

Opening Statement to the Joint Committee on Assisted Dying Hope Ireland

Ba mhaith le Hope Ireland buíochas a ghabháil libh inniu as ucht an seans le labhairt leis an gCoiste tábhachtach seo. Hope Ireland¹ would like to thank you for the opportunity to address this important Committee and welcomes and thanks you for the comprehensive analysis of the complex subject of assisted dying. I am a palliative care consultant working mainly with adults with advanced progressive illnesses in a hospice and an acute hospital. I see people for pain and symptom management and to help care for them & support their loved ones with the challenges of progressive serious terminal illnesses. I am speaking on behalf of Hope Ireland.

People on all sides of this discussion want to provide caring, compassionate and person-centred care for persons with advanced progressive illnesses.

As Michelle Obama the former First Lady of the US said: **“words matter”**^{2,3}. Hope Ireland agrees with the importance of clarity of language. Assisted dying means different things in different jurisdictions and varies from prescribing a medication for ingestion by the person such as Oregon which is called assisted suicide by the Dutch government⁴ to including the doctor or nurse giving the medication to the person that will cause their death as happens in Canada⁵ and is called euthanasia by the Dutch government⁴. Given that 2020 Dying with Dignity bill⁶ proposed legalising both forms of assisted dying, I will discuss both in this presentation. With quality and safety, we are constantly balancing the risks and potential benefits of actions. In the case of assisted dying, the risk is of the inappropriate or wrongful death of a person. This is the ultimate error.

When discussing the conflict in Northern Ireland, the peacemaker and Noble Prize winner John Hume said in an essay in the London Review of Books, **“There is not a single injustice in Northern Ireland today that justifies the taking of a human life.”** Under our current law because assisted dying is illegal so there are no wrongful deaths from it. However, there is still a need for constant improvement in the care of persons with advanced and progressive illnesses and the need to support their families and loved ones.

Like ourselves, our fellow Europeans the Danes are also considering this issue. They, like us, want to provide caring, compassionate and inclusive care. In the recent Danish Ethical Council’s opinion on euthanasia 16 of the 17 members recommended against the legalisation of euthanasia and stated that: **“The members point out that euthanasia risks causing unacceptable changes to basic norms for society, the health care system and human outlook. The very existence of an offer of euthanasia will decisively change our ideas about old age, the coming of death, quality of life and what it means to take others into account. If euthanasia becomes an option, there is too great a risk that it will become an expectation aimed at special groups in society.”**⁷

A major concern when considering assisted dying is of the risks of inappropriate deaths and the risks to persons who may be vulnerable and the right to die may become the duty to die. The World Health Organisation **“estimates that 1 in 6 people over 60 years of age suffers from abuse”** and that **“Elder abuse and neglect are one of the most underrepresented and underreported violations of human rights so it can be assumed that the real figure is much**

higher.” So, it is necessary to consider if suggested safeguards used internationally are safeguards in practice especially the frequently used intended safeguard of an assessment by two medical practitioners.

Detecting coercion and abuse is complex, specialist and challenging work. In the National Safeguarding Report of 2022⁸ which is of all types of abuse of adults aged 18 and higher, 3% of referrals were from hospital staff and 1% by GPs respectively (p.28). **“Psychological and physical abuse remain the main types of abuse reported”** (p.29) and also that **“for those over 65 years “immediate family members” are the most frequently reported persons causing concern.”**(p.34)

People with advanced and terminal illness often fear that they may be a burden to their loved ones. In my area of Kildare and West Wicklow, the maximum amount of publicly funded home help support for an adult is 3 hours per day 7 days a week. Sometimes however, approved hours are not filled due to the lack of available home helps to support those hours. Families and loved ones may be very keen to give care in the home but sadly, that leaves a lot of time that family members or loved ones have to juggle caregiving and their other responsibilities and activities. Furthermore, evidence from Oregon shows that fear of being a burden and financial concerns are increasingly reasons for wanting a hastened death⁹. People need more supports to enable them to live as they want.

Rather than assisted dying Hope Ireland recommends assisted living and that there is greater availability and equitable access to primary and specialist palliative care, to mental health services, to chronic pain and disability services, to health and social care professionals to empower persons with illnesses and disabilities and to social care support especially home helps. Thank you. Go raibh míle maith agaibh.

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