The Director of Public Prosecutions is due to clarify the guidelines for prosecution of those accused of assisting suicide, though without changing current law. What are the key issues at stake?

This careful study looks at the principles of protection of life, protection of the vulnerable, the cohesion of society and respect for the individual. It makes a case for how these principles might be supported by people of any creed and none, how they might affect the DPP guidelines—and how they can be rooted in Christian tradition.

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Assisted Suicide

Drawing a Line in the Sand

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1 Introduction

The Law Lords' judgment in Purdy *v* Director of Public Prosecutions (30 July 2009) has placed on the Director of Public Prosecutions' (DPP) shoulders the responsibility for laying out clear guidelines by which individuals may reasonably ascertain whether or not they are likely to be prosecuted for assisting another person in committing suicide. The purpose of this booklet is to argue that assisted suicide ought to remain unlawful in England and Wales and that the Director of Public Prosecutions, in preparing guidelines for the way in which the law is to be applied, ought to act in such a way that both the letter and the spirit of the law are upheld. Clearly, such guidelines ought not to circumvent the law, which continues to assert that assisted suicide is a crime. As in all areas of criminal law a measure of discretion is allowed to the prosecuting authorities in deciding whether or not a prosecution ought to be pursued, but in outlining the grounds for exercising discretion in the area of assisted suicide, the DPP's guidelines ought not to undermine the law in any respect.

While this booklet is written from a Christian perspective, it is neither necessary nor desirable that opposition to a change in the current law prohibiting assisted suicide is viewed solely as an expression of Christian faith or of religious belief. I shall present, briefly, at the end of this booklet why I believe that Christian faith ought to direct Christians to espouse principles that will lead them to opposing assisted suicide, but Christians and members of other faiths as well as agnostics, humanists and atheists may agree on common principles that can enable us to come together to uphold protection of life, care for the vulnerable and the essential integrity of our society in opposing assisted suicide.

Christian faith ought to espouse principles that oppose assisted suicide

For this reason, I begin by presenting a case for Christians confidently participating in the current debate on assisted suicide, without being bound by the accusation that we only have the right to speak to or for fellow-believers. I set out principles that Christians and others may agree to that will inform opposition to assisted suicide and that will lead to advocating particular actions in this area. I then examine specific issues within the debate on assisted suicide before suggesting mitigating and aggravating factors that the DPP

ought to take into account in drawing up his guidelines. Finally, I outline, briefly, a specifically Christian basis for my argument. Such is the importance of emphasizing the point that a case against assisted suicide is a matter for human, and not specifically Christian, concern that it is right to demonstrate that theological investigation is not a necessary prerequisite for opposing assisted suicide. For those who have no desire to engage in any theological investigation, the final section of this booklet may be left unread. Equally, for those who wish to have a theological framework put in place prior to following the substantive arguments, then they can, of course, read the last pages first!

As this is a brief treatment of a complex and crucially important contemporary topic, I concentrate on presenting the core arguments in favour of retaining the current law on assisted suicide and on ensuring that the DPP's guidelines uphold that law rather than on examining directly the writings of others on this subject. A more scholarly treatment of the topic shall have to wait for another opportunity.

2 Christian Comment

Many contributors to the debate on assisted suicide see opposition to assisted suicide as an attempt to enforce religious opinion, or at the very least the vestiges of religious culture, on others. It is important to counter this perception

Christians and people of other religions have both a right and an obligation to act as responsible citizens—the same right and responsibility as everyone else. In a liberal democracy we all have the right to voice an opinion with regard to the type of society that we wish to live in. That opinion is then open to debate and, ultimately, will form part of the voting process in parliament. To the extent that our opinion is supported or opposed by others and to the extent that we are able to defend and promote it, our opinion may be reflected in legislation. In this, we as Christians are simply acting as responsible citizens in voicing and promoting our views. Of course, it is entirely appropriate that others may disagree with those views but it is not appropriate for them to suggest that we ought not to voice them because our deepest held beliefs are religious ones.

Christians simply act as responsible citizens in voicing and promoting our views

Respect for the Opinions of All?

It would be perfectly understandable for others to object to Christian opinion if we were to claim that our views ought to be accepted merely because they are Christian. Such an approach might have worked when the majority of people considered themselves to be Christians although, in principle, there would still have been a problem with any attempt to win a debate simply by appealing to authority. The point is, however, no longer pertinent, as most people do not consider an appeal to authority, be it to the church, the Bible or to tradition as constituting definitive grounds on which they will base their decisions. This, of course, is also true of many Christians; for them, too, any appeal to authority must, at the very least, be supported by reasoned argument. Equally, for many Christians, the thought of government policy being influenced or even decided because of what the church may say, simply because it is the church that has said it, is objectionable. This is my own position: we cannot argue for true equality for all, both in this country and internationally,

if we believe that any particular faith or indeed, philosophy, is given, by right, priority over others. The same respect ought to be afforded to all, regardless of their beliefs and opinions; indeed, respecting those whose opinions differ from ours is an essential antidote to extremism.

Those Christians who argue, therefore, that Christian views, opinions and values ought, by right, to be woven into every part of the fabric of our society are misguided. Such an approach courts an acceptance of coercion and smacks of the mentality that drove Christian intolerance in past centuries. Jesus gave individuals freedom to choose whether or not to follow him and to obey his commands; we ought to do no less. This, of course, is not to say that we ought not to seek to influence every part of the fabric of our society by example, debate and responsible social involvement. That, as I have already said, is the right and the duty of every responsible citizen, Christian or not.

