted only once. Individual submissions, many of which were very detailed and well researched, totalled 276 (93%) and 20 (7%) were from interest groups/organisations, the latter in almost all cases containing considerable detail.
5. It has not been possible to produce a socio economic analysis of the contributors although it is known that at least 21 submissions were from persons who have a relevant 'professional' background including the medical and legal professions, pharmacy and police. A number of clergymen wrote in, either as individuals or on behalf of their congregations. It was also clear that a number of submissions were made by the elderly and, at the other end of the age scale, two submissions were clearly identifiable as having been made by children.
6. In addition to being provided with a copy of every submission, Members of the Working Party received a spreadsheet summary/analysis by reference number, submission type (letter/e-mail), individual/organisation, professional (where stated), support (Y/N) and by the 12 themes most commonly expressed by contributors.
7. The main points put forward to the Working Party, both for and against Death With Dignity/Voluntary Euthanasia, as categorised under the 12 themes mentioned above, are briefly set out below: -

i. Individual Choice/Personal Autonomy

Not just individual choice. *Consider effects on those left behind.* Would 'pro lobby' (as individuals) be prepared to administer the means? *Law would undermine confidence in care.* Nobody can demand of another that they end their life. *Open to abuse by the 'patient'.* People deserve the independence to choose to end their suffering. *Rational response to illness etc to wish to be in control of death.* Should be made legal for those who wish it for themselves.

ii. **Personal Experience, Suffering and Compassion**

This section describes the experiences of people who have either suffered, (and in some cases, continuing to suffer), from serious conditions or who had or have friends or relations in similar circumstances. In both cases arguments for and against are provided. Some of the information provided was very detailed and, in order to remove the potential for identification of individuals or individual cases, only a small number of the main comments put forward are provided below:

(Medical practitioner) questions whether in any circumstances a lethal injection would make death dignified. *Painful or undignified death means system has failed but does not mean Law change needed.* Killing as a solution sends out wrong signals to vulnerable. *We don't let animals suffer.*

iii. **Religion**

God gives life and only he knows when to take it away. *(DWD/VE) is morally unacceptable.* Do not dismiss the religious argument as emanating from fanatics or on the basis of religious doctrine. *Issue should be decided according to logic, not religious beliefs.* Will not enhance status of Guernsey amongst predominantly Catholic European neighbours. *'Thou shalt not kill'.*

iv. **Value and Quality of Life, Morals and Murder**

Those against a change in the law have said:

Human life is valuable for its own sake, means different things to different people, and should not have any price put on it, such as subjective judgements as to quality of life or cost of care. *The value of life changes constantly with experience, pain and age.* A decision taken on a bad day, might – were the opportunity available – be reversed on a better day.

Death is a certainty to us all, speeding it up or using other names (VE, DAD, mercy killing etc) is murder, however well meaning. Is there a difference between violent murder and the gentle killing of someone? *Consider it dangerous giving someone the permission and right to kill.* Are we to hire a States executioner? *Who can realistically judge the value of someone's life?* When and how do you decide who lives/dies?

Society should cure and if not care for people until natural death. If VE legalised, society agreeing that some life is not worth living, leading to a negative effect on how we view the vulnerable society and how they view themselves. It is the States' responsibility to protect life. If accept VE, society is crossing a fundamental line, and difficult to maintain other moral standards, because there will always be cases just outside the criteria that will claim justification for assisted death. *When someone asks for euthanasia, someone, organisation or society as a whole has failed that person.* Physical weakness and mental loss are not necessarily degrading unless we make them so. *Are people to be a benefit or burden to the community?*

Those who would like to see a change in the law say that:

Any rational person knows the difference between ending one's life whilst fit and able and wanting to end one's life when the prognosis of one's infirmity

shows no hope of remission or cure. *Morality is a society-based concept. Society condones the slaughter of thousands in war who do not wish to die, yet we refuse those who plead for a merciful release*

v. **Doctors and Members of the Medical Profession**

Concerns expressed over doctor/patient relationship. *Doctors and their representative bodies are against DWD/VE and will not carry it out. Could be open to abuse by unscrupulous doctors. A doctor's job is to preserve life not terminate it and it would place unreasonable pressure upon them. Doctors should have the right to opt out. Caring Doctors have been carrying it out for years; need to legislate to protect them. Contrary to Hippocratic Oath.*

vi. **Modern Medicine and Refusing/Continuing Treatment**

Everyone already has the right to refuse treatment. *Undermines medical research. DWD/VE would lead to fear of medical treatment. In these days of palliative care, ethos of euthanasia is contrary to professional medical care. People should be made as comfortable as possible as nature takes its course. Not necessary to officiously keep (people) alive but these decisions are already made by doctors; nothing more interventionist is necessary. Medicine is keeping people alive that nature would otherwise have ended, allow people to end their lives when it becomes intolerable. No wish to be kept alive by force-feeding or other artificial methods.*

vii. **Living Wills**

The difficulty comes where the sick person is not able to let his or her wishes be known. *In these cases, the best course of action has to be decided between doctors, relatives, and others having an interest. The problem can potentially be overcome by advance directives or living wills. Advance directives are already in use. They serve a useful purpose to gain insight into what a person may wish in certain circumstances. One can never guarantee that these are not made under coercion and the directive can never cover all the circumstances that may befall someone.*

