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## Presbyterian Church in Ireland

### Opening Statement to Oireachtas Joint Committee on Assisted Dying

#### Introduction

The question of Physician Assisted Suicide (PAS) and Physician-Administered Euthanasia (PAE) are deeply contested within the legal, medical and other caring professions, including the churches. These differing views have been arrived at from institutional, moral, theological, cultural, ethical and real-life experiences which guide how each of us will respond to efforts to change the law. The most recent serious attempt to do this in Ireland has been the Dying with Dignity Bill which was tabled in 2020, but was prevented from progressing to committee stage in the Oireachtas following a series of public consultation submissions. Some of what I will say in the next few minutes is drawn from the response of the Presbyterian Church to this draft Bill. I was a member of the Panel which submitted it.

The sixth commandment in the Bible to not kill is clear and has been enshrined as a cornerstone of judicial systems across the world for thousands of years. There are exceptions to this prohibition, but they are few and subject to rigorous regulation. For people of faith, the starting point here is that human life is special – we might say sacred – and that its preservation, dignity and protection are moral values which we cherish. For those who like binary clarity, the discussion around changing the law to allow PAS (where a doctor supplies lethal drugs to an individual in order to end their own life) or PAE (where a doctor administers lethal drugs directly) goes to the heart of this important moral principle. Killing is wrong. This is killing. We as those who respect the Hypocratic principles don't do it, and this is a place the medical profession ought not to go, nor a place where medical practitioners ought to be expected to act – notwithstanding the deeply complex pastoral issues surrounding (for example) coping with the latter stages of degenerative disease or incapacity through trauma.

*“I will use my power to help the sick to the best of my ability and judgement; I will abstain from harming or wronging any man by it,”*

## **The law**

The law in the United Kingdom makes clear that doctors are not allowed deliberately to shorten the life of patients. Equally, however, doctors may accede to a patient's request to discontinue life-extending treatment and may themselves withhold treatments which they consider to be futile. The Westminster Parliament has repeatedly rejected changing the law for England and Wales by sizeable majorities. The Scottish Parliament has also rejected similar proposals. These legislatures have not been persuaded that there is clear evidence that the current law is in need of change or the proposed safeguards in the draft bills that have been put forward would be effective in protecting vulnerable people from harm. In the case of the Irish draft legislation I referred to earlier, the comment of the Committee assessing it after the consultation phase included this comment:

“Based on its consideration, the Committee has determined that the Bill has serious technical issues in several sections, that it may have unintended policy consequences – particularly regarding the lack of sufficient safeguards to protect against undue pressure being put on vulnerable people to avail of assisted dying – that the drafting of several sections of the Bill contain serious flaws that could potentially render them vulnerable to challenge before the courts, and that the gravity of such a topic as assisted dying warrants a more thorough examination.

The medical specialty of Palliative Care exists to help support patients who have conditions which cannot be cured and who need help in managing their physical, emotional or spiritual symptoms. The current law in Northern Ireland, which is the same as that in England and Wales, sets out the ethical boundaries in which the work of Palliative Care can be carried out and allows for the palliation and support of the vast majority of patients and families who access these services.

Regarding the 2020 Irish Bill, it was revealing to me that it is palliative care practitioners who have been the most adamant of the medical specialties opposing a change in the current law.

## **The ethical dilemma**

Ethically this exposes the tension between competing rights of liberty and personal autonomy, article 5 (the individual's right to choose), and the article 2 right to the protection of life (that no one has the right to end my life). The potential harm is located in upsetting the balance between these competing rights. A change in the law could cause a large and

vulnerable group of citizens to be exposed to exploitation, by reasons such as depressive illness, lack of capacity or agency, unscrupulous coercion or manipulation by relatives or others to end their lives prematurely.

Most people can agree that for an individual to arrive at a point where they believe there is no other option but to seek the ending of their life suggests considerable emotional, physical or spiritual turmoil and suffering. The first response to this dilemma in my view as a Christian minister ought to be the mainstreaming and strengthening of palliative care services to support those who are nearing the end of their lives, or addressing this dilemma.

My own biases make me question how a caring society would not want to first ensure that well equipped and easily accessible palliative care services which can help alleviate such suffering are mainstreamed as a priority in an ageing society such as ours, before entertaining such a radical change in the law.

So, I would like to offer a sentence or two on three aspects of the discussion which I will frame in the context of the 2020 Dying with Dignity Bill highlighting PCIs key concerns as I conclude.

### **Safeguarding**

The 2020 Irish bill used necessarily broad language (“a settled wish to die”, “a voluntary request free from pressure”, “assured mental capacity” etc) to describe those who may be eligible to avail of PAS/PAE. It failed to mandate what minimum and specific actions a doctor faced with a request for this intervention needed to take in order to establish beyond reasonable doubt that those conditions had been met. The medical profession was left high and dry, where such decisions to accede to a request for PAS/PAE became essentially a matter of subjective opinion – difficult to defend in a tribunal or the High Court for you.

### **Euthanasia**

The 2020 Bill allowed for both PAE and PAS. Across the world in those countries where PAE has been legalised, it has been shown to result in a factor of 10 times more deaths than PAS. In Holland and Canada where both are legalised 96% of hastened deaths are due to Physician Administered Euthanasia. PAE has the comforting appearance of health

care - intravenous injections by a doctor - and lacks the determined resolution that the self-administration of drugs (PAS) requires.

### **The role of the doctor**

The 2020 Bill placed doctors at the heart of implementing the system, not just in prescribing or administering drugs but making judgements about matters upon which they (in my view) should not be asked to adjudicate. - eg whether a request to die represents a “settled wish” and what family dynamics might be at work in the background of such a request. Doctors are neither social workers nor detectives. If a society wants to make PAE/PAS available this process surely needs to be administered and these judgements made by the courts, or a dedicated commission, accountable to the courts. Doctors may have a role to play as professional advisers on strictly medical aspects of a request, but, if doctors are made the judges in such matters, this will fundamentally change the doctor-patient relationship.

While the 2020 Bill failed to pass Committee Stage, these issues remain pertinent and should be given serious consideration by the Joint Committee on Assisted Dying before it makes any recommendations for legislative and policy change related to a statutory right to assist a person to end his, her or their life and a statutory right to receive such assistance.