

# ASSISTED DYING

We ask for your help in what is a crucial time as we are very close to the States Debate on Euthanasia and Assisted Suicide due on the 21<sup>st</sup> May 2024.

**'YOU CAN MAKE A DIFFERENCE'**

<https://youtu.be/OLH6sPLL0wl?si=B4xp1tvIXfbxyDlc>

Over the weeks ahead, there is a need to engage our States Members in whatever way you find best suits you. That may be sending emails to all or just your local representatives, sharing your concern regarding the harmful effects and adverse risks of Jersey introducing Euthanasia and Assisted Suicide into law here. The most effective would be if you could make an appointment to see your local Political Representatives at their newly established 'surgeries', that can be booked by ahead, to speak to them face to face. We trust that these resources will be of assistance to you.

THERE IS A LARGE AMOUNT OF INFORMATION HERE. IT WILL ALLOW YOU TO DRAW ON IT AND COPY AND PASTE SMALL SECTIONS FROM THE WORD DOCUMENTS FOR EMAILS TO POLITICIANS - IT IS IMPORTANT THAT YOU MAKE THE LETTER / EMAIL TEXT YOUR OWN SO PLEASE USE SELECTED SECTIONS THAT YOU WANT TO HIGHLIGHT, OR IN YOUR OWN WORDS.

**'Safeguards',  
Vulnerability,  
Coercion and Unbearable Suffering**  
are the key things to focus on.

The proposed legislation is 'IN PRINCIPLE' - 'SUBJECT TO SUFFICIENT SAFEGUARDS' [ -  
There are no sufficient safeguards. **Please see attached documents.**

## STATES MEMBERS:

- [https://statesassembly.gov.je/pages/members.aspx?\\_gl=1\\*yu9nw8\\*\\_ga\\*MTczNjYxNDQ4LjE2NTYyNTY0Nzg.\\*\\_ga\\_07GM08Q17P\\*MTcxMTczNDYwNi44MS4xLjE3MTE3MzQ2OTAuMC4wLjA](https://statesassembly.gov.je/pages/members.aspx?_gl=1*yu9nw8*_ga*MTczNjYxNDQ4LjE2NTYyNTY0Nzg.*_ga_07GM08Q17P*MTcxMTczNDYwNi44MS4xLjE3MTE3MzQ2OTAuMC4wLjA).

**IT IS BEST TO EMAIL THE POLITICIANS INDIVIDUALLY**

## GROUPS OF PARISHES / SUB-PARISHES POLITICIANS:

- TO FIND YOUR LOCAL REPRESENTATIVES - In Word Doc attached

**PLEASE MAKE APPOINTMENTS TO SEE YOUR POLITICAL REPRESENTATIVES TO EXPRESS YOUR CONCERNS**

## THERE IS ALREADY A MEETING FOR ST SAVIOUR PARISH:

There is an open invitation for a debate and questions

<https://stsaviour.je/assisted-dying-debate/>

The Constable voted against AD last time - it will be important for him to hear that his Parish residents agree with his stance - we want to keep him onside. Please attend if you can. (I am on holiday). There may be other parishes who will be doing something similar.

## MEET YOUR ELECTED REPRESENTATIVES:

<https://statesassembly.gov.je/about/pages/meet-your-elected-representatives.aspx>

## RESOURCES:

- ARTICLES John Stewart-Jones & Dr Carol Davies: in Jersey Evening Post 23<sup>rd</sup> March 2024

JEP Letter 6/4/24 (JSJ) - re Slippery Slope / Precipice  
Attached - These provide extra points to draw from.

- <https://kadoh.uk/> is a good source of references to support arguments around safeguards and palliative care. KADOH - *'Keep Assisted Dying Out of Healthcare'*
- VIDEO LINK - 'Euthanasia is NOT Healthcare' - 9<sup>th</sup> November 2023  
URL LINK: (please share as you wish)  
**Talk Taster: - Jersey Version (Rachel opening Speaker) (14 mins)**  
<https://www.youtube.com/watch?v=VP4bbO8aybs>