The Founding of Opinions on Religious Belief

If some still object that, as Christians, we are really trying to impose our views on others by stealth, since our fundamental beliefs are founded on our religious convictions, then we must point out that essentially we are no different from other people in this regard. All of us have core beliefs that inform the principles by which we live our lives and, in turn, these principles inform our actions. For some, perhaps a minority, this process is well thought through and is quite deliberate; for many it may be a process that is more felt than deliberated upon. Either way, we all have certain core beliefs that lie at the centre of who we are and inform how we act. Again, for some, their core beliefs might form a coherent system of belief because they are based on religious, philosophical, social or political foundations. In such cases, individuals might adhere to a set of interlocking principles that enjoy cohesion and that might be clearly articulated. For others, their core beliefs are in a state of constant flux, dependent more upon their experience of life than upon any belief system. This might lead to apparent conflicts of principles or a greater flexibility in the application of those principles. In practice, many people, of course, adopt a mixed economy: their principles might be based on adherence to a core belief system, but these are interpreted and understood through their life experiences. Everyone, however, has some core beliefs on which they fall back, consciously or subconsciously, when called on to make ethical and other decisions.

We all have core beliefs that lie at the centre of who we are and inform how we act

Christians will look to their core beliefs in God, in Jesus, in the Bible and in the teaching of the Christian church. Others might look to humanist beliefs, to political theories such as socialism or to other social or personal theories.

In all of this we Christians are no different from anyone else. We have beliefs that help to inform our principles, which in turn help to inform our actions. In the context of the current debate on assisted suicide, we are not trying to argue that others need to share our religious beliefs, only that the principles and actions that stem from our beliefs are worth supporting. People of other faiths and none may also share these principles without abandoning their core beliefs and without requiring others to agree with them. So it is that Christians, Muslims, atheists, agnostics and others may come together in opposing assisted suicide, if they agree sufficiently on the principles behind this stance.

3

Principles

Having established that as Christians we ought not to have our opinions dismissed because they are founded on our religious beliefs, it is essential that we set out what are the relevant principles that we hold in the context of the debate on assisted suicide. Only then can we promote these principles and, equally importantly, demonstrate which actions ought to flow from them. It is then a matter for discussion and debate whether or not others choose to agree or to disagree with us. As stated in the introduction, I shall outline in the final pages of this booklet how the following principles emerge from Christian belief, whilst acknowledging that others may arrive at the same principles from very different belief systems.

Protection of Life

This is a fundamental principle for any society that seeks to value its citizens and that desires to promote true equality. The right to life is the most fundamental of human rights and is the foundation stone for other human rights and for much of our criminal law. It ought to be obvious that other important rights and aspirations are, to an extent, dependent upon and secondary to this right. There is little point in advocating freedom of speech, for example, if someone's life is not protected as they expound their opinions; such 'freedom' would be at best illusory and at worst a danger to themselves and to others. Similarly a right to freedom of belief would count for little if the lives of all people are not protected, regardless of their beliefs. It is essential that the law upholds the protection of life of every individual regardless of race, gender, disability, sexual orientation, age or any other identifying feature. Unless the right to life is respected, protected and promoted within our society and undergirded both by legislation and in practice, we risk falling into social disintegration as the lives of some are deemed to be less worthy of protection than the lives of others. In order to achieve and to maintain a society that is fair and compassionate it is essential that protection of life is upheld and not eroded in any respect. It has taken centuries for this to become a true cornerstone of our society and we need to ensure that nothing is done to compromise it.

Unless the right to life is respected we risk falling into social disintegration

This will, inevitably, lead to situations where some of our actions might be curtailed. We might feel, rightly or wrongly, for example, that the perpetrators of some terrible crime ought to be executed for the pain that they have inflicted on others, but the principle of protection of life will, rightly, stop us from carrying out what we might feel 'they deserve.' Similarly, an elderly person might be perceived as being a burden to his or her family and even to the social care system that is expending thousands of pounds on providing nursing care. Protection of life ensures that this elderly individual can rest assured that, regardless of the attitudes of others, his or her life is safe.

Of course, there are times when protection of life will push us to the limits, but it is, in part, to keep these limits in place that the principle is so important. Once we begin to erode it we will cross a line in the sand that we shall not be able to cross back over. We might, in extreme circumstances, empathize with individuals who wish to bring their lives to an end but we have to be honest with them and with ourselves; we ought not to assist them in their endeavour. To do so might appear to demonstrate compassion for them but would contribute to the erosion of the most fundamental of all principles undergirding our society. It would also indicate that we were accepting the premise that some individuals' lives are not worth fighting for and protecting, a very dangerous stance to adopt.

Protection of the Vulnerable

It is surely the hallmark of a compassionate society that its most vulnerable members are afforded the full protection that we can give them. By definition, the vulnerable are unable to protect themselves fully; it is up to the rest of us to ensure that they enjoy as much protection as we can give them. This is true even when individuals might not perceive themselves as being vulnerable and even when they might not wish to be protected. It is easy to understand why, for example, small children ought to be protected even when they do not understand that they are vulnerable. Similarly, we can readily appreciate that many people might be unaware of the risks and dangers that they face in everyday life but they remain protected through legislation and statutory practice. Much health and safety legislation and improvements in public health have served to protect the lives of all of us who are vulnerable to disease, illness and accident even though we might have been quite unaware of the danger that we were in or the protective steps taken by society on our behalf.

