

A Cathaoirleach agus baill uilig de chomhchoiste an tOireachtais seo. Go raibh maith agaibh as ucht cuireadh a thabairt dom teacht ós bhur gcomhair chun chuir leis bhur n-obair oll-tábhachtach ar son Colaíste Ríoga Lianna na hÉireann.

Thank you for the opportunity to appear before your committee today and to inform your important work. I have been nominated as the representative for the Royal College of Physicians of Ireland to discuss our position on assisted suicide. RCPI is Ireland's largest post-graduate medical training body and a professional body for medical doctors with over 11,000 Members and Fellows across 29 different medical specialities in over 90 countries.

RCPI trains and supports doctors throughout their careers. You will meet our doctors in hospitals and other healthcare settings across Ireland, they are – paediatricians, cardiologists, gastroenterologists, and obstetricians – to name just a few specialities. We have many trainees and members working in palliative medicine, which is my area of practice.

RCPI **opposes the introduction of legislation for assisted suicide because it is contrary to best medical practice.** Our view is that the potential harms outweigh the arguments in favour of legislation for assisted suicide.

RCPI promotes a considered and compassionate approach to caring for, and proactively meeting the needs and concerns of patients with any progressive or incurable illness, who may be approaching the end of their life. Our college also promotes adherence to the Medical Council's current Guide on Professional Medical Conduct and Ethics for Registered Medical Practitioners guidance on End of Life Care.

This position was adopted by RCPI's Governing Council in 2017 based on recommendations from an internal expert group convened to consider the evidence and arguments. This position was upheld based on review of evidence in 2020. These papers have been submitted to the committee and I include them again here with my submission.

Every day, doctors like me, along with GPs, nurses and allied health & social care professionals deliver compassionate and expert end of life care in hospitals, hospices, GP practices and other community settings across the country. These efforts are supported by families and friends. Relationships of trust are built up over time. We listen deeply to the fears and the wishes of patients and provide both general and specialist palliative care aligned with those wishes.

There have been major advances in promoting high-quality care at the end of life across the spectrum of healthcare provision in Ireland, in particular through the provision of both palliative care services and increased training in palliative care across the professions.

**Legislating for assisted suicide threatens to undermine those efforts** – risking a shift away from the funding, development and delivery of new and existing palliative care services and potentially reducing research.

It's vital to consider this legislation in the context of unmet needs – needs for more and better palliative care resources, and for example for greater availability of psychiatric services and treatments. The focus must be on meeting these needs.

The impact of legislation for assisted suicide in countries where this has been enacted is now captured in an evolving body of evidence that can inform this committee's work. I would like to mention the following:

- Recent analysis of data from Netherlands, Belgium, and Colombia confirms a **progressive broadening of the limits initially established by the law for the practice of assisted death in these three countries.**<sup>1</sup> This is also the case in Canada, where supposed safeguards have been systematically gutted.
- There has been extension of age groups, to new-born infants in the Netherlands<sup>2</sup> <sup>3</sup> and to children over 12 in the Netherlands and children of any age in Belgium.<sup>4</sup>
- A report published this week analysing the Oregon Death with Dignity Act<sup>5</sup> confirms that eligibility criteria have expanded since the act was instated, with a 15-day waiting period requirement waived and patients receiving assisted suicide/euthanasia now including those with non-terminal illnesses such arthritis, arteritis, complications from a fall, hernia, sclerosis, 'stenosis' and anorexia nervosa.
- In Switzerland, assisted suicide is a legal option even for patients without suffering from a life-limiting disease, unbearable suffering and insufficient treatment options are the only criteria"<sup>6</sup> A review published this month found that in Switzerland, from 2014-2018 the key criteria of "end of life is near" was only met in 43.6% of cases.<sup>7</sup>
- In some jurisdictions, access to assistance to end one's life has extended to those with psychiatric illnesses. Studies documenting experiences in the Netherlands

cites many challenges in assessing irremediable psychiatric suffering<sup>8</sup>. Despite this, 115 cases were recorded in there in 2021.<sup>9</sup>

- Of 53 euthanasia case summaries published by the Dutch Regional Euthanasia Review Committees under the category Multiple Geriatrics Syndromes (example of which are visual impairment, hearing loss, pain, chronic tiredness), none suffered from life-threatening conditions – rather it was a *“complex physical, psychological, and existential suffering that changes over time.”*<sup>10</sup>

The concept of autonomy of the person is emphasised often in discussions. However, autonomy cannot be absolute. A person's **relative** autonomy must be balanced against the risk of harm to others. This risk of harm was considered by Denmark's National Ethics Council. Earlier this month the Council rejected legalising Euthanasia<sup>11</sup> –16 of the 17 Council members emphasised that the presence of an offer of euthanasia risks decisively changing ideas about old age, the coming of death, quality of life. Once euthanasia becomes an option, they said, the risk that it will affect the view of certain groups in society is too great.

