



The BMJ

fgodlee@bmj.com Follow Fiona on

Twitter @fgodlee

Cite this as: *BMJ* 2021;374:n2206<http://dx.doi.org/10.1136/bmj.n2206>

Published: 09 September 2021

It's time for all doctors to engage on assisted dying

Fiona Godlee *editor in chief*

The UK's debate on assisted dying is regaining momentum. The UK and Scottish parliaments are soon to hear bills that would allow doctors to assist a dying patient's death (doi:10.1136/bmj.n2012).¹ Both bills include tight safeguards, and doctors not wanting to take part in the process would not have to.

A law change would bring the UK into a growing group of countries that already allow doctors to offer assistance to people who are terminally ill to die. In some jurisdictions this extends to people who are not dying but are experiencing intolerable and irremediable suffering (doi:10.1136/bmj.n2128).²

The BMJ's position is that terminally ill people should be able to choose an assisted death (bmj.com/assisted-dying), and the journal has called on professional organisations to adopt a neutral stance on the grounds that a decision to legalise assisted dying is for society and parliament to make (doi:10.1136/bmj.e4075).³ Polls have shown consistent public support for a change in the law, including among people who are disabled or chronically ill and those with a religious faith.

This week we again set out arguments for and against physician assisted dying. A former archbishop of Canterbury and a senior rabbi reassure those of religious faith that there is nothing in scripture that prohibits assisting a death to end suffering (doi:10.1136/bmj.n2094).⁴ A former chair of the Danish Council of Ethics argues, however, that autonomy in choosing an assisted death is largely an illusion because it is the people around the dying person who ultimately gauge the quality and value of their life (doi:10.1136/bmj.n2135).⁵

Given that the profession worldwide has now had nearly a quarter century of practical experience of assisted dying, concerns about a slippery slope and erosion of safeguards are not based in fact, believes Jacky Davis (doi:10.1136/bmj.n2173).⁶ Nevertheless she agrees with authors from the other side of the debate that we need more research to better understand people's experience of dying.⁷ We also need investment in palliative care.

Polls by doctors' organisations show a divided profession, but the nature of the questions and the balance of the answers allow both sides to claim victory. Most professional organisations and medical royal colleges have no formal position on the issue. The Royal College of Physicians of London recently took a neutral stance. The BMA and the Royal Colleges of General Practitioners and of Surgeons are currently opposed to a law change (doi:10.1136/bmj.n2075).⁸ Having polled its members in 2019, the BMA will debate the question again at its annual meeting next week.

Engagement of doctors in recent polls has been limited, with only 20% of physicians, 19% of BMA members, and 13% of GPs responding. As our editorial says (doi:10.1136/bmj.n2128),² this is an issue on which all UK doctors should now engage.

- 1 Christie B. Will Scotland become the first part of the UK to legalise assisted dying? *BMJ* 2021;374:n2012. doi: 10.1136/bmj.n2012 pmid: 34470742
- 2 Hurley R, Richards T, Godlee F. Assisted dying: a question of when, not if. *BMJ* 2021;374:n2128.
- 3 Godlee F. Assisted dying. *BMJ* 2012;344:e4075. doi: 10.1136/bmj.e4075 pmid: 22695306
- 4 Romain J, Carey G. There is nothing holy about agony: religious people and leaders support assisted dying too. *BMJ* 2021;374:n2094.
- 5 Hartling O. Euthanasia and assisted dying: the illusion of autonomy—an essay by Ole Hartling. *BMJ* 2021;374:n2135.
- 6 Davis J. It's more vital than ever that we have data to support the debate on assisted dying. *BMJ* 2021;374:n2173.
- 7 Sleeman K. Assisted dying: we must prioritise research. *BMJ* Opinion. Sep 2021. <https://blogs.bmj.com/bmj/2021/09/08/assisted-dying-we-must-prioritise-research>.
- 8 Best J. Doctors' organisations, neutrality, and the assisted dying debate. *BMJ* 2021;374:n2075.