It is the hallmark of a compassionate society that vulnerable members are afforded full protection

It might be more difficult, however, to appreciate why individuals ought to be protected in situations where they do not welcome such protection. Of

course a certain amount of latitude is given in this area, but only to the extent that society is not complicit in allowing truly reckless behaviour, behaviour that might endanger others or behaviour that might remove protection from other people. Involvement in many sports, for example, involves risking health and perhaps even life. As a society, we accept that individuals have the right to choose to be involved in such sports but we do not accept that such risk ought to be unregulated or that their choice is unlimited. For this reason, impact sports have safety regulations and motor sports are rigorously monitored. It might be argued that if an individual wishes to engage in the adrenaline-inducing practice of climbing up the side of a sky-scraper then he or she ought to be allowed to risk life and limb without society interfering. Such, however, is not the case. As much for the protection of others as for the wellbeing of the individual concerned, we do not allow such activity to go unregulated. Children or adults who are easily goaded into taking part in a show of bravado and those ill-equipped to take part in such activity are protected from engaging in the activity even though this might inhibit the degree of freedom that the expert climber might wish to enjoy. Any police officer, or indeed any responsible citizen, seeing someone attempting to scale the sides of a building will, rightly, seek to intervene. Protecting the vulnerable inevitably places restrictions on individuals but protecting the vulnerable is more important in our society than allowing untrammelled freedom for individuals.

Building a Cohesive Society

From what I have said above, it is clear that society requires cohesion in order to be effective in, among other things, protecting life and protecting the vulnerable. At one level this is quite obvious. If we have no social cohesion, no laws and no agreed principles then we shall have complete anarchy, with the strongest and perhaps the least scrupulous individuals or groups living as they wish while inflicting untold damage on others. At a less extreme level, a society that fails to view itself as a whole inevitably falls prey to social upheaval. This might take the form of sectarianism, racism or any of a host of ills that prey on division. It might also take the form of officially sanctioned discrimination. Rightly, even though it has taken millennia to achieve this, we have laws that undergird the concept that society ought to be cohesive to the extent that it protects all of its citizens, promotes fairness and equality and seeks to enhance communal as well as individual wellbeing.

Individual freedom is only possible if society, as a whole, holds together

Individual freedom is an essential part of promoting wellbeing, but such freedom is only possible for all if society, as a whole, holds together. My freedom ought not to result in injury to others, no matter how indirect or unintentional that injury might be. Legislation must not only seek to address the rights of the individual but must also seek to address the rights and the needs of all. This includes accepting that a change in legislation might have effects well beyond its original intention and that those effects might inflict more damage on a wide group of people than they will bring benefits to a smaller group of people. It might be a cliché but it is, nonetheless, true that 'No man is an island.'

Respect for the Individual

Much is written and spoken of on the topic of personal or individual autonomy. This is, indeed, an essential principle that a mature society will adopt as one of its guiding principles. The thought that anyone ought to be coerced into conformity is, rightly, regarded as an odious one and our repugnance at the idea of enforced conformity ought to act as a social and moral barometer. Throughout history there have been far too many examples of intolerance, perpetrated by the dominant on those who fail to conform to their wishes. Whole ethnic groups have been subjected to discrimination, abuse and even genocide. Individuals have been vilified, attacked and persecuted for their beliefs, their politics, their sexual orientation or whatever the majority chose to identify as an excuse for flexing their muscles. Domestic violence, mostly on women by men or on children by parents, remains a hideous reminder of the propensity of the powerful to try to force others into submission.

We can only promote individual freedom by subsuming some individual autonomy in the interests of others

It is for this reason that we have societal laws and conventions that seek to protect the individual and to enhance individual freedom and autonomy. There is, of course, a conundrum here: we can only promote individual freedom and autonomy by subsuming some individual autonomy in the interests of others. In the context of the debate on assisted suicide, this is precisely the conundrum that we face. As a general principle, autonomy ought to be reflected in public policy and private practice; to argue otherwise is to fall on the side of coercion. In practice, however, personal autonomy must be balanced with, among other things, the other principles outlined above—protection of life, protection of the vulnerable and building a cohesive society. Autonomy must, therefore, be principled autonomy. The ills of the past ought to tell us that we have to set the scales as much in favour of individual autonomy as is consistent with the other principles mentioned. In effect, society ought not to interfere with an individual's freedom except where the exercise of that freedom is likely to lead to other individuals being hurt directly or indirectly or to the essential cohesion of society being

compromised. Students of jurisprudence will recognize in this summary a particular stance in the long, heated and ongoing debate on the nature and role of law. Even those without a specialist interest in jurisprudence, however, may reflect that the liberal basis of our democracy is reflected in legislation that allows maximum individual freedom, consistent with the principles of non-maleficence and good citizenship.

Other relevant principles could and would be enunciated in a longer treatment of the subject but here I wish to suggest that the interplay of the four principles of protection of life, protection of the vulnerable, building a cohesive society and respect for the individual are the main principles that need to be addressed and balanced in coming to a position with regard to assisted suicide. As I shall outline below, my contention is that the balance lies in opposing any change in the law on assisted suicide or in its application in such a way as the existing law is circumvented in practice.

4 Practice

Before looking at how the principles outlined above might translate into practice it will be useful, first of all, to look at precisely what we mean by suicide and assisted suicide, with an acknowledgement that in this area we may inevitably stray into a discussion on euthanasia.

What is Assisted Suicide?

Assisted suicide may be described as, *any consensual act or omission intended to help another person consensually and intentionally to end his or her own life*. While there may be an element of redundancy in this definition, in that it may be argued that the concept of consent ought to include the concept of intention, it is useful to draw specific attention to the fact that both suicide and assisted suicide (and euthanasia if the debate were to be widened) must be both intentional and consensual acts. If either intention or consent were absent then someone who has ended his or her own life would either have died as a result of coercion, in which case manslaughter or murder charges may be brought against others, or as a result of an accident, in which case death by misadventure may be an appropriate way in which to describe what had happened.

