Irish Society of Physicians in Geriatric Medicine

**Submission from ISPGM concerning proposals to legislate for physician-assisted suicide and euthanasia**

29 Jan 2021

In the context of the Oireachtas Committee examining a Bill to legalise physician-assisted suicide and euthanasia, the Irish Society of Physicians in Geriatric Medicine (ISPGM), representing over 130 specialists in the care of older people, after a survey of its members wishes to give the strongest possible endorsement to the 2017 and 2020 Position Papers of the Royal College of Physicians in Ireland[1] and submission to the Oireachtas Committee[2] raising deep concerns about the many negative impacts of physician-assisted suicide and euthanasia on the practice and ethos of care during life and for end of life care.

Dignity is an unassailable element of the human condition, and the provision of care which recognizes, validates and supports our shared human nature should be a primary mover of our care philosophy and systems. The developments of gerontological nursing, dementia care specialist, geriatric medicine, and palliative care are all expressions of our increasing knowledge of how to improve the framework of care within which we live when faced with barriers to memory, function, language and peace.

The very real dangers that physician-assisted suicide and euthanasia place to our societal and system impulses of care are clearly outlined in the RCPI position papers and submission. It is clear that not only are there intrinsic deep challenges posed by physician-assisted suicide and euthanasia but also that it can neither be restricted nor adequately regulated: in virtually every jurisdiction where it has been established it has extended to conditions – psychiatric illness, dementia, children, etc – far beyond the original proposal for restricted circumstances.

In terms of older people, and in particular some of the conditions associated more commonly with later life such as dementia, there are particular concerns that physician-assisted suicide and euthanasia are corrosive to developing insights into personhood and solidarity with providing excellence of care. The philosopher Stephen Post has eloquently exposed the major challenge of ignorance and insensitivity to life with deep forgetfulness in his *The Moral Challenge of Alzheimer Disease*[3], and we need to be mindful of ensuring that we do not foreclose early on the possibilities of supportive care through physician-assisted suicide and euthanasia.

Vivid illustrations of how recourse to physician-assisted suicide and euthanasia short-circuits and erodes the provision of adequate care can be seen in a number of cases in the Netherlands where the profession, media and courts have developed a tolerance for poor care and insensitivity to human rights of those living with dementia. As far back as 2001, a Dutch court dispensed no penalty to a general practitioner who euthanised a woman without consent, noting that she was in pain, lying soaked in urine and had a pressure ulcer, but without calling in specialist support[4]. All three of these conditions would be indicative of poor care calling remediation, palliation and a stepping-up of care, rather than terminating life without recourse to better care.

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This tolerance of the violation of basic human rights and care was re-emphasized by the tolerance of Dutch professions, courts and media of the euthanising of a woman living with dementia against her will by a nursing home doctor more recently, and notably even the Irish media seemed insensitive to a more modern understanding of how we interpret the wishes of those who have barriers of memory and language but still are capable of expressing themselves in many other ways[5].

The impulses that have led to proposal of this Bill almost certainly arise from the wish to provide the highest levels of autonomy, self-determination and care when we approach the end of life, and these factors are indeed those prized by advocates for older people and specialists in the care of older people. However, these need to be seen in the context of the frameworks of not only advances in care – gerontological, palliative, psychological – but also deep seated and embedded prejudices against later life and disability, and must result in a system of care that has therapeutic and supportive, and not destructive and premature life-terminating, philosophy at its core.

On behalf of the ISPGM

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[1] Royal College of Physicians in Ireland. *Assisted Suicide Position Paper; Key Updates and Literature Review – October 2020*. Dublin, Royal College of Physicians in Ireland, 202
[2] Royal College of Physicians in Ireland. *Consultation Submission on the Dying with Dignity Bill*. Dublin, Royal College of Physicians in Ireland, 2021.
[3] Post SG. *The Moral Challenge of Alzheimer disease: ethical issues from diagnosis to dying*. Baltimore, Johns Hopkins University Press; 2000
[4] Sheldon T. Dutch GP found guilty of murder faces no penalty. *BMJ* 2001;322(7285):509.
[5] O'Neill D. No means no for people with dementia. Irish Times 2020, 25 June https://www.irishtimes.com/opinion/letters/no-means-no-for-people-living-with-dementia-1.4287552