



Whenever assisted suicide is discussed, supporters of a change in the law are quick to pour scorn on “slippery slope” arguments, dismissing them as scare-mongering. The truth is, however, that some slopes are slippery and it is important to identify them.

When MPs debate Rob Marris’s Assisted Dying Bill in the House of Commons on Friday they have a duty to be quite certain that it does not represent the first step over the edge of a perilous legal and ethical slope.

The Bill offers the possibility of lethal drugs being prescribed by doctors to patients who have less than six months to live and who have made a settled and informed decision to end their lives. It is claimed that no one else will be affected and no one will be put at risk. In truth, it is not that simple.

How do we know that someone has less than six months to live? Experts in end of life care affirm that while it is possible to speak with some degree of certainty of the last days and hours of life it is quite impossible to be precise when it comes to a prognosis stretching into months.

How do we know that someone has come to a settled and informed decision? Psychiatrists tell us that it can take the full six months proposed in the Bill to rule out an individual suffering from clinical depression; a condition that would surely preclude them from accessing prescribed lethal drugs.

How can we be absolutely certain that individuals will not be put under considerable pressure to end their lives? Of course, no one is going to march their elderly relative to the GP’s surgery. Pressure can be subtle and might begin years before a terminal illness is diagnosed.

We cannot possibly safeguard against this. Equally, how can we safeguard against individuals putting themselves under pressure to ease the strain and, perhaps, financial burden that their families might have to face in the course of a long, terminal illness?

How can we be absolutely sure that a “right to die” will not eventually become a “duty to die”? If assisted suicide was legally available in the UK can we be assured that an economic evaluation of costly palliative care over inexpensive “assisted dying” would have absolutely no impact on any subsequent treatment?

How can we be sure that proposed protocols will be properly followed? Sadly, we know that there have been terrible lapses of care in some parts of the NHS and in some care homes over the past few years. Can we be completely certain that this could not happen if assisted suicide became legal?

We know from experiences in the US, Belgium and the Netherlands that things do go wrong. In the American state of Oregon, a mere 5.5 per cent of patients ingesting lethal drugs were referred for psychiatric evaluation.

In the Netherlands, Theo Boer, a former member of a government review committee has written, “It has not been possible to stop some patients asking to have their lives ended because of indirect or even unintentional pressure from relatives.”

In Belgium, what began as a “mercy” for adults has ended up with euthanasia for children.

Some slopes are indeed slippery; can MPs be absolutely certain that ours would be different? If not, they must not take risks with vulnerable people’s lives.

[Read this article on the Evening Standard website](#)

[Archbishop urges MPs to reject Assisted Dying Bill](#)

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