Central to the idea of intention, in the present context, is that the intended end result of an action or omission is that a death will result. In the case of suicide the individual acting must not only foresee that his or her death is likely to follow but that this is the primary reason for taking the course of action (taking an overdose) or inaction (refusing to move from the path of an oncoming vehicle). The person might also have other reasons for acting, such as drawing attention to a particular cause or demonstrating his or her despair at the death of a relative or at the end of a marriage. But unless he or she intended to die in order to fulfil these other intentions then suicide would not be a correct way of describing the manner of death. Similarly, assisting someone to die must be an intentional act or omission in which the desired end result is the death of the person who is going to die.

Assisting someone to die must be an intentional act

Central to the concept of consent is that an action must be both voluntary and informed. In other words, there must be neither coercion nor ambiguity involved. If an individual is pressured in any way into ending his or her own

life, then the act is not suicide but enforced killing that ought to be viewed, as far as those involved in the coercion are concerned, as manslaughter or murder. Equally, the person choosing to end his or her own life must make that decision in the full knowledge of the consequences of his or her actions. A death, for example, as a result of taking an overdose of drugs might be accidental or it might be suicide. If the person who took the overdose did not know that he or she had taken an overdose or that the amount ingested was likely to lead to death, the resulting death would not be suicide. Similarly, individuals assisting others to end their lives must also not be coerced into giving such assistance and they must also understand that their assistance will result in others ending their lives. It is also reasonable to suggest that individuals can only make informed decisions where they know not only the effects of their actions but also understand the context in which those actions will be taken. For example, some people who believe that they are going, inevitably, to suffer a long and painful death might consider suicide but if they knew that this was not likely to be the case they might well decide otherwise. An act can only be consensual if it is fully informed.

With these definitions and concepts in mind, how then ought we to apply the principles already outlined to the debate on assisted suicide?

First, it is necessary to look at the act that is being assisted and to ask, 'What is the appropriate response of society to people who wish to end their lives?'

Instinctively, and in keeping with the principles of protecting life and protecting the vulnerable, the immediate response is that society ought to act to dissuade individuals from committing suicide. Even if they do not value their lives, it is right for society to say that others do and that, at the very least, they ought to be helped to seek alternatives to suicide. The current law does not view suicide or attempted suicide as crimes but it does not enshrine any 'right to suicide.' If it did, then society would have an obligation to respect, protect and to promote such a right. Correctly, we spend millions of pounds each year in suicide-prevention programmes and in providing mental health services that will help individuals to see that the reasons that may have given rise to suicidal intentions are not insurmountable. In particular, those suffering from forms of depression, from bereavement and from abuse or low self-esteem are acknowledged as being vulnerable even if they may not recognize their own vulnerability. The compassionate and appropriate response in these circumstances is to do all that is reasonably possible to prevent suicide happening, even when individuals have demonstrated that they fully intend to end their lives.

Instinctively, society ought to act to dissuade individuals from committing suicide

We act in such a way because we recognize the value of protecting life and the value of protecting the vulnerable but we also recognize that this says much about what we are as a society. We want to be part of a society that values every individual and that argues, regardless of cost or inconvenience, that every person's life will be valued and protected. We recognize that to act otherwise would be to undermine essential values on which our society is based and that we would inevitably become a harsher, less caring society.

Is There Ever a Reason for a Different View?

The question remains, however, in regard to respecting individual autonomy, is there never a case or set of circumstances when we ought to take a different view? It is important, first of all, to say that in some circumstances we might find ourselves empathizing with a person's desire to end his or her own life. Indeed, in some truly extreme circumstances we might appreciate that this might appear to them to be the only reasonable course of action to take. It does not follow from this, however, that our intrinsic desire to counter suicide ought to be diminished or that there ought to be a change in legislation or in practice that would make suicide more acceptable for our society or a more frequent occurrence within it.

Individuals suffering from a painful terminal illness or from an extremely debilitating condition in which they feel that their dignity and quality of life have been grievously compromised might well wish that their lives could come to an end and we might well be able to see that, in their circumstances, this is far from being an unreasonable desire. We correctly try to encourage those with terminal illnesses to come to terms with their condition and to prepare themselves for death. Similarly, in some circumstances, there might be a very fine distinction indeed between an expression of faith that enables one person to look forward to the end of life and another individual wishing to end his or her life. We do everyone a disservice if we present a desire to bring one's life to a close as always being a sign of desperation, depression or of emotional or mental instability.

This empathy, however, does not have to extend to an explicit or implicit agreement that people thinking this way ought to be encouraged or assisted in ending their lives. It might be true that for someone in the latter stages of a terminal illness, there might be little protection of life to be considered for that individual, especially if their quality of life is very low. It might be quite reasonable for them to wish to die and we might see very little benefit accruing to them in their lives continuing for a few more hours or days. The other principles, however, of protecting the vulnerable and of helping society to be fair, compassionate and cohesive cannot simply be set to one side. An action that might appear to be immediately in the interests of an individual might

bring indirect harm to many other, particularly vulnerable, people if it were to be condoned or encouraged. Similarly, if society were to acquiesce in the suicide of individuals with whom we empathized we would, nonetheless, loosen our hold as a society on the value that we place on every life. The individuals concerned might not lose very much in their lives ending but others would still be put at risk and society as a whole would be damaged if we were to allow empathy to extend to condoning or even encouraging suicide.

