



My Death My Decision MDMD
event in Parliament

Talk by DIGNITAS – To live with dignity – To die with dignity

15 November 2022

Jubilee Room, Westminster Palace, London

On October 25th 2002, Anthony, a man born in 1925, living in a village in the north-west of Wales, made use of physician-supported professionally accompanied assisted dying in Switzerland at “DIGNITAS – To live with dignity – To die with dignity”, known in brief as “DIGNITAS”. Anthony suffered from an adenocarcinoma of the oesophagus with metastasis. He had been in and out of hospital, and in August of that year he was told that there was no cure.

That was 20 years ago and, since then, 521 people from this country have done the same as Anthony.

In 2008, there was Daniel James, a rugby player who, in a sports accident six years earlier, had his neck vertebrae dislocated. In months of therapy, he regained some control over his fingers. On several occasions, he tried to put an end to his situation by do-it-yourself suicide, and failed.

A year later, the Birmingham-born conductor Sir Edward Downes and his wife Lady Downes went to DIGNITAS. The statement by their children read: *“After 54 happy years together, they decided to end their own lives rather than continue to struggle with serious health problems. They died peacefully, and under circumstances of their own choosing. They both lived life to the full and considered themselves to be extremely lucky to have lived such rewarding lives, both professionally and personally.”*

Did Anthony, Daniel James, and the Downes reach out to DIGNITAS because the UK would not offer the medical care they needed?

Did they do so because the UK would not offer access to good palliative care, palliative sedation if need be?

Did they do so because the UK would not respect an individual’s wish recorded in an Advance Decision not to have their life continue if they lose capacity?

No.

They knew of these options.

In fact, they left the UK, their home, for Switzerland for two reasons:

- 1) They wished to self-consciously determine the manner and point in time their suffering would end;
and
- 2) They wished for professional assistance in this. Also, for their loved ones to be at their side. And, sensibly, they chose this path rather than (again) trying to put an end to their life by any risky, dangerous, illegal method.

“DIGNITAS – To live with dignity – To die with dignity” is a Swiss not-for-profit human rights’ membership association founded in 1998 by a group of people including attorney-at-law Ludwig A. Minelli. Many years earlier, in 1977, he had founded a not-for-profit organisation to educate and promote human rights issues; its approach became part of DIGNITAS’ work. DIGNITAS’ activities reach considerably beyond assisted dying, extending to palliative care, advance health care planning, suicide attempt prevention, as well as legal and political work to implement and secure human rights in “last matters”. DIGNITAS applies a comprehensive approach to safeguard and improve quality of life until life’s end. DIGNITAS sees assisted dying as a part of health care, where it is now embedded in some countries.

The goal of DIGNITAS is to become obsolete. Nobody should find themselves in the situation of having to turn to DIGNITAS. When the work of DIGNITAS and similar organizations has been implemented in the health care and social welfare system, such organisations will no longer be necessary.

Swiss law sets a framework for professionally and medically assisting a competent individual to end their own life, which has been a practice for nearly 40 years now. This framework supports comprehensive patient - doctor conversations on all health care and end-of-life choices, and this opens the door to helping individuals in difficult health situations.

In Switzerland, assisted dying is an option to choose from, like palliative and hospice care. People prepare several options, so as to choose the one suitable for them depending on how their health situation develops. At the end, very few make use of assisted dying. Knowing there is legal medical and professional guidance through an emergency exit, just in case, gives them relief and quality time with their loved ones.

In recent years, an increasing number of countries have followed this insight, by permitting individuals to end their suffering and life with the assistance of another person such as medical or other professionals – whether the person themselves carries out the act that brings about death or someone else acts on their request: Australia, New Zealand, Canada, some US States, several European countries such as Spain, Austria, Germany, Italy, among others.

In all of these countries, two factors were the basis for legalisation of assisted dying:

- 1) a majority of the public in favour of having such end-of-life-choice;

and

- 2) acknowledgment of the human freedom and right to decide on the time and manner of one's own end of suffering and life; which by now is something confirmed in several court judgments.

Not only in recent years, but for several decades already, a majority of the British public has expressed their wish to have assisted dying as a choice in the UK, at home.

There are many testimonials from individuals considering or making use of assisted dying – and their families – that having such a choice provides relief, improves quality of life, encourages conversation beyond end-of-life-matters, and more.

The negative impact of not having the choice weighs heavily: research results, also in Britain, show how suffering people take to dire methods to end their suffering, with risks to themselves, their loved ones and negative consequences for others. Just think of rescue teams who have to collect human remains from a railway track.

Some have the strength to travel – some might say to escape – to DIGNITAS. But this too is burdened with negative consequences. Besides, not all can do so, mainly because such a venture is very difficult in their health situation.

Both outcomes are obviously undesirable.

“The current legal status of assisted dying is inadequate and incoherent”, These are not DIGNITAS' words, but this country's Commission on Assisted Dying report, already a decade old.

In fact, the current legal status quo is a violation of the British right to health and protection of life because it leads to premature deaths: people either die by do-it-yourself-suicide attempts, or they have to travel to DIGNITAS. Choosing DIGNITAS' help is something people have to do earlier than if they had the choice of assisted dying at home, because they need to do so before they become unable to travel.

This must change.

Paul Lamb, a man paralysed from the neck downward, who went to this country's courts to argue for his right to have assistance in ending his suffering and life put 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.”*

Already over 80 years ago, the House of Lords debated an assisted dying bill. The UK was the first country worldwide to have a right-to-die, right to end-of-life-choices organisation.

Assisted dying is not simply about the right to die. It is about the right to have one's life, human dignity, quality of life, health and care respected by being provided with access to legal medical and professional assistance to safely end one's suffering and life in the manner and at the time of one's choice.

Why should the UK not be able to do what Australia, New Zealand, Canada, Switzerland and other countries have done? Which is to respect people's pledge for choice over the end of their suffering and life and to implement assisted dying as an option alongside the existing health care measures.

These people hope it does not take another 80 years.

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