

Healthcare Professionals for Assisted Dying (HPAD): Briefing Note for Peers

What HPAD Campaigns For

Healthcare Professionals for Assisted Dying (HPAD) is an organisation of over 700 doctors, nurses and other healthcare professionals who are campaigning for a change in the law on assisted dying. We support the Private Members' Bill tabled by Lord Falconer of Thoroton, which is based on the U.S. State of Oregon's Death with Dignity Act. Under the Bill, only terminally ill, mentally competent adults, with a prognosis of less than six months, could request an assisted death. Safeguards would be in place to confirm patients' eligibility and ensure that they were making an informed decision based on an awareness of all their care and treatment options. The patient would take the life-ending medication themselves and healthcare professionals would have the right to conscientiously object to participating in the process.

Why we Support a Change in the Law

We have arrived at this position having reflected long, hard and honestly on our experience of supporting terminally ill people. We greatly welcome the developments in, and improved access to, palliative care in the UK. We also recognise the dedicated hard work of all those in this important field of healthcare. However, such care cannot alleviate all the suffering dying can cause for a significant minority of patients. Dying patients should be empowered to make informed decisions, aware of all their palliative care and treatment options, in consultation with healthcare professionals.

The Healthcare Professions and their Representative Bodies

Medical opinion is divided and many doctors acknowledge that legalising and regulating assisted dying should be a matter for society as a whole to decide. 62% believe their representative bodies should adopt a neutral stance.¹ This is the position already taken by the Royal College of Nursing following consultation with its members, and the Royal College of Physicians of Edinburgh, amongst others.

- A 2011 survey of GPs found that a third would want the choice of assisted dying for themselves if they were terminally ill and suffering unbearably.¹
- Research indicates that 30-40% of doctors support assisted dying being available as part of end-of-life care.^{2,3}

- Research from Oregon found that hospice nurses and social workers do not believe that assisted dying and hospice care are mutually exclusive alternatives.⁴ It also shows that the consideration and discussion of assisted dying has not become routine for social workers and remains something they consider with extreme care and reflection.

Evidence supports law change

Those who are opposed to reforming the law have argued that the availability of assisted dying would be detrimental to the development of palliative care, and would threaten vulnerable patients. Such claims are without foundation when we examine the evidence from Oregon, where assisted dying was legalised in 1997.

- Currently, just under 100% of people who have an assisted death are enrolled in palliative care.⁵ In 1998 this figure was only 71%, demonstrating that assisted dying does not discourage its development or provision.
- The numbers of people having assistance to die has remained low (0.2%)⁶ and there is no appetite to extend the law.
- Research has found that vulnerable groups (including adults aged 85 or older, disabled people and those with mental health problems) have not been adversely affected by legislation, and in fact are underrepresented in the numbers of assisted deaths.⁷

Opponents of assisted dying have still argued that a safe law is not possible. In fact, the law in Oregon has proved entirely safe and, indeed, safer than the present situation in the UK.

- 0.2% of deaths attended by a doctor in the UK occur through unregulated voluntary euthanasia (whereby the doctor directly ends a patient's life at their request) and a further 0.3% without an explicit request (involuntary-euthanasia).⁸
- A patient's request for assistance to die within the framework of a new law would immediately prompt a detailed review of their care, and scrutiny of the circumstances that led to the request.

So, far from being a danger, an assisted dying law would make it much safer for those terminally ill patients who want to end their lives.

**CAMPAIGN FOR
DIGNITY
IN DYING.**

HPAD
Healthcare Professionals
for Assisted Dying

A Case History: Dr Ann McPherson CBE

The death of Dr Ann McPherson CBE the first Chair of HPAD is testament to why the law must change. Her daughter Dr Tess McPherson writes:

Mum was diagnosed with pancreatic cancer in 2007. For at least three years her life with cancer was worth living.



She put up with many 'new normals' as she called them. A new normal to take regular morphine to control pain... a new normal to have a chest drain in situ which she herself drained daily; a new normal to eat only baby food. She put up with these and other trials, and was grateful always for the medical support and interventions which made her life possible. To continue her work, to spend time with friends and family, to enjoy the days she knew were so precious.

On 3rd May 2011 Mum had had enough... What followed were three weeks of unbearable agony. By now she had two morphine drips, one in each wasted leg which needed re-siting often. Her drain site poured fluid, her bed clothes were drenched. Her last spoken words to me three days before dying (while I was trying to change her night dress with a lovely carer) were... 'HOLD ..MY.....HEAD! There was no dignity. There was no Mum; just a wounded animal who needed drips changed.

Her body hung on to the (very) bitter end:

Even as she died, her body seemed furious with its final fight, gasping to the end, and in a desperate haunting shudder I found myself sitting in pools of expelled fluid. That was not what she wanted. Mum had seen this happen before and wanted to avoid it, for future patients and their families.

Eminent Supporters

Harriet Copperman OBE, SRN:

"For over 20 years I worked as a specialist nurse in domiciliary palliative care. Whilst palliative care has helped many people, it will never meet all needs, and without a change in the law we condemn some people to suffer in a way which we would never allow if we were truly empathetic."

Professor Sam H Ahmedzai BSc, MBChB, MRCP, FRCPS, FRCP:

"I am convinced that palliative care and assisted dying can sit comfortably side by side - based on my almost 30 years' experience as a specialist in palliative medicine, and having travelled professionally to places where assisted dying is practiced. It is a natural extension of good palliative care to allow dying patients to die at the time of their choosing."

Sir Terence English KBE, FRCS, FRCP:

"As a heart surgeon I came to appreciate that many of my patients who were seriously ill accepted the risk of an operation because they placed greater value on improving the quality of their life than on its extension. I believe this is also true for some of us if we were to approach the difficult end of a terminal illness."

References

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- 3 Seale C (2009) Legalisation of euthanasia or physician-assisted suicide: survey of doctor's attitudes. *Palliative Medicine*. 23: 205-12.
- 4 Norton E M & Miller P J (2012) What Their Terms of Living and Dying Might Be: Hospice Social Workers Discuss Oregon's Death with Dignity Act. *Journal of Social Work in End-of-Life & Palliative Care*. 8:249-264.
- 5 Summary of Oregon's Death with Dignity Act (2013).
- 6 Summary of Oregon's Death with Dignity Act (1998-2012).
- 7 Battin MP, van der Heide A, Ganzini L, van der Wal G and Onwuteaka-Philipsen BD (2007) Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in 'vulnerable' groups. *Journal of Medical Ethics*. 33: 591-97.
- 8 Seale C (2009) End-of-life decisions in the UK involving medical practitioners. *Palliative Medicine*. 23: 198-204.

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