There are some truly extreme cases when suicide is the only course of action that an individual might reasonably believe is open to them. The tragic people who jump to their deaths from burning buildings rather than die horrible and painful deaths are choosing to end their lives rather than face unbearable suffering. While it might be argued that in jumping they are trying to escape pain rather than actually intending to end their lives, this 'double effect' argument is tenuous since, in many such circumstances, the choice that they are making is to escape or to end pain by choosing an immediate death. A discussion on euthanasia would produce a similar example of 'the policeman's dilemma'—someone trapped in a burning vehicle with no prospect of escape being put out of their suffering by a *coup de grace*. In both of these cases, the suffering is immediate, acute and impossible to escape other than by actively choosing death. It would be harsh indeed for anyone to criticize those who chose death over such terrible suffering and, in these truly limited circumstances, suicide or euthanasia might be the only reasonable course of action to take.

It would be harsh to criticize those who choose death over terrible suffering

This does not, however, run counter to the principles of protecting life, protecting the vulnerable, building a cohesive society and respecting the individual. In the above cases death is truly imminent and inescapable; the manner of dying is what is being chosen. The suffering individuals jumping to their deaths or being administered a *coup de grace* do not threaten or compromise the safety and well being of other vulnerable individuals. The cohesion of society is not threatened by such rare occurrences and neither is individual autonomy. In all ethical situations and debates we have to accept that while there may be optimal and normative actions that conform best to our principles, there are also abnormal situations in which certain courses of action may be permissible because they do not threaten the integrity of the principles even though they do not best match them. The examples cited above fall within the permissible category even though they are, clearly, far from being normative.

Anomolies Do Not Alter Essential Principles

It is essential, however, that we recognize that such anomalies, which may be observed in every area of life, do not alter the essential principles against which they are set. It is rarely the case that people face suffering or pain that can not be alleviated and it is seldom the case that suicide can be viewed as the only alternative to facing a truly awful end.

In this, we have to be honest about the processes of life, illness and death. A level of pain, suffering and discomfort is inevitable throughout life and throughout the processes of illness and dying. The role of a compassionate society is to try to alleviate such pain and suffering, not to remove it altogether; such would be a herculean task that would, in the end, simply tend to lower the threshold of suffering to such an extent that any discomfort at all would be seen as being unbearable. Whether we like it or not, we cannot promise anyone in any of the processes of living that they will be free from all pain and suffering, only that we can alleviate their suffering to a level that ought to be bearable. If it is objected that different people have different pain-barriers and ought to be treated differently, this might be true, but in all areas of life we have to accept that pain management as well as pain relief is a goal in health care and in promoting wellbeing. This is as true of dying well as it is of living well. In practice, the examples of people having to jump from burning buildings or policemen having to administer a *coup de grace* are far removed from the realities of palliative care.

Thus an attempt to work through the grid of our key principles indicates that other than in truly exceptional circumstances, our response to suicide ought to be universally one of prevention and not acceptance.

From this it follows that assisted suicide can never be acceptable, even though it may be, at times, understandable. Relatives watching their loved ones dying, who are asked for assistance in bringing their lives to an end might, understandably, feel under the pressures engendered by love to grant that assistance. Such a course of action is understandable and, within these limited compassionate circumstances, ought to be met with a compassionate response from society, but this does not mean that society ought to acquiesce in the process of assisted suicide. Even when we understand the truly compassionate motives that may lie behind some acts of assisted suicide we still ought to say that such actions were misguided and that we, as a society, prefer and support alternatives to suicide and assisted suicide. This, as we shall see, does not mean that we ought to throw the book at everyone who has assisted a loved one to die. Such, in any event, has not been the case in recent practice.

Assisted suicide can never be acceptable, even though it may be, at times, understandable

5 Issues

There is such a complexity of interlocking issues in the arena of assisted suicide that it is difficult to attempt to do them justice in a short booklet. Approaching these issues via the medium of question and answer will, hopefully, best facilitate most of them being addressed.

Q Is assisted suicide really a matter of compassion versus dogma?
A Compassion is evident on both sides of this debate. Those who support assisted suicide within strict limits often do so because they believe that this is the most or even the only compassionate response to make to someone who wishes to be given help in ending his or her own life. Arguing against helping people to end their lives does not mean that we lack compassion or empathy for the individuals concerned. There can be more than one compassionate response to a plea for help and in the case of a plea for assisted suicide an equally compassionate response is to alleviate suffering and to give the full range of support found in palliative care services. Compassion does not always mean that we give everyone what they ask for and in the context of assisted suicide other ways of demonstrating compassion are available that do not compromise the principles of protection of life, protection of the vulnerable, building a cohesive society and respect for the individual.

The term 'dogma' is often used as a polite insult, suggesting that religious people are bound by inexplicable rules that they wish to impose on other people. We have already seen, however, that everyone holds certain core beliefs, be they religious or otherwise, and that these help to inform the principles by which we live our lives and which inform our actions. No one comes to this debate without beliefs and principles, so in that sense, if people wish to use the term, there is dogma on both sides of the debate. As outlined above, however, this does conflict with compassion being evident on both sides.

Q Surely it is a person's right to choose to die and we ought to facilitate this choice?
A There is no right to die or to commit suicide. Suicide has been decriminalized but there is no right to suicide. Where rights are concerned the government and its agents have a responsibility to respect, protect and to promote such rights. Clearly, the government and its agents in, for example, the NHS, do not have an obligation to promote the right to suicide. Instead, quite correctly they expend much time, energy and finance in suicide prevention programmes. It is understandable that some individuals might wish to bring their lives to an end but the correct and compassionate response to this is to support them in finding alternatives ways of coping with the conditions that have given rise to this desire.

