

**Statement to Oireachtas Joint Committee on Assisted Dying
on behalf of the Presbyterian Church in Ireland
by Very Rev Dr David Bruce
5 December 2023**

Thank you, Chairman, and thank you for the opportunity to represent the views of the Presbyterian Church in Ireland to joint committee.

The sixth commandment in the Bible to not kill is clear and has been present as a cornerstone of judicial systems across the world for thousands of years. There are exceptions to this prohibition, but they are few and subject to rigorous regulation. For people of faith, the starting point here is that human life is special – we might say sacred – and that its preservation, dignity and protection are moral values which we seek to protect. The question of Assisted Dying goes to the heart of this important moral principle. Killing is wrong. This is killing.

We as those who respect the Hippocratic principles don't do it, and this is a place the medical profession ought not to be asked to go, notwithstanding the deeply complex pastoral issues surrounding (for example) coping with the latter stages of degenerative disease or incapacity through trauma. The Hippocratic oath contains these words: *"I will use my power to help the sick to the best of my ability and judgement; I will abstain from harming or wronging any man by it,"*

The law

Parliaments and assemblies in London and Edinburgh have repeatedly rejected changing the law. These legislatures have not been persuaded that the current law is in need of change or the proposed safeguards in their draft bills would be effective in protecting vulnerable people from harm.

The medical specialty of Palliative Care exists to help support patients who have conditions which cannot be cured and who need help in managing their physical, emotional or spiritual symptoms – the vision of the founder of the movement, Dame Cicely Saunders. The current law in Northern Ireland, which is the same as that in England and Wales, sets out the ethical boundaries in which the work of Palliative Care can be carried out and allows for the palliation and support of the vast majority of patients and families who wish to access these services.

In our own internal research, it is significant that it is palliative care practitioners who have been the most adamant of the medical specialties opposing a change in the current law.

The ethical dilemma

Ethically this exposes the tension between competing rights of liberty and personal autonomy. We reference the European Court of Human Rights Article 8 (the respect for a person's private life), and the Article 2 right that everyone's right to life shall be protected by law. A change in the law could cause a large and vulnerable group of citizens to be exposed to exploitation, by reasons such as depressive illness, lack of capacity or agency, unscrupulous coercion or manipulation by relatives or others to end their lives prematurely. It is our view that these article 8 and 2 rights are foundational.

Most people can agree that for an individual to arrive at a point where they believe there is no other option but to seek the ending of their life suggests considerable emotional, physical or spiritual turmoil and suffering. The first response to this dilemma, in my view as a Christian minister, ought to be the mainstreaming and strengthening of palliative care services to support those who are nearing the end of their lives, or addressing this dilemma.

To conclude, I would like to highlight three areas of specific concern to this committee:

Safeguarding

The language any legislation uses to gatekeep the practice of assisted dying will speak of a person's settled wish to die, their mental capacity to understand and so on. The interpretation and application of such a request, typically rests with a doctor – but begs the question of how they are to establish beyond reasonable doubt that those conditions had been met. Many members of the medical profession express deep unease about this expectation, where such decisions to accede to a request for Physician Assisted Suicide (PAS)/Physician Administered Euthanasia (PAE) became essentially a matter of their subjective opinion – difficult to defend in a tribunal or the High Court.

Euthanasia

Across the world in those countries where PAE has been legalised, it has been shown to result in a factor of 10 times more deaths than PAS. In Holland and Canada where both are legalised 96 per cent of assisted deaths are due to Physician Administered Euthanasia. It has the comforting appearance of health care – an intravenous injection by a doctor - and lacks the determined resolution that the self-administration of drugs (PAS) requires.

The role of the doctor

A change to law would almost certainly place doctors at the heart of implementing the system, not just in prescribing or administering drugs but making judgements about matters upon which they (in my view) should not be asked to adjudicate, for example, whether a request to die represents a 'settled wish' and what family dynamics might be at work in the background of such a request.

Doctors are neither social workers nor detectives. If a society wants to make PAE/PAS available, this process surely needs to be administered and these judgements made by the courts, or a dedicated commission, accountable to the courts. Doctors may have a role to play as professional advisers on strictly medical aspects of a request, but, if doctors are made the judges in such matters, this will fundamentally change the doctor-patient relationship.

The settled position of the Presbyterian Church in Ireland is that human life is sacred, that our human right to life needs to be protected, and that a change to the law in this regard would be detrimental to the life of the nation. There are better ways to address the turmoil of those caught in in such a terrible choice – specifically the mainstreaming and strengthening of palliative care services to support those who are nearing the end of their lives, or addressing this dilemma.

Thank you chairman.