#### SOME QUESTIONS TO ASK POLITICIANS:

##### **COERCION:**

- WHAT SAFEGUARDS WILL THERE BE TO PREVENT ANY PERSON BEING COERCED INTO ASKING TO RECEIVE 'ASSISTED DYING'?
- ASK - CAN THEY GUARANTEE THAT THE DOCTORS WILL PICK UP 100% OF COERCION CASES?
- IF NOT WHAT PERCENTAGE RISK OF VULNERABLE PEOPLE BEING COERCED WOULD THEY FIND ACCEPTABLE (e.g. 10% or 20% - PUSH THEM INTO A REPLY)
- POINT OUT THAT ONLY ZERO % WOULD SEEM TO BE ACCEPTABLE TO BE A PROPER SAFEGUARD - AND THEY CANNOT GUARANTEE THAT.
- FROM YOUR UNDERSTANDING & WHAT YOU HAVE READ - THERE ARE NO SUFFICIENT SAFEGUARDS FOR EUTHANASIA OR ASSISTED SUICIDE.
- PEOPLE BEING COERCED ARE VERY LIKELY TO HAVE NO AWARENESS THAT THEY ARE BEING COERCED
- RECENT MONEY SCAMS IN JERSEY - INTELLIGENT PEOPLE - FEELING EMBARRASSED AFTERWARDS THAT THEY HAD BECOME VICTIMS OF A SCAM AND LOST LARGE SUMS OF MONEY.
- COERCION IS EXTREMELY SUBTLE AND IS ESPECIALLY SO FOR PEOPLE WHO ARE SICK / UNWELL AND FEEL A BURDEN TO OTHERS.

##### **VULNERABLE PEOPLE FEELING A BURDEN:**

#### A 'RIGHT TO DIE' BECOMING A 'DUTY TO DIE'

The proposed law will affect vulnerable people who in **over 50% of cases will feel a burden to others.** (OREGON USA - ASSISTED SUICIDE FIGURES) What is put forward as a 'right to

die' will in a significant number of vulnerable people result in them believing that they have a 'duty to die' due to being a burden on carers and relatives..

### **HELEN ARKWRIGHT LETTER**

Vulnerable people due to age, disability or illness will be especially at risk of harm. A letter was written to the Guernsey Post in 2018 by Helen Arkwright, who was a care manager with vulnerable people for 20 years. The letter was entitled 'Legalising Euthanasia, would put sick & elderly at great risk.' Her letter to the Guernsey Post makes this very clear that this can be the only conclusion.

*'I hope that the readers of this letter end the above as sickening and chilling as I found it to write. If the law is changed in the Bailiwick of Guernsey to allow the killing of the sick and disabled - and I won't dress it up with any euphemism, please realise that there will be no protection or safeguards in law against what I have described above and never can be.'*

<https://guernseypress.com/news/voices/readers-letters/2018/01/19/legalising-euthanasia-would-put-sick-and-elderly-at-great-risk/>

### **UNBEARABLE SUFFERING: HOW DO YOU ASSESS THIS?**

The Jersey proposals have during the public consultations stated that Assisted Suicide and Euthanasia would be implemented for 'unbearable suffering'.

Should 'Route 2 - Long term illness with unbearable suffering' be implemented through the present legal proposal or any future proposal, then this raises the question - can suffering be reliably estimated and understood?

It is very subjective and there are no known methods or tools for measuring or estimating suffering by healthcare professionals.

Although the present proposals exclude mental health disorders, this will not be the case in practice as these co-exist with physical illnesses.

A person with severe Anorexia Nervosa will eventually have physical symptoms due to their condition and could request assisted dying on that basis.

Any person with anorexia over 18 years of age would qualify under the proposed 'safeguards' by being:

an adult, having capacity, being terminal if they failed to take enough nutrition, suffering unbearably

and, since it is no longer seen as a solely psychological illness, would fit the requirement for it to be a physical illness.

A person's estimate of their own suffering is strongly affected by a wide range of treatable issues including psychosocial support, loneliness, and depression.

Physical illness and depression commonly co-exist.

In Belgium, 82.8% of causes for “unbearable suffering” are of a psychological nature, including loss of autonomy, loneliness, despair, feelings of unworthiness.

## **SUICIDE RATES**

THERE ARE PLANS TO DEVELOP A ‘SUICIDE PREVENTION STRATEGY’ BY THE GOVERNMENT. HOW IS THIS COMPATIBLE WITH THE GOVERNMENT HELPING PEOPLE TO COMMIT SUICIDE THROUGH ‘ASSISTED DYING’ LEGISLATION BEING INTRODUCED?

There are claims that the legalization of Assisted Suicide reduces the ‘unassisted suicide rate’ in jurisdictions where Assisted Dying has been legalized - this is not the case.

There is new evidence coming from Australia that in certain age groups there has been an increase in ‘unassisted suicide’.

Professor David Albert Jones has recently submitted evidence in a Peer Reviewed Paper in which he states that new research finds that Voluntary Assisted Dying (VAD) has failed to reduce the rate of ‘unassisted suicide’ in Victoria, Australia.

