



With other faith leaders I have joined in writing to Members of Parliament, urging them to oppose Rob Marris's Assisted Dying Bill. We have written, not in an attempt to push 'the religious' viewpoint on others but because we are concerned that a change in the current law on assisted suicide would have serious detrimental effects both on individuals and on our society.

While some individual religious voices (including that of my distinguished predecessor, Lord Carey) have called for a change in the law, the faith leaders' letter represents the considered opinion of our communities which have analysed, discussed and debated the issue over many years. Their response springs from philosophical and theological reflections as well as from a vast range of pastoral experience, and a profound sense of compassion.

I have three concerns:

First, a change in the law to permit assisted suicide would cross a fundamental legal and ethical Rubicon. This respect for the lives of others goes to the heart of both our criminal and human rights laws and ought not to be abandoned. While it is not a crime in the UK for someone to take his or her own life, we recognise that it is a tragedy and we, rightly, do all that we can to prevent suicide. The Assisted Dying Bill requires us to turn this stance on its head, not merely legitimising suicide, but actively supporting it. We are asked to sanction doctors participating in individuals taking steps to end their lives. This is a change of monumental proportions both in the law and in the role of doctors; it is little wonder that it is opposed by the medical profession.

Currently those who act wholly out of compassion in assisting someone they know to end their lives will not face prosecution. I feel profoundly the grief and struggle of anyone finding themselves in such a situation, desiring to respond with love in the face of suffering. I know what it is to sit at the bedside of someone you love enormously, and yet be torn by fears and worries about their future. I agree that the law should take a considered and compassionate approach to caring relatives who are asked by those closest to them to help bring their lives to an end.

To change the law, however, to give individuals access to medically prescribed lethal drugs risks replacing the type of personal compassion that is forged in a life-time relationship for a 'process' marked by clinical and judicial detachment. In effect, as the European Court has noted, the legal understanding of the 'right to life' would have to be fundamentally rewritten and for no good effect.

Secondly, a change in the law would place very many thousands of vulnerable people at risk. Age UK asserts that some 500,000 elderly people are abused in the UK each year. It is impossible to ensure that they and other vulnerable people would not be placed under pressure to end their lives prematurely in ways that proposed safeguards cannot hope to detect.

Make no mistake, MPs are being asked to take a huge gamble that a changed law would protect the vulnerable. There is no need to take such a risk since the current law continues to protect the vulnerable while harbouring no threat for those who act wholly out of compassion. We know from the USA states of Oregon and Washington that between 40% and 61% of those who used legally prescribed lethal drugs to end their lives cited concern that they would be a burden on their families as a factor in their decision to bring their lives to a premature end.

Once a law permitting assisted suicide is in place there can be no effective safeguard against this worry, never mind the much more insidious pressure that could come from a very small minority of unsupportive relatives who wish not to be burdened.

The exhaustion of caring, sometimes combined with relationships that have been difficult for years before someone fell ill, can lead people to want and feel things that they should not. All of us who have been involved in pastoral care and bereavement care have heard the confusion people feel about how they behaved to a demanding relative. The tests in the Bill do not make space, and never could, for the infinite complexity of motives and desires that human beings feel. The law at present does make that space, and yet calls us to be the best we can.

Little wonder, then that groups such as Action On Elder Abuse, Mencap and Scope wrote to peers last year opposing proposed changes to the current law.

My third concern is that we need to reflect on what sort of society we might become if we were to permit assisted suicide. At present we can show love, care and compassion to those who at all ages and stages of life are contemplating suicide. We can try to intervene, to support them to embrace life once more. We can do all in our power to surround those who are terminally ill with the best possible palliative care, including physical, emotional and spiritual support. We can redouble our efforts to alleviate suffering. We can show that we love even when people have given up on caring for themselves. We can support our doctors and nurses as they act consistently in the best interests of their patients, affirming life and caring for the vulnerable.

We risk all this for what? Becoming a society where each life is no longer seen as worth protecting, worth honouring, worth fighting for?

The current law and the guidelines for practice work; compassion is shown, the vulnerable are protected. In spite of individual celebrity opinions and the ‘findings’ of snap opinion polls (that cannot hope to do justice to the intricacies of the issue) the current law is not ‘broken’. There is no need to fix it.

[Read the faith leaders' letter against the Assisted Dying Bill](#)

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