They can also only give guidance, since they cannot insist that others carry out procedures which are either unlawful or which they are not willing to perform. *They cannot take into account new procedures, which might be developed since the directive had been written. It has been well demonstrated that peoples' attitudes and wishes change when they actually become ill, such that life seems more precious when it is precarious. They are useful as one consideration, but should not be binding. The current law does not need changing.*

viii. **Law and Safeguards Protecting the Vulnerable; Slippery Slope**

Vulnerable will be made to feel a burden. *As a senior citizen I would live in fear of my life. Evidence shows assisted suicide legislation, (in other territories), leads to abuse; guidelines become ignored. Financial implications will lead to the 'easy option' of death. People will use euthanasia to relieve relatives of further care. Do those around me want me to ask for euthanasia? Once law has been made, impossible to turn back. Many too scared to protest. Lines are blurred and open to misinterpretation. (Current) law protects when despairing and frustrated.*

Once an action becomes legalised it gains a veneer of respectability. *No matter what safeguards are in place, only a matter of time before (the vulnerable) are persuaded life is not worth living.* The occasions when the law would be abused would far outweigh those when life would be ended as a genuinely merciful act. *Primary function of the States is to protect citizens.* To protect the vulnerable might mean limiting the freedom of others. *No confidence in policing euthanasia.* Sufferers from debilitating illnesses will always fear that once they cannot communicate, another will decide to end their lives in the name of compassion. *(Acceptable) if safeguards in place to prevent abuse.* Must be voluntary.

Keeping it illegal because of fear that it could be abused is not logical. Current law doesn't regulate end of life decision making even though UK evidence suggests it already happens. *Safeguards needed to protect patients and practitioners alike.* Vulnerable would have greater protection if law for DWD/VE put in place.

ix. **Role of Family**

Quality of life is often based on feelings of relatives. *Effect on family left behind; possibly greater guilt than in suicide cases.* Motives of relatives a concern. *Is DWD/VE for ill person or relatives?* Obvious alternative (for elderly) is to provide more support in the family home or more nursing home facilities. *To choose when and how to die is too big a burden for doctors and loved ones left behind.* Those who could gain financially must not be involved in decisions. *Person must be of sound mind and family in agreement.* Family to be included to avoid their sometimes unrealistic expectations.

x. **Palliative Care, Pain Relief and Double Effect Medication**

DWD should take place in the context of real medical care. *Euthanasia - cost-effective solution?* Incentive for further advancement is undermined; Hospice one of first casualties developing care/work with disabled. *If doctors fear litigation for 'double effect' could legislate to protect them.* Good pain control improves quality of life and can increase life expectancy. *To equate the present practice of giving pain relief medications in sufficient quantities and frequency to abolish pain in the dying with the giving of a chemical injection into a vein to stop the patient's heart beating is nonsense and I personally do not know of any doctor who cannot see the difference between these two things.*

No such thing as a system that cannot be improved, expand existing facilities e.g. more hospice care, more respite care, pain relief services, family support services. *Death occurring incidentally as a result of drugs used to relieve or control pain and symptoms is not euthanasia.* Intention to relieve or intention to kill is the distinction. *People confused between pain control treatment which can eventually shorten the patient's life and euthanasia where drugs are administered specifically to kill the patient.* The people of Guernsey can pride themselves on the care and commitment they show towards those in their community who are in need of hospice and palliative care, something that DWD legislation would undoubtedly threaten.

Increase beds available at les Bourgs Hospice. Legally and medically acceptable to give someone pain relief even if this has the unintended side effect of shortening life, (it is) entirely different to intentionally killing someone.

Resources should be directed to adequate care and pain relief. Increase resources for education, research and palliative care services. The title 'Death with Dignity' belongs to palliative care and all the intense loving care that this entails.

xi. Death With Dignity

Whole area too subjective. The idea that assisted death should be allowed because it would provide 'Death With Dignity' is based on fear and anxiety that death will not be dignified. DWD can be achieved without euthanasia; does euthanasia mean DWD anyway? DWD is already the aim of doctors and the medical profession. I can think of no more undignified way to die than by committing suicide or being assisted to do so.

xii. Miscellaneous

Mainly covers short comments made in submissions such as 'totally opposed to DWD/VE' and 'better to err on the side of caution when dealing with life and death'. Those in favour of DWD/VE recommended reading certain publications and commented on UK groups pressurising Guernsey not to change the law.



Death With Dignity (Voluntary Euthanasia)

At the September 2002 States meeting a Requête was approved which directed the Advisory and Finance Committee:

'...to carry out appropriate investigations and consultations with whomever it deems fit and...to bring a report to the States of Deliberation, on the implications of Doctor Assisted Death or some other Death With Dignity Legislation to be implemented within Guernsey containing that Committee's recommendation...'

The Working Party formed to research Death With Dignity on behalf of the Advisory and Finance Committee is now inviting **written submissions** from interest groups and members of the public on this subject.

Submissions must be made **no later than Monday, 14th July, 2003** and sent to:

The Chairman,
Death With Dignity Working Party,
c/o Advisory and Finance Committee Policy and Research Unit,
Sir Charles Frossard House,
P.O. Box 43,
La Charroterie,
St Peter Port,
Guernsey,
GY1 1FH.

Our ref: GN/V/2

Name
Address

Date

Dear Sir/Madam

Death With Dignity (Voluntary Euthanasia)

I am writing to thank you for having made a submission to the Death With Dignity Working Party.

The Working Party is most grateful that there has been a significant response from members of the public and interest groups to its invitation to make a written representation. The submissions that have been received are currently being reviewed and analysed and will be of assistance to the Working Party when considering this important issue.

Once again, please accept my thanks on behalf of the Working Party for taking the trouble to make your submission.

A handwritten signature in black ink, appearing to read 'Gill Dinning', with a small flourish below the main signature.

Yours faithfully

Advocate Gill Dinning
Chairman
Death With Dignity Working Party