

Dear Lord Falconer of Thoroton

The Association of Catholic Nurses of England and Wales expresses serious concern at the re-introduction of a private members Bill to legalize Assisted Dying 2014-2015. This motion has already been rejected in 2006 and 2009 .We fully support the concerns expressed in the Early Day Motion of Jim Dobbin MP of 12/06/2014 that '61 per cent of those who received lethal drugs in Washington in 2013 gave as a reason for seeking assisted suicide being a burden on family, friends or caregivers' reinforcing the ' belief that a corresponding change in UK law would endanger the lives of the most vulnerable in society.' As members of a nursing profession with a duty to care for the sick and vulnerable members of our society we would like to restate the memorandum of the Association of Catholic Nurses England and Wales on Assisted Dying already presented to the House of Lords Select Committee 2004 in advance of the reading of the Joffe Bill 2005

Memorandum by the Association of Catholic Nurses for England and Wales on Assisted Dying

As an organisation we are grateful for the opportunity to comment on the above Bill, and hope our thoughts will assist the committee to produce a balanced conclusion whilst ensuring the continued sanctity and dignity of all human life.

1. INTRODUCTION

The Association of Catholic Nurses for England and Wales (Catholic Nurses Guild) has been established for over 100 years and is a member of the International Committee of Catholic nurses and Midwives (CICIAMS). As an organisation it is concerned with the professional life of nurses on a spiritual and ethical level, dedicated to the care and respect of human life.

The Catholic Church teaches us that life is given to us by God and is to be respected and cherished by all, from conception to death, and that only God has the right to take that life away.

2. BELIEF AND CONCERN

The Association agrees all attempts should be made to relieve the suffering and distress of those experiencing terminal illness, to receive the expert help and advice of palliative care experts, hospice care and given appropriate pain relief and alternative therapy. This care should be ongoing and in agreement with the patient. Our concern is raised when measures beyond those of adequate pain relief are considered in full knowledge that the measures considered would end life.

3. INDIVIDUAL REQUEST

Individuals expressing a desire for assisted death due to terminal illness have the right to expect analgesia for the purpose of pain relief, so they may be kept comfortable. The same as they have the right to be cared for with compassion and love by professionals, trained to deliver that care. However it is believed measures that go beyond the accepted level of analgesia with the purpose

of ending life is wrong in the eyes of the Catholic Church. This is a belief shared by many Christian and non-Christian beliefs; we therefore do not stand alone in our aim to preserve life.

4. COMPETENT ADULT

Competent adults should, and currently are, able to decide on whether to accept treatment extending their life through the direct intervention of healthcare professionals. This would include the right to have, or not to have further tests, artificial ventilation or feeding. There are currently many cases whereby professionals, because of the patient's distress, weakness or the disease process, question the competence of the adult. With the assistance of the psychiatrist these decisions often remain unclear, and professionals are left battling with their conscience. It is feared this could be the case with those wishing to take part in the assisted death of the terminally ill and may leave some questioning their professional knowledge and moral integrity.

5. PROTECTION FOR THE PHYSICIAN AND OTHER MEDICAL PERSONNEL

Concern is raised over pressure that may be put upon the consultant physician from professional colleagues, or relatives to support the action should they feel it is in the best interest to assist them to die. This pressure could easily be exerted on other health professionals, who work closely with the patient, and we see nurses very much in this group, to persuade the physician on behalf of the family. It is understood all physicians will be clear about their right to refuse to participate in this, however in emotive situations they may become vulnerable and open to persuasion. You will be aware nursing staff are often questioned on ethical issues, and these questions, with increasing frequency, relate to whether something had been "done" to the patient to speed the death because of service pressures. This we know is not the case, but the question will become more common place should this bill be passed.

6. CONCLUSION

It is the belief of the Association of Catholic Nurses this Bill should not be passed in order to protect the vulnerable and preserve the sanctity of all life. It is believed God gives life and should only be taken by God at His Choosing. The terminally ill should be treated with dignity and respect, with all aspects of care attended to, to the highest standard, but no one has the right to choose the time of their dying.

Mary Farnan

National Secretary

Association of Catholic Nurses England and Wales

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