Assisted Dying for the Terminally Ill Bill

On 10th December 2004 seven members of the House of Lords Select Committee who are examining and reporting upon the Assisted Dying for the Terminally Ill Bill visited the State of Oregon in the USA. The purpose of their visit was to discover the present practice in that State, which has legislation not entirely unrelated to that proposed under Lord Joffe's Bill. The legislation referred to is the Death with Dignity Act and the Physician-Assisted Suicide Act. The team met representatives from the Board of Nursing, the Nurses Association, the Medical Association, The Health and Science University, the Board of Medical Examiners, the Hospice Association, and the State Epidemiologist.

Some of the statements made to the House of Lords team provide an indication of the state of affairs, which may be expected in the United Kingdom if Lord Joffe's Bill were to be enacted. Some of these statements are reproduced below.

".....presentations were made that sustained the argument that if people who want to consider assisted suicide would just come to their senses and recognise how depressed they are, they would not think that way, they would get treatment, versus there are people who want to do this and they are not depressed, that is what they want to do."

Inadequate pain management because "...why bother with pain relief because patients can have assisted suicide."

"....when a patient does achieve the ability to do assisted suicide and they have the medication but are not yet ready to take it. Depending on their physical status some may improve for who knows what reason but they still have that medication....." . This leads to instances where this state of affairs can last for periods of up to two years and then the question arises of whether the medication is out of date and how it should be disposed of."

"What we discovered was that nurses are actively talking to patients about assisted suicide, some of them have been involved in advising the patient about it, others have been involved in terms of helping the patient get the prescription, that is, they went to the pharmacy and got it, and some indicated that they had assisted in the taking of it. That is inconsistent with our position....."

"There are physicians who refuse to provide any assistance to a patient who wants to look at that option and the law is quite clear that they can do that and, for that matter, so can other health care professionals. Also there are provisions in the law that certain institutions, particularly hospitals, can ban the practice on their premises, most notably the Sisters of Providence, which is a very large hospital...."

"One of the things that has always struck me as a lay person, who has more than a passing interest in this subject at this point, is the huge disparity or the huge range in the time from ingestion until death, really a remarkably long time. I have talked to a lot of physicians who say "Well, if you take a shot of whisky, you take so many milligrams of ACE inhibitors and you wait for a bit and then ingest 50 seconal or whatever it happens to be, by the time you get them down there is little chance that you will regurgitate anything, you will just go to sleep", and yet I look as a lay person at this huge disparity because two days seems like a remarkably long time to go on. One wonders whether the patient was dosed right or took the appropriate dose. That is one of the things you do not know because it is not necessarily witnessed."

"This has always been a remarkable stretch for me, that the physician has to prognose that the patient has less than six months to live, which most physicians tell me is a stretch. Two hours, a day, yes, but six months is difficult to do. I guess in response, if all the steps are followed and we have sound clinical judgment here, the time between the writing of the prescription and the patient's demise, whether they choose to use the prescription or not, is relatively short."

"....are that we will urge you to reject the Assisted Dying for the Terminally Ill Bill for two reasons: one, because it is unnecessary, we can treat pain, and, two, because it jeopardises the lives and rights of not only the mentally ill and the depressed but also everybody who is in pain procurement and palliative care."

"About 221/2 years ago my wife had been suffering from advanced lymphoma for about three years. We had six children. She had had a lot of chemotherapy, brain and spinal radiation as well as a biopsy from the maxilla. She was getting towards the end. She was very emaciated. She was getting pain medication and she was on antidepressants. We went to the doctor and said, "Is there anything more that we can do in terms of cure?" It was really obvious that nothing more could be done. As we were about to leave he said, "I can give you an extra large amount of pain medication" and we said "No, the pain is controlled". It was said very subtly. As I helped my wife to the car, she said "Ken, he wants me to kill myself" and that devastated her, that her trusted doctor would propose that she end her life. She had had a lot of suffering and a lot of heartache through this time but I do not think she ever felt as much in despair as when her trusted doctor suggested that to her. She died about a week later in our home, in comfort, in dignity."

"In previous years since it has been in place we did have two patients who took the medication and did not die right away, one lived for 36 hours and one lived for 12 hours. Sometimes we are not even aware that the patient has made this choice, and that is another situation. I do believe that pain can be controlled. I do not know that it can always be controlled 100 per cent of the time but certainly we can do a lot to relieve suffering and pain. When hospices are involved in good end of life care and palliative care is provided this is not a necessary option."

"Only this week one of my friends, a patient with metastatic cancer - not a patient of mine - called me because she was worried that she was being cared for by - in her words - an oncologist caring who was one of the "death doctors". I am just paraphrasing what she said. She got a second opinion because the first opinion from the oncologist was not very favourable, he recommended she just accept the natural end of life. The second opinion was much more sanguine, he actually believed that she had an 80 per cent chance of responding to intervention. That reinforced her concern. I do not know which opinion is correct, I am not saying that the first man is not right, my point is that the tension and the fear that patient has is not unique, it is not the first time I have heard it."