Sir/Madam

Please find attached a document from my colleague at Not Dead Yet US, summarising the reasons why disabled people are so rightly concerned about any move to legalise assisted suicide/euthanasia.

I would add just a few brief thoughts here:

Anyone who cries ‘I want to die’ is in despair of their future life – tackling the reasons for that despair most often results in the removal of fear, and an entirely different approach to life. As a young trainee social worker I was immediately taught that 90% of suicide attempts are cries for help, and some of the remaining were such cries that went wrong (the person’s plan to be found in time didn’t happen, etc).
Not one of those people who failed in their legalized attempt in Oregon has ever tried again.
But not one of those who have died or will die by AS/euthanasia will ever get the chance to come back and say ‘I made a terrible misjudgment’.

There is so much detail missing in the low-level debate carried out in the public square: e.g. often someone who has decided to commit suicide is euphoric, never been happier, in the days, even weeks leading up to the moment which sheds all sorts of doubt on the idea that they have a ‘settled wish’. But there are so many questions no longer even on the table, which are nevertheless important ones, crucial even, to this discussion – the huge and damaging impact on families of the suicide and the prevalence of suicide in those families after one suicide death; the failures of medicine and social care; the ‘cajoling’ or ‘coercion’ of people to see death as their only option left; even the impact of this widespread discussion on people’s sense of worthlessness, being or becoming a burden on others…the constant dripping of the suggestion to them that they would indeed be better off dead and so would all those around them. There are too many more subtle ways to influence someone’s sense that they are a burden and no law could ever cover them.

There is no such thing as the ‘right to die’ – it is a nonsense locution – you can’t have a right to something which is inevitable. (we only have to think of trying to remove the right…). The notion of ‘rights’ is too thin to do the work here…indeed, too thin to do much of any of the work to which it is so generously applied (imagine telling a Jew being forced into a gas chamber that they had a ‘right to life’)

Suicide of no matter what backstory, leaves behind others, some few of whom may not even recognize themselves as victims, but for the rest – try telling the 16 year old girl who finds her dad hanging from the banister that it was rational.

The false idea that quality of life can be measured leads to the vile idea that ‘this life is not worth living’ - as a judgment made most often by a third party…once those ideas are accepted as part of any discussion here, the game is over

Lending more weight to the argument for the gullible is the equally dangerous notion of the greatest good (for the greatest number) – Utilitarianism is not just rank bad Philosophy it is a morally bankrupt philosophy, and yet it is repeatedly used in decision-making (usually as an excuse) for every social and healthcare policy and even for making war. One disabled person Becky was recently told in the UK: You cost the NHS too much money. It would be better off if you were dead.’ (This latest example was cited by Baroness Grey-Thompson in the UK House of Lords debate 18 July 2014.)

This attitude to disabled people is so common that we long ago adopted the name ‘Not Dead Yet’ for our resistance campaign

It’s a constant source of frustration that the debate in the public square is so low-level…even from intensive care doctors, or especially from them – doctors are not making medical decisions here, they are making moral ones based on those false ideas I mentioned. But as someone remarked about Stephen Hawking’s use of the crassest of all arguments ‘you wouldn’t do it to a dog’ – being a famous scientist does nothing to prevent you saying stupid things. Nor does being a doctor prevent you from the easy slide into the idea that you can and should end a life, especially if you want to - or all the pressure is on you to do so. Once the door is opened as Dr Theo Boer has recently stated publicly about the law in Holland, you find it impossible to go back, even when you have realised it was entirely the wrong road to travel.

I want to believe it is not too late even for Holland and Belgium, for the sake of the children who die, for the incapacitated old people with dementia who die, for all those socially unsupported disabled people who die…for the tens of thousands who are dying. Already Holland has reached near 6,000 a year, although you have to look carefully at their statistics to see that because in 2010 they stopped adding in their 'official' euthanasia count those who are killed through involuntary euthanasia by means of deep-sedation and in other ways.

As disabled people we know we are first in line, but history dictates that we will not be last.
Do not let anyone open this 'door' in your State if only so you too do not find yourself constantly looking over your shoulder in the Emergency Room/Accident and Emergency dept or on a hospital ward, or in your GPs surgery, wondering what this or that doctor thinks of administering lethal injections.

This is not scaremongering – even the pro-euthanasia lobby consistently say 'this is happening already' in their attempts to get laws passed – they do not then say 'if it is happening (before a law is passed) that is illegal; it should be prosecuted with the full force of the law'. It is happening; making it legal will only allow more and more and more of euthanasia deaths happen.

Please read Diane's document. When you understand that there is even one danger, let alone all the ones we have cited, you will know that passing such a law is not just dangerous, it is a catastrophic step which fundamentally changes the moral landscape and the practice of medicine within it.

Yours sincerely

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Spokesperson/Convener