Published in the Journal of Ethics in Mental Health, the Paper found that suicide among older people (over 65s) has increased by more than 50% - one more suicide per week than before the introduction of VAD.

## **COST OF ASSISTED DYING SERVICE**

CONSERVATIVE ESTIMATE IS £1.4 MILLION PER YEAR

HOW CAN THIS BE JUSTIFIED AND THE FUNDS FOUND FROM ELSEWHERE?

WHY NOT USE THIS RESOURCE FOR BETTER PALLIATIVE CARE?

There needs to be an in-depth assessment of the provision of Palliative Care in Jersey, with support provided through government, which would give Jersey an opportunity to become world class in the provision of Palliative Care rather than opting for a law that results in the killing of patients.

**Euthanasia and Assisted Suicide should be kept completely out of healthcare as the consequences of inclusion will be dangerous and harmful to many who are vulnerable and who require assistance in living not what has been described euphemistically as ‘assisted dying’.**

**Recent Article in the Jersey evening Post.**

**NATURAL PROGRESSION, SLIPPERY SLOPE, OR PRECIPICE**

The present Health Minister has recently denied that a possible ‘slippery slope’ will happen in relation to Assisted Dying. The term ‘slippery slope’ has been in common use that changes inevitably happen because of a certain decision or change in the law. The concept can be

derided and objected to by those who would hold to an opposing view. To overcome this derision a better term may be a 'natural progression' rather than a 'slippery slope'.

In 2021 the Citizen's Jury was set up in Jersey to look at the pros and cons of legalising 'Assisted Dying' but initially solely what is more accurately described as Assisted Suicide alone where a person is prescribed lethal drugs to be taken under their own volition. There was no mention of Euthanasia in which the lethal drugs are given intravenously by another person to bring about death. The Citizen's Jury was chosen with 83% already in favour of legalising Assisted Suicide. Unsurprisingly therefore the result was to recommend this, but they went further than the remit of looking at Assisted Suicide only but also included Euthanasia as well. This was immediately accepted by the then Jersey Home Affairs Minister and included just a matter of weeks prior to the States Debate in November 2021. **Progression number one.**

The States Debate resulted in acceptance of legalisation 'in principle' but subject to sufficient safeguards. The situation progressed further in that the proposals moved very significantly beyond what had been communicated as being a prognosis of less than 6 months in a person over 18 years with mental capacity and with a terminal illness and unbearable suffering. This became known as Route 1 (Track 1) as the next progression was to add Route 2 (Track 2) which included anyone with an incurable illness with unbearable suffering. This was a copy of what has been happening in Canada (Track 1 & Track 2) with MAiD (Medical Assistance in Dying) and all the dreadful consequences for vulnerable people that have happened there because of this addition.

There are those who say because of the different constitution in Canada compared to Jersey, which has no constitution, that further extension and progression in Jersey once legalised would not happen. The point is that Jersey is already proposing legalisation along very similar lines to Canada as a starting point. The United Nations have warned Canada that it is acting against Human Rights Law, but their government have chosen to ignore their warnings. Jersey will be starting at Canada's present position. **Progression number 2.**

Despite postponement amid great concern, Canada is determined to bring in MAiD solely for Mental Illness by 2027. They are even considering 'Mature Minors' that is children between 12 years and 18 years even without parental consent.

Prior to 2016 when the MAiD Law was introduced in Canada, they said that they would not be like Belgium or the Netherlands but that they would have strong safeguards in place and not become like those countries. This was what they assured the Canadian public, but the so-called safeguards were all dropped over a short period of time. Canada now leads the world in the prevalence of deaths, by Euthanasia. Yet Jersey seems to be following their example which is a long way from where it started in 2021 in looking at Assisted Suicide alone. The Slippery Slope or Natural Progression has already been happening and would be set to continue as further changes in law could always be added as in Canada, and experience elsewhere shows that even when the law does not change the way that the law is 'interpreted' changes and extension happens beyond what had been originally intended.

When writing this initially - I asked a question - **what next Jersey? And here it is**, in the recent Lodged proposals: *Under 'Route 1 - terminal illness', the person must either be experiencing*

*current unbearable suffering because of their physical medical condition OR the person must have an expectation that their incurable physical medical condition will, before their death, give rise to suffering which they are likely to find unbearable.* In plain English - that is, even thinking or worrying that you may suffer 'unbearable suffering'. This is more than a slippery slope; it is a jump off the precipice.

Dr John Stewart-Jones (Retired Jersey GP)

3 Bel Royal Villas, Victoria Avenue, St Lawrence.