



## Anscombe Bioethics Centre Reaction to the House of Commons Select Committee Report on Assisted Dying / Assisted Suicide

From the perspective of ethics and of patient safety the most significant aspect of the House of Commons' Select Committee Report on assisted suicide is what it did NOT say. Over the past two months there has been a relentless media campaign to change the law on physician-assisted suicide or 'mercy killing'. Despite this pressure:

- **The Committee did NOT conclude that the current law on assisted suicide needed to change;**
- **The Committee did NOT recommend that a Citizens' Jury be established on assisted suicide;**
- **The Committee did NOT recommend that there be a referendum on assisted suicide;**
- **The Committee did NOT recommend that Parliament should debate legalising assisted suicide.**

Rather than recommending Parliament to consider the issue, the Committee simply noted that it was a matter for Parliament and attempted to bring together evidence that Parliament could use, if it chooses to consider the question in the future.

There is much useful material in the Report. Unfortunately however, the level of analysis is uneven, often presenting the claims of various witnesses without submitting these to critical scrutiny.

There are also flaws in the way the Report summarises the evidence. At one point, for example, the Committee concludes that 'jurisdictions which have introduced assisted dying / assisted suicide on the basis of terminal illness have not changed the law to include eligibility on the basis of "unbearable suffering".' This is inaccurate. Canada established a law in 2016 that was restricted to people whose death was 'reasonably foreseeable' but in 2021 this was extended to include people with "unbearable suffering". Other countries have expanded their law in other ways: to waive waiting periods; to scrap residence requirements; to include minors.

There are also some glaring omissions in the Report. Despite using the term 'assisted suicide' alongside 'assisted dying', the Committee neglected to examine the adverse effect that a change in the law can have on suicide prevention among older or seriously ill-people. The Anscombe Centre has contributed to research showing that, in the United States, a change in the law to allow assisted suicide was associated with a rise in unassisted suicide, even taking into account sociodemographic factors. Nevertheless, the Committee is to be commended in identifying the need for mental health support for people diagnosed with a terminal illness, including support in relation to suicide prevention.

The Anscombe Centre is thus critical of some aspects of the Report but nevertheless endorses the three recommendations of the report. These are:

- **First, that the UK Government must consider how to respond to another jurisdiction in the UK, or the Crown Dependencies, legislating to allow assisted dying / assisted suicide, and how it may impact jurisdictions which do not allow it.**
- **Second, that the Government must ensure universal coverage of palliative and end of life services, including hospice care at home.**
- **Third, that there is a pressing need to understand how to better provide mental health support, and guidance, for people who are living with a terminal diagnosis and the Government should commission such research and report back to Parliament.**

**Professor David Albert Jones, Director of the Anscombe Bioethics Centre, said:**

*'It is disappointing that the Committee was not more critical of those from countries that have legalised assisted suicide and who claim to see no evil and hear no evil. There is ample evidence of adverse effects in these countries: people having their lives ended without consent; increases in unassisted suicide; people being refused assisted living but offered 'assisted dying'; people seeking death not because of physical suffering but because they feel a burden to others. However, I am glad that MPs have resisted the pressure to call for a change in the law. There are many problems in end-of-life care but legalising assisted suicide would not solve these problems and changing the law in this way would further endanger many vulnerable people.'*

**END**

Notes to Editors:

- Any part of the above can be quoted as coming from our Director, Professor David Albert Jones.
- If the issues discussed here affect you or someone close to you, you can call Samaritans on 116 123 (UK and ROI), [visit their website](#) or contact them on: [jo@samaritans.org](mailto:jo@samaritans.org)
- If you are reporting or writing about a case of death by suicide, whether assisted or non-assisted, please [consult the Samaritans' media guidelines](#) on how to do so responsibly.
- For more background information on this issue, see the [Anscombe Centre briefing paper on assisted suicide and suicide prevention](#).
- For more information on the Anscombe Bioethics Centre, see our website: [www.bioethics.org.uk](http://www.bioethics.org.uk)
- For interviews or comment, contact: [media@bioethics.org.uk](mailto:media@bioethics.org.uk)