It is often objected that in refusing to allow assisted suicide, we are interfering with an individual's autonomy. This is not so. A person may still commit suicide even though we may wish to dissuade him or her from doing so. In refusing to allow assisted suicide, society is refusing to be complicit in that decision. We all make wrong choices during our lives; this is our prerogative, but there is no obligation on others to agree with or to assist us in the execution of those choices. No matter how much empathy we might have for those who wish to end their lives, there ought to be no emotional, moral or any other form of pressure placed on another individual to assist suicide. In particular, as far as doctors and other health professionals are concerned, no pressure ought to be placed on them to assist in the ending of anyone's life.

Allowing assisted suicide would also put pressure on significant numbers of frail, elderly people to consider the option as they move towards the end of their lives. Currently, they might be quite content to let nature take its course but if assisted suicide became an accepted alternative they might feel pressured to consider it, causing them additional stress and concern. What might appear to offer greater freedom to a few, generally articulate and independently minded individuals, would end up placing an unwanted burden on many who are ill-equipped to deal with it.

Q Isn't the 'slippery slope' argument a scare tactic?
A 'Slippery slope' arguments certainly ought to be approached with caution and are often employed as scare tactics when an argument is otherwise weak. This does not mean, however, that they never have any validity, especially where they are used in support of other arguments as is the case in the debate on assisted suicide.

In the assisted suicide debate there are two slippery slopes that deserve our attention. The first is that some campaigners in favour of the introduction of euthanasia into the UK have openly stated that they view a change in the law or practice on assisted suicide as a first step in them achieving their ultimate goal. It must be emphasized that not all advocates of assisted suicide take this view but some do. Any move towards acceptance of euthanasia would drive a cart and horse through the principles of the protection of life and protection of the vulnerable as well as undermining the cohesion of our society. This is a slippery slope that cannot be ignored since it is the stated aim of some advocates of assisted suicide.

A more significant slippery slope, however, is that a change in legislation often has unforeseen and unintended consequences. Obvious examples are changes made to abortion and divorce legislation. Regardless of how one views these issues it is the case that legislation was changed in both areas in order to deal compassionately with hard cases. What has resulted is a much higher level of divorce and a much greater number of abortions being performed each year than the original legislators either foresaw or intended. Some might argue that this is a good thing while others will believe quite the opposite. What is pertinent in the context of the debate on assisted suicide, however, is not our attitude to the ways in which changes in divorce and abortion legislation have produced unforeseen and unintended consequences but the simple fact that unforeseen and unintended consequences have occurred. Following the introduction of the 1961 Suicide Act the suicide rate in England and Wales rose; again an unforeseen and unintended effect of a change in legislation. Of course it may be objected that what we have is a correlation between a change in legislation and a rise in the levels of divorce, abortion and suicide and that this does not prove cause and effect. This point is entirely valid but the correlation, in itself, is enough to cause concern. It will be too late to close the stable door after the horse has bolted and if we accept any change in the law on assisted suicide, in the light of previous experience we might expect a rise in such practice, greater than legislators might either foresee or intend.

Q Can sufficient safeguards be put in place to enable properly regulated assisted suicide?

A The short answer to this is 'No.' Various attempts have been made in recent years to introduce legislation permitting assisted suicide in limited circumstances, the most recent being amendments brought to the Coroners and Justice Bill during its passage through the House of Lords. Consistently such attempts have failed, in part because many peers are opposed to assisted suicide in principle and in part because it has not been possible to produce a law that is sufficiently safe. This is so for a number of reasons.

In the first instance, definitions are notoriously difficult to pin down with sufficient accuracy to enable confidence that any safeguards will be effective. Terms such as 'unbearable suffering,' 'terminal illness,' 'acting out of compassion' and 'voluntary request' are often used in proposed legislation but a moment's reflection shows how imprecise these terms are. Who can quantify 'unbearable suffering'? If I say that my suffering, whether physical, emotional or psychological, is unbearable, who can say that it is not? Suffering is, by definition, a subjective experience so any legislation based on the concept opens the floodgates to allowing assisted suicide on demand—an example of the unintended consequences of a change in legislation.

What is a terminal illness? This term can encompass the last stages of illnesses such as cancer but it can also cover other life-limiting illnesses that might take many years before death ensues. Suggestions that the term ought to be understood as implying a life expectancy of six months or fewer offer little help in that experts in palliative care attest that it is extremely difficult to gauge life expectancy of individuals with any great degree of accuracy. It is possible to offer an opinion based on statistical probability but not a certain prediction. The issue then would become one of medical opinion which itself produces a problem area that we shall deal with below.

'Acting out of compassion' might indeed be the motive behind some acts of assisted suicide but how may such motivation be proved? Similarly, a 'voluntary request' on behalf of someone wishing to bring his or her life to an end is seen as a prerequisite by advocates of assisted suicide, but how can we assure that such requests are truly free and informed without any trace of coercion or any hint of misunderstanding?

We have to face the facts that not all relatives are loving and caring and not all health professionals find assisted suicide or euthanasia problematic in principle. In such circumstances, we will encounter elastic interpretations of the law in which certain doctors will be better disposed to requests for assisted suicide than others. Some advocates of assisted suicide or euthanasia will act to provide such contacts and we will slide towards assisted suicide on demand. Elder abuse is, sadly, only too common in the UK, with at least a quarter of a million elderly people suffering some form of abuse at the hands of their relatives each year. It defies belief that some of these people and others like them would not put pressure on their elderly relatives to seek assisted suicide and contrive to convey these requests as being voluntary. A more subtle form of pressure would ensue from a change in the law itself. A number of old people or those with chronic illnesses will feel under pressure to 'do the decent thing' and opt for assisted suicide even though this is not truly what they want.

