



Assisted Dying Debate

Motion “that Jersey should enact assisted dying legislation”

with

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Dr Gavin Ashenden, clergyman and columnist

Gary Burgess, chair

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## Part 1 – Introduction

Ladies and Gentleman,

Thank you for coming here today to discuss with Dr Ashenden and me whether “Jersey should enact assisted dying legislation”.

Looking at the recent poll by the research agency 4insight, commissioned by End of Life Choices Jersey: between 86.5% and 92% of respondents believe that assisted dying is acceptable to some extent; 63% say “always acceptable” if the illness causes death, 70% approve of it when death would occur in 6 months and 41,7 % say it is acceptable to some extent if the illness is not terminal. Overall, only 8% to 13.5% find assisted dying “never acceptable”.

In the light of these results I could stop talking here. Because it is clear that you, the people of Jersey, wish for access to an end-of-life-choice, to voluntary assisted dying – to an option that is not yet available in Jersey.

But since you, Dr Ashenden and I have come here, I might add a few more words, if you like.

In 2011, the European Court of Human Rights, in legal proceedings brought about by DIGNITAS, acknowledged “...that an individual’s right to decide by what means and at what point his or her life will end, provided he or she is capable of freely reaching a decision on this question and acting in consequence, is one of the aspects of the right to respect for private life within the meaning of Article 8 of the Convention.”

We can discuss and argue on morality, philosophy; we can exchange points of views, whether it is right that there should be such freedom and right, to determine the end point of our lives. The fact is that from a legal, human rights point of view, the question has been answered: yes, you do have that right.

As yet, this right is only theoretical. In Jersey, medical professionals are not yet allowed to provide support to someone who wishes to make use of this right. The consequence is that suffering individuals who choose this specific option, to exercise self-determination and bring about the last moment of their life, have to rely on difficult, inhumane or illegal methods.

Some travel to us, DIGNITAS in Switzerland. From all over the UK, 430 have done so already. It is a strenuous journey, and depending on the local

law, it exposes loved ones who compassionately support the individual to the risk of prosecution.

With this choice only available abroad, people have to leave their home earlier than they would otherwise have chosen, so as to still be able to travel.

Some people take to risky “do-it-yourself” suicide attempt methods like jumping off a high cliff, shooting or poisoning themselves. A Jersey local newspaper reports 39 suicide attempts recorded at the Hospital in 2018. A study by UK DEMOS found that in 2011, some 10% of the suicides that took place in the UK were by people who were chronically or terminally ill. The World Health Organisation states that “close to 800,000 people die due to suicide every year” and that “there are indications that for each adult who died by suicide there may have been more than 20 others attempting suicide”

Of course – thanks to the developments in medical science, health care and social welfare – there is a lot of help available for suffering people. There are hospices. There are groups with volunteers who help people at home for their daily care. There are families who do everything they can to care for a loved one at home. There is palliative care.

Some say that palliative care can soothe suffering and due to this there is no need for an additional choice at life’s end. Looking at available research results, it is quite obvious that this is not an adequate argument, because:

- 1) not all pain can be relieved by palliative care;
- 2) not all people wish to end their days with high dosages of medication and, in the extreme case, to be sedated to the point that they finally ‘sleep over’; and
- 3) even if palliative care could soothe all suffering: it is not right to use – not to say abuse – the merits of palliative care to deprive people of other options they wish for, options of their personal choice in end-of-life matters. In fact, doing so is putting what one thinks “to be the right thing” over what the other person thinks. In harsh words: this is paternalism, disrespect and ignorance.

Some say that giving access to the option of voluntary assisted dying leads to a slippery slope, an unstoppable increase in numbers, that vulnerable

people would be put under pressure to end their days, and that it erodes the sanctity of life.

In Switzerland, we have 35 years of experience with the practice of physician-supported, not-for-profit members' society accompanied, self-chosen and self-acted end-of-life choice. Despite these 35 years, and despite the fact that around 160,000 people are members of not-for-profit member societies like DIGNITAS, only around 1.6 % of all deaths take place by this option. Notably, this with one of the most progressive-liberal laws on voluntary assisted dying in the world.

Access to a professionally supported and accompanied voluntary assisted death in Switzerland is no easy venture. It is a several-months long preparation procedure with a lot of hurdles: paperwork and patience, emotional and practical challenges.

There is more to voluntary assisted dying: In Switzerland, during the past 20 years, the number of tragic do-it-yourself suicides has decreased significantly. This is because, people in despair who know that there is a legal and humane way out, a real choice, are less likely to risk taking to terrible methods with dire consequences.

Assisted dying is in fact improving people's quality of life, it prolongs life and it soothes suffering; especially by giving people a path to professional help.

What is more, in Switzerland, a comprehensive health care concept has developed: one which combines suicide-attempt prevention, palliative care, advance health-care planning and voluntary assisted dying.

There is no reason why what works in Switzerland would not work in Jersey.

## **Part 2 – Subjective quality of life**

In the decision of the European Court of Human Rights on the application of Diane Pretty the Court said, in 2002: “In an era of growing medical sophistication combined with longer life expectancies, many people are concerned that they should not be forced to linger on in old age or in states of advanced physical or mental decrepitude which conflict with strongly held ideas of self and personal identity”

The fact is that the merits of modern medical intensive care have in some cases led to prolonging life but not necessarily improving the quality of life.

More and more people wish to add life to their years – not years to their life. People wish to determine the course of their life, including the last stretch and the end of it.

Quality of life, the subjective measure of well-being, is influenced by several factors. Health is one of them, and is arguably the most important. The constitution of the World Health Organisation (WHO) states:

„Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity“

and furthermore:

„The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition“

All through history there have been individuals with strong personal views about their own quality of life. The wish to choose and the right to die are not a new phenomenon. In England, a right-to-die organisation was founded already in the 1930s, the VES – Voluntary Euthanasia Society. There are polling results dating back to the 1970s showing similar results to the poll commissioned by End of Life Choices here in Jersey.

What is the difference between animals and us humans? Generally speaking, with animals, there is a stimulus and triggered by it there is an instant reaction, such as to attack, freeze or to flee/escape.

With us humans there is an extraordinary additional element: we can reflect, before and after reacting. We can consider, we can weigh and think about options, we can choose, we can choose to decide, if and how to react – or even choose not to decide.

For some reason we have this ability. Whether you think it has developed by evolution or whether you believe it is God-given does not matter: the fact is it's there.

We come to this world and we shall leave it one day. Dying and death are part of life. Death is going to happen to us anyway one day. Until it happens, we can reflect on and prepare for it.

Our brain allows us reflect about life, about our personal quality of life, and the end of life. You may choose to reflect on end-of-life issues. You may choose not to do so.

The one thing you do not have a right to do, is to judge over other people's quality of life. And you have no right to judge on people who come to the conclusion that their quality of life is not sufficient anymore and therefore choose to end it.

### **Part 3 – Conclusion**

In the 21st century, in a modern western society, we have something better to offer than leaving our fellow human beings to jump off cliffs or shoot or poison themselves.

Paul Lamb, a man paralysed from the neck downward, going back to the UK courts to fight for his right to have help so he can end his suffering at home puts the point well: “As easy as it might sound to simply shove me out of the country, I know that I – and many others like me – deserve better treatment.”

Really caring for people means taking their wishes seriously. People deserve respect, care, compassion and legal options, being met at eye level. Not belittling them as vulnerable. Not labelling them as potentially incompetent. Not upholding the taboo on suicide and the end of life.

It is in your hands to change the law in Jersey so that you have the choices you wish for.

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