There is much discussion around assisted suicide as a relief from intolerable pain. However other concerns appear to underly requests for assisted suicide. Oregon data for 2022 says that (as in previous years), the three most frequently reported end-of-life concerns were decreasing ability to participate in activities that made life enjoyable (89%), loss of autonomy (86%), and loss of dignity (62%), with inadequate pain control listed only 6<sup>th</sup>.<sup>12</sup>

One of our concerns is that any **legislation cannot adequately safeguard** vulnerable members of society. This is borne out in the Oregon data – there was a notable increase in the number of people citing being a burden on family and friends as among the reasons for requesting assisted suicide - from 30% in the first 5 years to around half since 2017. There was also an increase in the number of people citing financial concerns among the reasons.<sup>5</sup>

A 2023 systematic review looking at assisted suicide among people with dementia has also noted that the wish for euthanasia/assisted suicide arises in situations of burdensome care and fear of future deterioration"<sup>13</sup>

When someone expresses a desire to die, we need to be sure we are exploring the nuance in the expressed desire to die and having a deep conversation that includes all

of the options available. Many individuals requesting assisted suicide/euthanasia don't want to die but to escape their suffering.

I am happy to answer any questions that will further assist your work.

Thank you

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<sup>1</sup> Guevara B AM, Taboada R P. Pendiente resbaladiza de la muerte asistida en los Países Bajos, Bélgica y Colombia [An analysis of the "slippery slope" of assisted death]. *Rev Med Chil.* 2022 Feb;150(2):248-255. Spanish. doi: 10.4067/S0034-98872022000200248. PMID: 36156652.

<sup>2</sup> Tedesco M. Dutch Protocols for Deliberately Ending the Life of Newborns: A Defence. *J Bioeth Inq.* 2017 Jun;14(2):251-259. doi: 10.1007/s11673-017-9772-2. Epub 2017 Feb 20. PMID: 28220355.

<sup>3</sup> <https://www.government.nl/topics/euthanasia/euthanasia-and-newborn-infants>

<sup>4</sup> Cohen-Almagor R. Should the Euthanasia Act in Belgium Include Minors? *Perspect Biol Med.* 2018;61(2):230-248. doi: 10.1353/pbm.2018.0039. PMID: 30146521.

<sup>5</sup> Regnard C, Worthington A, Finlay I. *BMJ Supportive & Palliative Care* Epub ahead of print: [please include Day Month Year]. doi:10.1136/spcare-2023-004292

<sup>6</sup> Vyssoki B, Stich M, Eder-Pissarek E, Jez I, Dobias S, Unger A, Kautzky A, Psota G. Angekündigter assistierter Suizid in der Schweiz – Ein Fallbericht [Announced assisted suicide in Switzerland: a case report]. *Neuropsychiatr.* 2021 Dec;35(4):187-191. German. doi: 10.1007/s40211-021-00398-6. Epub 2021 Sep 27. PMID: 34570353; PMCID: PMC8651573.

<sup>7</sup> Montagna G, Junker C, Elfgen C, Schneeberger AR, Güth U. Long-term development of assisted suicide in Switzerland: analysis of a 20-year experience (1999-2018). *Swiss Med Wkly.* 2023 Mar 21;153:40010. doi: 10.57187/smw.2023.40010. PMID: 36971666.

<sup>8</sup> van Veen SMP, Ruissen AM, Beekman ATF, Evans N, Widdershoven GAM. Establishing irremediable psychiatric suffering in the context of medical assistance in dying in the Netherlands: a qualitative study. *CMAJ.* 2022 Apr 4;194(13):E485-E491. doi: 10.1503/cmaj.210929. Epub 2022 Mar 10. PMID: 35273025; PMCID: PMC8985907.

<sup>9</sup> van Veen S, Widdershoven G, Beekman A, Evans N. Physician Assisted Death for Psychiatric Suffering: Experiences in the Netherlands. *Front Psychiatry.* 2022 Jun 20;13:895387. doi: 10.3389/fpsyt.2022.895387. PMID: 35795029; PMCID: PMC9251055.

<sup>10</sup> van den Berg V, van Thiel G, Zomers M, Hartog I, Leget C, Sachs A, Uiterwaal C, van Wijngaarden E. Euthanasia and Physician-Assisted Suicide in Patients With Multiple Geriatric Syndromes. *JAMA Intern Med.* 2021 Feb 1;181(2):245-250. doi: 10.1001/jamainternmed.2020.6895. PMID: 33284324; PMCID: PMC7851730.

<sup>11</sup> Danish National Centre for Ethics. News 04-10-23 [The Ethics Council as taken a position on active Euthanasia]. <https://nationalcenterforetik.dk/nyheder/2023/okt/det-etiske-raad-har-taget-stilling-til-doodshjaelp>

<sup>12</sup> Oregon Death with Dignity Act 2022 Data Summary

<sup>13</sup> Scheeres-Feitsma TM, van Laarhoven AJMK, de Vries R, Schaafsma P, van der Steen JT. Family involvement in euthanasia or Physician Assisted Suicide and dementia: A systematic review. *Alzheimers Dement.* 2023 Aug;19(8):3688-3700. doi: 10.1002/alz.13094. Epub 2023 Apr 25. PMID: 37186445.