THE METHODIST CHURCH IN IRELAND *The Council on Social Responsibility*

Submission to the Oireachtas Joint Committee on Assisted Dying

December 2023

The Methodist Church in Ireland, through the Council on Social Responsibility, has outlined its detailed position on Physician Assisted Suicide in its paper of 2013. In October 2020, we articulated our concern in regard to the proposed 'Dying with Dignity' Bill.

Primarily we are concerned that all would be able to thrive well in society. In the reality of the human experience of suffering, we want to see all the supports and resources possible being provided for those with illness and/or disability and the root causes of injustice addressed.

To die with dignity touches upon our pastoral heart. We hate to see anyone suffering. We recognise the aspiration of those who would wish to see an end to their own suffering, or of those around about them. There are many heart-breaking circumstances for those who may wish for this. We are committed to compassion for those who are suffering and are passionate about human dignity.

At the heart of this discussion are the variations of human experience of life. We hold the journeys and experiences of those who have suffered most with great care. Marie Fleming and others have enabled us to gain deeper understanding of the suffering involved. We are thankful for their willingness to share their lives with us for our better understanding, even in intense personal challenge.

We have a particular regard and concern for those who are the most vulnerable in society. Those who are suffering terminal illness are certainly in a vulnerable state. That principle is primarily at work in us being against the introduction of an 'Assistance in Dying'bill. The following is a summary of some of our specific concerns.

The management of a patient would in some way at least include the awareness of 'Assistance in Dying' as an option. This affects the feeling of worth of those involved and could be interpreted as a duty to die. To allow choice can effectively encourage choice. No-one should be made to feel a burden to society.

Assistance in dying undermines our societal commitment and efforts to saving life. This has particular resonance in regard to the prevalence of suicide. The clear message as a society that we need to be sending out to people is that we are interested in people having all the means necessary for good mental health, social health and opportunities to thrive.

Public discussion on this underlines the need for renewed investment - in palliative care, as well as screening and mental health support services. We are concerned that if Assistance in Dying was introduced it would undermine the need for excellence in palliative care and its resourcing.

Conscientious objection would have to be a part of any legislation. However, it is still possible that a physician would be required to highlight its availability. If assisted dying is to be introduced, it is crucial that its option is only introduced at the request of the patient so as not to influence vulnerable patients. Crucially, an availability of assistance in dying changes the doctor – patient relationship.

The proposed 'Assistance in Dying' Bill 2015 rightly described a terminally ill person (which was a qualification in that bill) as having 'an incurable and progressive illness which cannot be reversed by treatment, and the person is likely to die as a result of that illness or complications relating thereto.' However, we are concerned that such a bill would lead to a confusion over the nature of where we should intervene. Given the severe suffering involved in chronic mental illness, other non-life limiting illnesses and certain disabilities, would a line then be crossed that would be very difficult to define afterwards?

The introduction of Assisted Dying would open up more questions. The public discussion and proposed bills are seeking to address very real experiences of suffering. However, our society is full of suffering in many circumstances. If Assistance in Dying was made law for those with irreversible, incurable and progressive illness, it seems to us that others would regard themselves as having the same right to die as those to whom any bill was addressed. For example, one who is suffering severe and intractable mental illness who is not physically unwell or terminally ill. That would raise further questions for the future and could leave us as a society, as well as the medical profession, more uncertain about the sanctity of life.

We are committed to the relief of suffering and more fundamentally, where it is possible, uprooting the root causes of suffering. We will continue to engage in wider society about this, the issues people face and seeking the common good.