Introductory Observations of William Binchy

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I am very grateful to the Committee for offering me the opportunity to share with you some thoughts on the subject. My background is as a lawyer involved in human rights, law reform, legal practice as a barrister and academic work in Ireland, Britain, Canada, the United States and Africa.

The proposal that the law should authorise the provision of assistance in the taking of life is one that challenges the foundations of the value system on which our society has been based for millennia. That value system is founded on the premise that humans have an inherent worth and dignity, which we all have a corresponding obligation to respect. A law that incorporates this foundational value, if put into practice in society, gives us the protection that we need.

If a person takes his or her own life, this is not simply a private matter. It resonates through society, deeply affecting family members and friends, and having indirect effects on others.

We respect people's autonomy, but we appreciate that the right to autonomy has definite limits. It should not be exercised in a way that damages the rights and interests of others.

Physician-assisted suicide has been shown to have such damaging effects. In practice, it involves a profound transformation in medical practice. Doctors become involved in taking life intentionally, contrary to their mission of healing or, where healing is not possible, making the patient as comfortable as possible.

It has been argued that physician-assisted suicide should be permitted in cases where a patient wishes to die and is likely to die imminently from a terminal illness. Two justifications are posited for this: autonomy and the futility of continuing the patient's life further. The difficulty here is that, if such a change is made, compelling arguments are likely to be made for extension to other cases. Why should a patient with a terminal illness be required to wait until death is imminent? Why should there be a requirement of proof of a terminal illness? Indeed, why should proof of any illness be required? If a person, in the exercise of his or her autonomy, wishes to end his or her life now, and physician-assisted suicide is to be lawful, what principled objection can there be to denying access to the means of ending life to one who finds life so unsatisfactory that he or she wishes to end it?

Further logical consequences follow. A patient who wishes to die but who lacks the physical capacity to end his or her life would be given access to a health care professional who would provide assistance, by giving the patient a lethal product to consume. If, however, the autonomous patient lacked the capacity to self-ingest, the logic extends to entitling (or perhaps legally requiring) the health care professional to engage in active euthanasia. To deny this would be considered to distinguish between people by denying the exercise of autonomy on the basis of disability.

Still further logical consequences follow. If a patient is in a position where death is close but the patient lacks sufficient capacity to exercise an autonomous choice, why should not the healthcare professional be entitled to end the patient's life on the basis that letting it continue is futile?

It is striking that many of the advocates for physician-assisted suicide accept that ending a patient's life should not be limited to cases of autonomous choice in cases where the continuation of the patient's life is regarded as not conferring a benefit on the patient. What logical argument, that has a realistic prospect of success in the real world, is likely to prevent this from happening?

Indeed, international experience demonstrates the effects in practice of permitting physician-assisted suicide. In 2002, Belgium legalised voluntary euthanasia for terminally ill adults and, in 2014, extended this to minors. The Netherlands authorises voluntary euthanasia in relation to minors aged 12. Its Groningen Protocol for neonatal euthanasia of 2004, as you are aware, enables health care professionals to end the lives of infants under the age of one, without fear of prosecution. The case for terminating the lives of people with mental illness has also been advanced.

The concern extends further. Laws may change but human nature does not. People who are old and physically frail may be concerned that they are becoming a burden on their families and feel that, with physician-assisted suicide lawful –possibly practised by their own doctor – it might to appropriate for them to end their lives.

Having worked in law reform for nearly twenty years and represented the Irish Human Rights Commission during the formulation of the United Nations Convention on the Rights of Persons with Disabilities, it is my firm view that introducing physician-assisted suicide would breach the respect for the value of human life in a deep way, with damaging consequences for children, the aged, the infirm and people with mental disabilities. Society is not some empty abstraction. It is the cumulative experience of countless generations of flesh-and-blood people around the world. The sound judgment of society for millennia has been that we should protect life by not introducing a law of this kind.

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