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There can be suffering in assisted dying, too

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THE Assisted Dying for Terminally Ill Adults (Scotland) Bill, which seeks to legalise assisted suicide, is currently being considered by the Scottish Parliament. Those supporting the initiative indicate that assisted suicide is necessary since "even if every dying person who needed it had access to high quality, specialist palliative care in Scotland, 591 people a year would still have unrelieved pain in the final three months of their life".

However, palliative care doctors in Scotland are adamant that physical suffering can be addressed by a holistic range of appropriate measures in a hospice. In this regard, the Scottish Partnership for Palliative Care indicated: "Unfortunately public confusion and fear can be ... exacerbated when campaigners and advocates for assisted dying present the issue as a binary choice between assisted dying or an agonising death".

Nonetheless, occasions will always exist where a patient's symptoms cannot be completely controlled. Generally, these are patients who cannot resolve an issue or cannot cope with a symptom. Some may also have significant psychological and/or existential distress which they find difficult to address.

Almost all patients with symptoms which cannot be completely controlled have elements of this kind of distress which is non-physical. These individuals, who are already drowsy and dying of their illness, may then request some form of sedation to relieve the suffering, in which case it may be possible to manage their distress and agitation while minimising side-effects. But deliberately sedating

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patients to deal with their suffering in palliative care is a very rare occurrence in the UK. Nevertheless, it is important to be honest in recognising that complete relief of all forms of suffering is sometimes beyond the realm of medicine.

However, it is also important to be honest and recognise that assisted suicide, itself, may not be free of significant suffering and distress as indicated by the latest 2021 data for Oregon's Death with Dignity Act in the USA. This indicated that five individuals, in the past year, had difficulty ingesting/regurgitated the lethal drugs and one other person actually regained consciousness afterwards. Moreover, over the last 20 years, nearly 7% of individuals took more than six hours to die after taking the assisted suicide drugs. And since it is unclear whether anyone was present in about half of all deaths, it is difficult to know anything about the last moments of many patients. This suffering resulting directly from the assisted suicide, itself, may come as a surprise to those who believe that it may be better than palliative care.

This all means that, with both palliative care and assisted suicide, some suffering may be present in very rare circumstances. However, there is always a clear moral difference between assisted suicide, whereby a life is intentionally ended because it is considered to no longer have any worth and value, and palliative care whereby a life, which is ending naturally, is made as comfortable as possible because it is considered to have full worth and value.

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