

# 1000 word letter opposing assisted dying

This letter urges opposition to the "Assisted Dying for Terminally Ill Adults Bill" currently under consideration by the UK parliament. Assisted dying is neither compassionate nor safe. It is unwise to change the law to further allow it. Considerable risks include potential abuse, risks to vulnerable individuals, ethical concerns for medical professionals, and erosion of trust in healthcare. This letter advocates instead for enhanced palliative care and support for the elderly, as allowing assisted dying leads to societal acceptance of euthanasia and a perceived "duty to die."

Dear [Recipient's Name],

There is currently a bill that has started being read, it is called the:

"Assisted Dying for Terminally Ill Adults Bill"

With a long title describing it as:

"A Bill to allow adults who are terminally ill, subject to safeguards, to be assisted to end their own life; and for connected purposes."

Assisted dying isn't compassionate. It is often very painful and distressing for both the patient and the medical staff, a greater burden for healthcare services, who would need to deal with the PTSD of the administering staff amongst many other things, and an ethical dilemma for those who have taken the Hippocratic oath.

It is a slippery slope to more sinister things.

The law currently considers it an offence to encourage or assist attempted suicide; mitigating circumstances are considered.

This is the best way for the law to operate.

If legalised, however, it will be encouraged. Insurance companies alone could financially justify encouragement. It would create a more predictable cash flow and business model for them, something that is well known to the ultra-rich as a necessary change for them to make in order for them to cope with the ageing population and the reduction in the percentage of working age people.

How long before the alleged 'right to die' turns into a duty to die?

What if, instead of abandoning the elderly to the care of others and allowing assisted dying laws, we encouraged the closeness and concern of family members. Young relatives would then have greater opportunity to look after their elderly ones, benefit from discovering more of the connections to their own roots, and have more time to understand them.

Baroness Finlay told the House of Lords in 2019: With early palliative care, patients live better and longer at no overall additional cost.

Palliative care clinician Dr Kathryn Mannix tells the story of former Head Teacher Eric who developed motor neurone disease. Being a man who was used to getting things done and being in control, he wanted to control his death and thought seriously about committing suicide in order to spare his family. He then became frustrated that he couldn't demand assisted suicide in the UK. It turned out that as he faced his fears or realised that they were misplaced, he slowly changed his mind and became more determined to live. Some days before he finally died, he said this to Dr Mannix:

"This is important. People need to understand this. You need to understand this. I wanted to die before something happened that I couldn't bear. But I didn't die, and the thing I dreaded happened. But I found that I could bear it. I wanted euthanasia, and no one could do it. But if they had, then *when* would I have asked for it? Chances are I would have asked too soon, and I would have missed Christmas. So I'm glad you couldn't do it. I've changed my mind, and I wanted to tell you. I was angry with you because you're part of the system that says no to assisting with dying. But you weren't saying no to dying, you were saying *yes to living*. I get that now. I'm a teacher, and you need to tell other people this for me, because I won't be here to tell them."

In places where assisted dying has been legalised, the numbers of those who are assisted are increasing, often putting the weak and vulnerable at risk.

In the Netherlands there were 3 children aged between 12 and 17 euthanised between 2000 to 2007.

Advance directives enable someone to stipulate that they should be euthanised if their mental state deteriorates beyond a certain point, regardless of their wishes at the time. People with dementia are frequently euthanised on the basis of a directive that they no longer affirm.

In 2019 there was a high-profile legal case against a doctor who administered euthanasia to a dementia sufferer who had previously stipulated that she should be killed when the "time" was "right". When the doctor judged this to be the case, the patient resisted and had to be drugged and restrained by her family before the fatal injection could be administered. This was the first prosecution of a doctor since the Dutch laws on euthanasia came into effect in 2002. The doctor was cleared of all charges, opening the way for more killing of dementia patients while they object or resist.

Legalising assisted dying also undermines the trust patients place in their doctors and healthcare providers. Doctors have traditionally upheld the duty to care, relieve symptoms, and support patients through their final days, not to facilitate death. A shift in this mindset damages the relationship between patients and medical professionals. It has led some patients to wonder if death, rather than care is being recommended. It has changed the patient-doctor relationship, in some cases, making the patient feel they should not be honest. A patient should never feel that ending their life is easier or more acceptable than receiving continued care.

In Belgium, death by euthanasia is generally no longer regarded as an exception requiring special justification. Instead, it is often regarded as a normal death and a benefit not to be restricted without special justification.

This normalisation has resulted in a fundamental shift in how society views human life:

The acceptance, for the first time in Belgian history, that some lives may no longer have any value, worth or meaning and should be ended.

The sanctity of human life there could now be considered defunct.

The current law serves to protect the weak and vulnerable and also to preserve the trust between patients and clinicians.

Any change in the law will serve to fundamentally undermine these relationships and to put weak and vulnerable people under pressure. The courts have rightly resisted attempts to legalise assisted dying through legal action. Parliament should also continue to resist demands to legalise assisted dying.

We need to encourage families to look after their elderly and promote assisted living through more palliative care, rather than assisted dying.

The UK should heed the warning from other countries and avoid legalising assisted dying in any form.

Hoping you will do your best to oppose this bill.