Assisted dying: legal ambiguity lets down families as well as patients

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Psychiatric assessment of UK patients who choose to travel to Switzerland for an assisted death has given Colin Brewer insight into what it means to them—and to their loved ones.

I saw some horrible deaths as a student that even modern palliative care would not have palliated much. Later, I was active in the pressure group the Voluntary Euthanasia Society (now called Dignity in Dying). And, in the past few years, I have done several psychiatric assessments of people who wanted to go to Switzerland to die in their own time rather than in God’s.

Many doctors fear that, if they write reports for patients who are planning an assisted death (I prefer “medically assisted rational suicide”), they risk a General Medical Council hearing or even a criminal charge for assisting suicide. The defence societies urge extreme caution. Not being on the medical register means that, although I am qualified to write such reports, I can ignore the GMC, and I have been told—I hope correctly—that the director of public prosecutions (DPP) is unconcerned about reports coming from doctors who are not the patient’s regular medical attendants.

I was curious to know how family members who observed the actual death felt about the experience. Little published research exists, none from Britain. I am still collecting information, but some trends are already emerging. Often I was the first physician with whom the patient and family were able to discuss a situation that is about as awesome as it gets in medical practice.

Doctors won’t listen

Some doctors had listened to patients who were contemplating a Swiss death, but they had rarely engaged. But most wouldn’t even listen, claiming that they weren’t allowed to. Some had been advised that laws prohibiting assisted dying trumped patients’ rights to see their notes. By contrast, when local police were involved, infrequently and inconsistently, family members nearly always described them as sympathetic and sensitive. The DPP, however, invariably took many months before telling families whether or not they would be prosecuted. For some, this has taken more than two years after the assisted death.
Patients who planned Swiss deaths had been good and often admirable citizens. Like most of the 80% of British people who clearly favour decriminalisation of assisted dying for patients who would soon die anyway, as Rob Marris’s bill proposes, few patients had strong religious beliefs.

Given that the whole process of an assisted death in Switzerland usually costs £8000-£9000 (€11 200-€12 600; $12 500-$14 050), barring special transport needs, families don’t have to be rich to afford it; and Dignitas, one of several Swiss organisations that provide medically assisted deaths, may waive fees in needy cases.

The main diagnosis that makes people apply for assisted dying is cancer, but less than a fifth of those who apply for it actually exercise this choice. They stick with palliative care if it works, but they and their families feel enormously relieved to know that, if it fails, they have an alternative. Not many cancer patients have psychiatric factors or cognitive impairment that need assessment. Some of those I saw were in this category, but most had progressive neurological conditions such as motor neurone disease, for which palliative care had few humane, dignified, or acceptable answers. Nearly all of these patients went to Switzerland, but one died by suicide here, in the loneliness and solitude demanded by UK law, rather than facing the journey.

Support group

I am helping to establish a support group for patients who have registered for assisted dying in Switzerland and for their families after the event, for which many respondents said there was a tremendous need. It is a testimony to the ridiculous and cruel state of the law that these still grieving citizens worry that merely talking to each other might put them at risk of dawn raids instigated by the DPP.

A frequent comment from patients and family members was that death might have been postponed if medically assisted dying could have happened in Britain. Few family members who accompanied a patient thought that dying “naturally” would have been a better alternative. The few who disagreed usually accepted the patient’s right to choose, and some accompanied the patient after initially refusing.

The barbiturate induced death itself was invariably described positively—“peaceful” and even “beautiful” were commonly used adjectives. The opportunity to say goodbye was seen as psychologically and symbolically important. Most GPs enjoy helping their patients to live as well as possible. With a change in the law, perhaps they would be able to help them have the best possible death as well.

Notes

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Footnotes

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References