Q Isn't euthanasia already happening in practice?

A While this is not, strictly speaking, a question on assisted suicide, it clearly has a bearing on our discussion. The first thing to note is that a common perception that doctors routinely administer higher doses of medication than is necessary for the alleviation of pain, with the real intention of hastening death, is grossly in error. All medication is strictly monitored and any such routine over-administration of drugs would come to light and be investigated. Doctors are simply not hastening death at will up and down the country.

A more reasoned approach, however, will question whether the array of decisions that are currently taken around end of life care does not, in fact,

constitute euthanasia in some cases. If we accept that a reasonable definition of euthanasia is 'A voluntary act or omission intended to result in the death of another for that person's perceived benefit,' then it is right to question whether some current practices do constitute euthanasia. This is a moral minefield and in a short answer only the outlines of a full treatment can be attempted but it is important to address the elephant in the room.

It may appear to some to be an exercise in sophistry but it is important to distinguish various kinds of actions associated with end of life care—withholding treatment, withdrawing treatment and intervening in providing treatment. It is also necessary to distinguish between foreseeing an outcome and intending an outcome from a particular action. As outlined below, the actual outcome of two or more actions might be the same but that does not, necessarily, make each of the actions morally identical.

They might be morally identical in cases where inaction is clearly malicious. For example, if I come across a drowning man in a river and refrain from throwing him a lifeline, this is morally the same as holding him under water. Similarly, if I were to throw him the lifeline but then withdraw my intervention by failing to haul him in, I may as well have done something actively to cause him to drown. In these cases refusing to throw the lifeline (withholding), failing to pull the lifeline in (withdrawing) and pushing his head under the water (intervening) not only produce the same results but are also morally identical in that the foreseen and intended outcome of all of the above actions is that the person will drown. Where the foreseen and intended outcome of any action or omission is morally wrong, the actions or omissions are also wrong.

Where, however, an outcome may be foreseen but not intended, the actions of withholding, withdrawing and intervening might not be morally the same. If I foresaw that failing to throw the man a lifeline would result in his death but did not throw him the lifeline because another person was also drowning and I chose to throw the lifeline to her, then my inaction with regard to the man would be regrettable but not morally wrong. In this case I may have foreseen the man drowning but I did not intend him to die. Similarly, if I have thrown the man a lifeline and as I am about to haul him in a small child falls into the river at my feet and I let go of the lifeline to jump into the water to pull her out, abandoning the man to his fate, once more I may have foreseen that the result of my actions will be that the man will die, but I did not intend him to drown. In these circumstances neither withholding nor withdrawing are morally the same as holding the unfortunate man's head under water.

If we move from this rather busy and tragic piece of waterway to the reality of end-of-life care, we can see that the principles involved in our extreme examples above might come into play quite often. A patient might state that

he or she does not want life-prolonging treatment because his or her quality of life would be drastically reduced by the side-effects of the treatment, or a doctor might withhold CPR on a patient in the last stages of a terminal illness because the patient, if revived, would return briefly to a very poor quality of life. In these instances, while death will be the foreseen result, the intention is not to cause death but to avoid further suffering by letting the illness take its natural course. Such decisions are, themselves, decisions taken at the extremes in order to avoid suffering; they are not to be taken in cases where non-intervention would clearly be akin to deliberately failing to save a life. Withholding CPR from a person in the last stages of cancer is manifestly different from withholding CPR to a footballer who has collapsed during a football match.

Withdrawing treatment already begun is a complex topic. If treatment was successfully contributing to a person being cured of an illness then clearly to withdraw treatment would be wrong. If, however, the treatment is not contributing to a cure but rather has become burdensome then it might be morally correct to withdraw such treatment, not in order to kill the patient or to shorten his or her life, but to remove the burdensome nature of the treatment. Again, such decisions and actions must not be trivialized and ought not to become normative since if this happens the principles of protecting life and protecting the vulnerable will be routinely breached.

In cases where treatment aimed at alleviating suffering might also have the side-effect of shortening the patient's life, it is morally permissible to provide such treatment as long as the intention, backed by medical evidence with regard to the amount of drugs administered, is to alleviate suffering rather than to cause death. This is clearly different from giving a deliberately lethal dose to someone wishing to be assisted in committing suicide with the sole intention of causing death. Here, the point that was made earlier about distinguishing between alleviating suffering and removing suffering ought to be borne in mind. The distinction between foreseeing and intending a result of a particular action is a crucial one in helping us to navigate our way through the reefs and barriers of end-of-life care.

6 Guidelines on Applying the Law on Assisted Suicide

Currently the Director of Public Prosecutions has been tasked with drawing up guidelines for the application of the law prohibiting assisted suicide. His task is not to change or to circumvent the law, neither is it to create practices that will reflect anything other than the current law. As will be obvious from our discussion so far, opposition to any change in the law regarding assisted suicide ought to be reflected in encouraging the DPP to reflect the current law accurately in both letter and spirit in the guidelines that he is to publish.

The present law on assisted suicide, as with other areas of criminal law, allows for a measure of discretion on the part of prosecuting authorities in deciding whether or not to bring forward a prosecution. The issue is not whether or not a crime has been committed; it is whether a prosecution ought always to follow. In most cases we should expect that where someone has assisted another person in committing suicide, they will indeed be prosecuted. Of course, in many cases of suicide, assistance might have been given but the identity of those assisting is not known or such assistance might be beyond proof. In the present debate, high profile examples of compassionate relatives wishing to accompany their loved ones overseas have been at the centre of attention. In drafting guidelines in this context, it is crucial that the DPP does not allow any succour whatever to those with less benign intentions.

