

Response to Doctors for Life

To the Editor: The great moral revolutions, such as the abolition of slavery, women's rights and gay rights, took decades to occur, with the long delays often based on objections such as those by Doctors for Life, and which were often of a religious nature. While the World Medical Association declared its opposition to assisted dying in 2019, subsequently others, such as the British Medical Association in 2021, expressed neutrality on the issue. And for the past 20 years, legislation for assisted dying has expanded significantly worldwide, including in developing countries. Polls in the USA and UK show that a large majority of the public now support the legalisation of assisted dying.

The fact that practitioners who assist patients to die in South Africa are currently committing a crime is precisely the reason for needing to change the law.

The active-passive euthanasia distinction is unhelpful as both are human actions, and it could be argued that both carry equal moral worth. The one is an act and the other an omission, and doctors are morally and legally responsible for both. Using passivity ('humility and surrender') to claim an ethical distinction between the standard medical practice of withholding or withdrawing life and assisted dying is misguided.

The notion that vulnerable people would feel pressurised to request an early death is not the experience of countries that have legalised assisted dying. On the contrary, the present situation is discriminatory, as in countries that have not decriminalised assisted dying, only the rich can get assistance in places such as Switzerland.

The authors' observation that 'committing suicide is not an offence in law' is a recognition that, for some, their perceived conditions are so severe that they wish to die. Here context is important and, where appropriate, it is immoral to abandon patients at the time of their greatest need.

The slippery slope argument that minor changes may lead to major unintended consequences is commonly used in opposing change. The evidence in countries that have long experience with assisted dying refutes this argument. In The Netherlands, which has had decades

of experience with legalised assisted dying, the percentage of deaths because of assisted dying is about 4.5%. Citing the expansion of indications for assisted dying as evidence of harm serves to reinforce the beliefs of Doctors for Life, rather than understanding that practices are modified because of evidence and experience.

That dignity is 'rooted in the intrinsic value and sanctity of every human life, regardless of health and circumstances' is false. Dignity is lost when people's wishes in the dire circumstances at the end of their lives is denied by outdated medical paternalism.

The contributions and effectiveness of palliative care are acknowledged and supported. However, even with the best care, some patients who are suffering with no hope of improvement will decide that they can no longer continue. It is then kinder and morally appropriate to assist them in their wishes, within defined frameworks, and without fear of legal persecution.

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