

# The rights and wrongs of assisted dying

## Britain's next great social reform is coming. Here's how it should work



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Britain has become a much more liberal country in recent decades. In 1981 only 12% of Britons thought that homosexuality was justifiable, according to the World Values Survey; in 2022 the figure was 66%. Over the same period the proportion of people who were accepting of divorce rose from 18% to 64%. Where the public has led, politicians have followed: same-sex marriages were legalised in 2013; no-fault divorces became possible in 2022. That pattern may well be about to repeat itself with assisted dying.

Over two-thirds of Britons support changing the law to let someone help in the suicide of a person with a terminal illness. Assisted dying has a good chance of getting on the statute book

in the near future. Bills are already in progress on the Isle of Man, in Jersey and in Scotland. Sir Keir Starmer, the Labour leader, is sympathetic and has promised a free vote among mps if his party wins the next general election.

If The Economist had a vote, it would be unequivocally in favour. The case for assisted dying is, at its core, one of individual freedom. Britons have the right to marry whom they want. They have the right to roam. Through an obscure medieval law, some even have the right to drive sheep across London Bridge. They should have the right to choose the manner and timing of their death. The more complex question is what form an assisted-dying regime should take. That is not just to ensure safeguards against abuses, though it must undoubtedly do that. It is also to make sure that the law is not drawn too tightly.

Britain is in many ways late to the issue (as are countries like Ireland and France; a bill was presented to the French cabinet this week). Belgium, the Netherlands, Oregon and Switzerland have had assisted-dying laws for decades. Seventeen jurisdictions have passed laws since we argued in favour of legalisation in 2015. Although opponents of assisted dying have deeply held beliefs, and raise legitimate concerns, the actual experience of these many jurisdictions strengthens the arguments in its favour.

Take concerns about coercion. Critics argue that no regime could ever fully protect the vulnerable from relatives looking to claim an inheritance, or indeed from a state seeking to cut health-care costs. Yet the evidence suggests that cases of coercion are extremely rare. The state should do its best to help people live well, whether through social support or palliative care, but if it cannot, those who truly wish to die should not be obliged to suffer. In places where an assisted death remains illegal, only those with money have the option to take matters into their own hands—on average one Briton a week travels to Switzerland to end their life there. The rights of hypothetically vulnerable patients are taking precedence over the rights of those who are actually in anguish.

Some critics say that assisted dying is a “slippery slope”. If this is the fundamental reason for your opposition, you are pretty much conceding the principle that there are indeed instances when it would be right to help someone die—it’s the scope that is the problem. In any case experience suggests that no such slope exists. Although eligibility criteria for an assisted death

have expanded in Belgium and the Netherlands, they have never done so in jurisdictions whose initial laws were restricted to terminally ill adults. Canada's decision to postpone the extension of assisted-dying laws to the mentally ill until 2027 shows that it is possible to press "pause". True, the numbers of people seeking assisted deaths is increasing: they now make up 4% of all deaths in Canada and 5% in the Netherlands. Yet if those higher figures are an expression of people's desire to make use of a new freedom, as is overwhelmingly likely, they are a reason to pass laws, not to block them.

Whether out of conviction or caution, politicians tend to respond to such concerns by writing laws that are based on Oregon's model, which requires a person to be terminally ill with less than six months to live to be eligible for an assisted death. This is the approach being followed in Ireland. France's assisted-dying bill is also limited to the terminally ill, even though a citizens' assembly convened by President Emmanuel Macron supported a broader law for those suffering unbearably from an incurable illness. The Oregon template is also likely to be the one MPs in Westminster will eventually end up debating, if previous bills are a guide. It is too restrictive.

Strict time constraints mean that people often die before they can receive the lethal medication. And many people suffer terribly with a disease that is not terminal. Canada's model, which allows someone to determine for themselves whether their suffering is unbearable, is fairer. A person there must be suffering from a serious and incurable medical condition and must wait 90 days to reflect on their decision. Arguments that this broader scope devalues disabled lives are well-meaning but paternalistic. Three-quarters of Canadians with disabilities support the existing law.

The thorniest issues arise when it is hard to determine whether people are of sound mind. Canada's decision to postpone the extension of assisted-dying laws to people with mental-health disorders is sensible for this reason. Mental suffering is as real as physical suffering, yet society's understanding of it is still inadequate. Doctors must be able to tell between a considered, rational wish to die and a suicidal impulse, a distinction many clinicians feel unable to make.

Dementia, which already afflicts one in 11 Britons over 65, is also a difficult area. It is possible for someone in the early stages of dementia to make a request in advance for an assisted death, but their wishes when the time comes should prevail. When in doubt, the best rule of thumb is not to proceed.

### **The right balance**

There is no guarantee that politicians in Britain will vote in favour of assisted dying. But when they do debate the issue, they should not default to the narrowest definition of what is a basic human right. All adults of sound mind who are enduring unbearable suffering with no prospect of recovery should be able to choose the way they die. ■

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