



House of Lords

Ministry
of Justice
National Mental Capacity
ForumDepartment
of Health
National Mental Capacity
Forum

Portraying assisted suicide and euthanasia

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Wales 2017



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living and dying well



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The Policeman's Dilemma

An isolated highway
Fuel tanker overturns
Driver trapped in the cab

A policeman patrol car arrives at the scene
'Shoot me before I burn to death'
What would you do?

'Assisted dying' legislation

- Physician assisted suicide
Oregon's '*Death with Dignity Act*' 1997
- PAS and euthanasia
The Netherlands '*Termination of Life on Request and Assisted Suicide Act*' 2001

Getting the language right

- The 'right to die'?
- End-of-life or ending life?
- The right to involve doctors in deliberately bringing about our deaths
- **This means:** licensing doctors to supply or administer lethal drugs to some of their patients

- What is portrayed
- What is not portrayed
- What is the role of the WMA in end of life care?

Media Reporting

Media reporting focuses on what is exceptional, not on what is normal

Examples:

Crime, air disasters, political failures, health care scandals

These stories sell papers and boost viewing and listening figures – but they present a distorted picture of real life

Heroes and Villains

"Journalists like to show ordinary people behaving like heroes, or being 'victims' in need of rescue, in this case from the deterioration of their own bodies and from those who will not accede to requests for assisted dying, who are thereby constituted as 'villains'"

(Professor Clive Seale "How the mass media report social statistics: A case study concerning research on end-of-life decisions", Social Science and Medicine, 2010)

The Human Interest Dimension

News: increasingly encouraging empathy / feeling rather than analysing facts and stimulating thought.

Professor Seale again:

"A degree of voyeurism is involved in press reporting of serious and terminal illness, and this too requires personal stories about dying people rather than dry outlines of general ethical debates. The prominence of particular personal accounts then encourages readers to believe that these are typical of all such experiences."

Public Opinion Surveys

Two Key Questions:

What do respondents know about the subject under discussion?

How is the question phrased?

Knowledge of the Subject

Q. Where does most public knowledge of the 'assisted dying' debate come from?

A. *The media*

Q. What do we learn from the media?

A. *That death is agonising, that the law is cruel and that most people say they want it to be changed*

Q. So what do we tell the opinion polls?

Shaping the Question

"A proposed new law would allow terminally ill adults the option of assisted dying. This would mean being provided with life-ending medication, to take themselves, if two doctors thought they met all of the safeguards. They would need to be of sound mind, be terminally ill and have 6 months or less to live, and a High Court judge would have to be satisfied that they had made a voluntary, clear and settled decision to end their life, with time to consider all other options."

(Online poll, Dignity in Dying, UK 2015)

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What drives a desire for death?

- **Feeling a burden:** low correlation with physical symptoms ($r = 0.02-0.24$) and higher correlations with psychological problems ($r = 0.35-0.39$) and existential issues ($r = 0.45-0.49$)

Wilson KG et al A burden to others: a common source of distress for the terminally ill. 2005;34(2):115-23.

- Depression and hopelessness are mutually reinforcing, independent predictors

Rodin G et al Pathways to distress: the multiple determinants of depression, hopelessness, and the desire for hastened death in metastatic cancer patients 2014 e-pub

- Major depression ($p < .001$)

Wilson KG et al. Desire for euthanasia or physician-assisted suicide in palliative cancer care. 2007;26(3):314-23

Reasons are social – can a doctor judge them?

- No longer enjoying life, hopelessness, fear of dying, family social considerations, fears of being burden, dependent on family including financially

Lorenz et al JAMA 2003 289 2282

- Maintaining control, loss of function, autonomy, meaning

Sullivan AD et al NEJM 2000 342 598-604

- Cry for help “desire to live but not this way”

PLoS One 2012 7 e37117

Is this a matter for doctors?

1. Gatekeeper and 2. Supplier

Most of the judgements involved are social not medical

Trust is the problem

Oregon:

‘Less able to engage in activities making life enjoyable’ (90%)

‘Losing autonomy’ (91%)

‘Loss of dignity’ (77%)

What does it involve?

PAS

- Patient self-administers
- Barbiturate in massive overdose
- Not soluble - tumbler
- Tastes bitter
- Preload with antiemetic

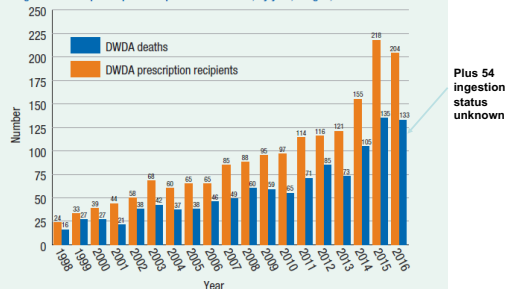
Euthanasia

- Inject short-acting anaesthetic to coma
- May follow with pancuronium

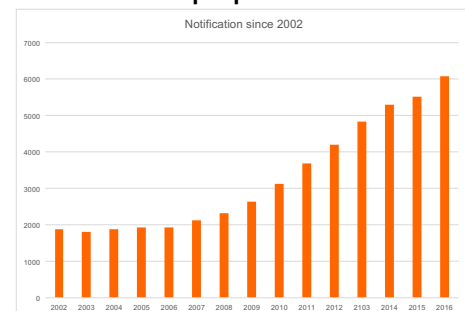
Patient completely paralysed
Any distress not visible to onlooker
Die of asphyxia

Oregon population 3.8m

Figure 1: DWDA prescription recipients and deaths*, by year, Oregon, 1998–2016



Netherlands population 16.8 m.



<http://www.euthanasiecommissie.nl/actueel/nieuws/2016/april/26/jaarverslag-2015-gepubliceerd>

Laws – ‘Assisted dying’



- More than regulatory instruments
- Send social messages
- Can have unintended consequences

The world situation – WMA

- Palliative care is an essential component of healthcare

BUT

- >40m people / year need palliative care
- 80% - no access to analgesia
- 6% are children

