

September 2015 (follow link to check for updates)

What is current BMA policy on assisted dying?

Current BMA policy

- opposes all forms of assisted dying
- supports the current legal framework, which allows compassionate and ethical care for the dying and
- supports the establishment of a comprehensive, high quality palliative care service available to all, to enable patients to die with dignity

The BMA represents doctors throughout the UK who hold a wide range of views on the issue of assisted dying.

While the BMA fully acknowledges this broad spectrum of opinion within its membership, the consensus since 2006 has remained that the law should not be changed to permit assisted dying or doctors' involvement in assisted dying.

The Association has clear policy on the issue, agreed in 2006.

The BMA:

- believes that the ongoing improvement in palliative care allows patients to die with dignity
- insists that physician-assisted suicide should not be made legal in the UK
- insists that voluntary euthanasia should not be made legal in the UK
- insists that non-voluntary euthanasia should not be made legal in the UK
- insists that if euthanasia were legalised there should be a clear demarcation between those doctors who would be involved in it and those who would not.

How is BMA policy made?

The majority of BMA policy, including the policy on assisted dying, is made through debate at the Association's annual representative meetings (ARMs), where representatives discuss motions put forward by local divisions and vote on them after hearing the arguments on both sides. The BMA's democratic process is intended to capture a representative snapshot of BMA members' views.

What are the key arguments for the BMA's opposition to assisted dying?

The BMA has considerable sympathy with individuals facing the effects of terminal illnesses and other incurable conditions but is concerned that giving them a legal right to end their lives with physician assistance, even where that assistance is limited to assessment, verification or prescribing, could alter the ethos within which medical care is provided.

Current BMA policy firmly opposes assisted dying for the following key reasons.

- Permitting assisted dying for some could put vulnerable people at risk of harm.
- Such a change would be contrary to the ethics of clinical practice, as the principal purpose of medicine is to improve patients' quality of life, not to foreshorten it.
- Legalising assisted dying could weaken society's prohibition on killing and undermine the safeguards against non-voluntary euthanasia. Society could embark on a 'slippery slope' with undesirable consequences.
- For most patients, effective and high quality palliative care can effectively alleviate distressing symptoms associated with the dying process and allay patients' fears.
- Only a minority of people want to end their lives. The rules for the majority should not be changed to accommodate a small group.