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Nearly £500 is raised for Hospice by Voluntary Euthanasia debate

Around 150 people turned out to Farnham Humanists' debate on the motion "Voluntary Euthanasia (VE) is not acceptable". Dr Rosemary Thomas, Chairman of Farnham U3A, chaired the proceedings emphasising that it was Voluntary Euthanasia that was to be debated not Involuntary.

The RC Bishop of Arundel & Brighton, the Rt. Revd Kieren Conry, proposing the motion, used the UK abolition of capital punishment in 1965 to argue how civilised our society now is and how VE involving a third party would be a retrograde step: nobody should have the right to take another person's life except in self-defence. He was concerned that the voluntary aspect might become less clear in time and that people might feel under pressure to opt for VE.

Dr Margaret Branthwaite, a consultant anaesthetist and barrister who helped Lord Joffe draft the proposed Lords' Assisted Suicide Bill, led the argument in favour of VE as compassion and respect for autonomy. She defined VE as voluntary suicide that requires assistance: the patient would always be the one to initiate the equipment even if it was only using a tongue to trigger an electronic switch. She spoke of the allegation that up to 60% of deaths are currently the consequence of some intervention, as either a treatment side-effect or a consequence of withholding/withdrawing treatment. Assisted suicide would be a privilege offered to competent adults who are within 6 months of death, who are suffering and either the best palliative cannot help or they do not want that support.

A major reason why the motion seconder Dr Kathryn Myers, a Consultant in palliative medicine and spokesperson for Care not Killing, was against VE is that its legality would only affect about 600 people a year and yet would put the rest of the public in significant danger. The 'right to die' could become a 'pressure to die' from relatives or health professionals watching budgets, thereby undermining the autonomy of the weak. It could become non-voluntary, extend to non-terminal illnesses and be impossible to control.

Dr Cave, a philosopher and broadcaster, completed the platform speeches highlighting the inconsistency of believing in withholding treatment and fighting just wars whilst being against a voluntary choice to die. He cited free will (why should someone else tell us what to do?) and compassion for intolerable suffering and went on to question why it is acceptable to help non-human animals but not human beings.

Speeches from the floor ranged over living wills, predatory relatives, concerns about the process, consistency about killing (and whether it was possible to have special cases), harm to the doctor/patient relationship and rights to life and death. The Bishop, asked what he would do on the battlefield if a fatally wounded soldier requested to be shot dead, replied in that case the principle might possibly be broken. A woman whose husband died from motor neuron disease said there need be no indignity in dying, their last few days together were the best days they had ever spent. Another woman, wheelchair bound, said she was terminally ill and was fearful of a situation from which she could not escape without help.

Dr Myers summed up in favour of the motion saying the most powerful arguments against VE are secular. The overwhelming number of doctors are against. They are worried about the change in doctor/patient relationship, with death becoming a treatment option they are obliged to mention. Dr Shipman's legacy on palliative medicine cannot be underestimated, and VE could result in doctors being viewed as killers. Society

could be changed significantly if the law were to allow the intention to kill. However good the procedures are, it would be difficult to ensure the voluntary nature of it and the vulnerable would be at risk from predatory relatives. In Holland the process is dependent on doctors reporting and there is evidence of a significant number of non-voluntary deaths.

Dr Branthwaite in her concluding comments said she shared Dr Myers' concerns about the processes in the Netherlands and instead supports the Oregon model where the number of VE cases a year is stable at around 40. Nevertheless the Netherlands was shown in a recent survey to have the best doctor/patient relationship across Europe. The benefits of the majority would not be threatened by VE as socially acceptable cases would be restricted to physical illnesses and competent adults. The Joffe bill would create more controls than exist currently:many doctors would refuse to participate but the Joffe bill is very careful to exonerate all such doctors. Currently people have a lonely desolate path with no source of help. Why should some people's views against VE be inflicted on those who wish to benefit from VE? The evidence of a detrimental effect does not exist.

At the end of the debate, 71 voted in favour and 67 against, with only one abstention. At the beginning it had been surmised that most people would come with their minds already made up and this was confirmed when only a handful indicated that their views had changed.

A collection raised £459-20p for the Phyllis Tuckwell Hospice.