

Support for properly regulated assisted dying

Assisted Dying (AD) is when a person is given help to die. This is most usually by giving them a lethal substance that they can take at a time of their choosing. It is used by terminally ill adults who are suffering unbearably with no prospect of relief of their suffering other than through the ending of life. AD is legal in Belgium, the Netherlands, Luxembourg, and the US state of Oregon; AD is decriminalised in Switzerland. In all these jurisdictions there are strict guidelines and safeguards to ensure that the use of AD is not misused. There is evidence to show that AD legislation works well in these places, complementing palliative care rather than replacing it.

The National Secular Society supports patient autonomy and works to protect patients from the imposition of other people's personal religious views. Several polls have shown that at least 80% of the British population supports the concept of assisted dying for the terminally ill who are suffering unbearably. Strong opposition to AD comes from religious leaders who regard life as sacred and AD as intrinsically harmful. On the other side of the spectrum many people regard refusal to afford people a final relief from their unbearable suffering as a harmful act. We support the democratic right of all people to contribute to this debate. However, the over-representation of religious groups and the special status granted to religious groups currently imposes a disproportionate level of influence. The views of the general public, professionals and relevant organisations should be fairly reflected at policy level.

Without a legal structure for AD, relatives and friends of terminally ill adults sometimes feel they have nowhere to turn and may resort to 'assisting' their loved-one to take their own life. This leads to botched suicides, and to increased distress for relatives and friends who have felt that they had no option but to take matters into their own hands. It also creates added worry for the patient who may be concerned that his/her relatives might be prosecuted after their death. We support the direction of guidance issued by the former Director of Public Prosecutions, but have concerns that, without a formal legal structure for AD, vulnerable patients may be more at risk since there is no recognised pathway under current legislation to gauge and record the patient's views before death; the assessment by prosecutors is invariably made after the person has died when their views cannot be known with certainty.

Perversely, doctors are more likely to be prosecuted under current guidance than others involved in AD. This is despite the fact that doctors are best able to ensure that there are no further effective treatments for the patient, to ensure that the patient has capacity and has considered all available options- maintaining a sustained wish to die in the face of those options, and who are best able to ensure a painless and straightforward death for those who want it.

Within the NSS, individual members hold a range of views about AD. All are agreed that religious privilege should have no place in the decision-making process.

Image credit: Dignity in Dying

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