In some circumstances it might be understandable that truly caring relatives might wish to assist their loved ones in ending their lives, but they also must realize that they have a role to play in ensuring that protection of life and protection of the vulnerable remain hallmarks of our society. They too must realize that they are integral parts of our society and that they and their loved ones cannot act as if their actions had no effects on others and on the society in which we live. Similarly, while we can truly empathize with them and might even speculate whether we would act differently if we were in their shoes, we still ought to say that assisting their loved ones to die is not something that society can afford to support.

Assisting loved ones to die is not something that society can afford to support

In the light of this, the DPP's guidelines ought to fall firmly on the side of ensuring that each life continues to be protected, that the vulnerable are not put at risk and that as a society we are not lessened as a result of the way in which the law will be applied.

As the DPP lists aggravating and mitigating factors to be taken into consideration in deciding whether or not a prosecution ought to take place, the only mitigating factors are that those assisting suicide must have taken all possible steps to ensure that the suicide was a truly voluntary and intentional action and that they are seen to have acted solely out of compassion. It is also imperative that any assistance rendered must be passive, consisting of providing company and comfort but not actively enabling the suicide to take place. To go beyond this is, effectively, to change the current law prohibiting assisted suicide.

Demonstrating that these mitigating conditions have been met would require stringent guidelines. Those assisting suicide ought not to gain any financial or other benefit; this might have important consequences for issues of inheritance. They also ought to have taken specific steps to ensure that the suicide was voluntary, informed and intentional and they would need to demonstrate how they were assured of this. They must also be able to demonstrate that they had taken steps to offer compassionate alternatives to suicide and that they reluctantly accepted their loved one's decision to choose assisted suicide, not offering any encouragement or actively facilitating any subsequent arrangements.

Those assisting suicide ought not to gain any financial or other benefit

Aggravating factors are in many ways the reverse side of mitigating factors. Any pecuniary gain ought to be seen as an aggravating factor as would any evidence that encouragement was given to commit suicide. Any failure to demonstrate that compassionate alternatives had been actively explored or that those assisting the suicide had, at any time, taken the initiative in suggesting, organizing or effecting the suicide ought also to be aggravating factors.

There shall be opportunity for a full debate on the DPP's guidelines but it is essential that what emerges from this upholds the law against assisted suicide and that prosecution for assisting suicide remains the normative position.

7

Christian Belief

Four main principles have been actively engaged in this discussion on assisted suicide. While these principles may be endorsed and supported by all, we as Christians look to our core beliefs to find the foundation for upholding these principles. Briefly, the main theological grounds for advocating these principles are as follows.

Protection of Life

The biblical teaching that every human being is made in the image of God places immeasurable importance and significance on every human life. We are not our own, but rather we are expressions of God's loving, creative essence and, as such, every person and every life has an importance and an innate dignity that abides within us but which has its source beyond us. We are God's creation and it is he, the creator, who has invested us with significance. Life is a gift from God and every person is the beneficiary of that gift. Protection of life is the only response that we can make if we are to respond with gratitude to God the giver of life.

Protection of the Vulnerable

The Scriptures are full of commands and encouragement to care for the oppressed, the downtrodden and the vulnerable. In some of his most striking and startling teachings, recorded in Matthew 25, Jesus stated simply that as we act towards the vulnerable we act towards him. He is the bereaved mother, he is the depressed young man and he is the elderly, abused person who is made to feel that his life has become worthless. True compassion means taking the side of the oppressed, the lonely and the vulnerable and is the hallmark of genuine Christian faith.

Building a Cohesive Society

In contrast to the rampant individualism evident today, the biblical model for human living is one of community and relationship. Christians are not to live solitary, self-occupied lives but are part of the body of Christ. We are also enjoined both by Jesus and by the apostle Paul to act as responsible citizens. Our true citizenship may be in heaven but we are to be salt and light in the world, bringing justice and demonstrating God's love within society.

Respect for the Individual

Jesus did not coerce people to follow him and he did not force obedience or allegiance from anyone. As the body of Christ, we are to act as Jesus acted and so we must respect every individual and encourage each person to live a life that demonstrates genuine integrity, not paying lip-service to the beliefs and opinions of others. While respect for individuals ought not to lead to advocating selfish and untrammelled freedom of action, it ought to lead to advocating the maximum degree of individual freedom consistent with the other principles outlines above.

8

Further Reading

This booklet has been written to promote thought and discussion of the topic of assisted suicide so that readers may be better equipped to play a full part in the current debate on assisted suicide.

For more detailed analysis of many of the topics discussed here, readers might wish to refer to:

Nigel Biggar, *Aiming to Kill: the Ethics of Suicide and Euthanasia,* (London: Darton, Longman and Todd, 2004)

Robin Gill (ed), *Euthanasia and the Churches* (London: Cassell, 1998)

Paul Badham, *Is there a Christian Case for Assisted Dying?* (London: SPCK, 2009)

The Director of Public Prosecutions is due to clarify the guidelines for prosecution of those accused of assisting suicide, though without changing current law. What are the key issues at stake?

This careful study looks at the principles of protection of life, protection of the vulnerable, the cohesion of society and respect for the individual. It makes a case for how these principles might be supported by people of any creed and none, how they might affect the DPP guidelines—and how they can be rooted in Christian tradition.

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