

Assisted Suicide & The Role Of Pharmacists In End-Of-Life Care

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R v Cox (Nigel) – the doctrine of double effect -1992

- Potassium chloride
- Allegation – attempted murder
- Defence - the primary purpose of the accused was to relieve the pain of the dying patient and that there was no intention to kill.
- Mr Justice Ognall: the defence only applied if the defendant's primary purpose was to relieve pain. Death had to be merely an incidental consequence of this.
- Jury – convicted
- Sentence – 12 months imprisonment – suspended.
- GMC – No further action

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Dr David Moor – May 1999

- Admitted in the media to administering a lethal dose to many patients
- Charged with murder of 85-year-old terminally ill cancer patient
- Said he only wanted to relieve pain, not kill
- Acquitted

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R (on the application of AM) v General Medical Council – 2015

- Applicant – locked-in syndrome – unable to speak or move – long-standing wish to end his life
- GMC guidance - a doctor who assisted suicide was at risk of having disciplinary proceedings taken, even if unlikely to be prosecuted
- High Court – policy was not irrational – the GMC was better placed than the court to decide how best to protect the interests of the profession or the public interest

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R (on the application of Conway) v Secretary of State for Justice – June 2018

- 68-year-old man
- Motor Neurone Disease
- the blanket ban on assisted suicide was a necessary and proportionate interference with art 8 ECHR rights
- The court should respect Parliament's assessment of the necessity of section 2(1) Suicide Act

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Bipin Desai – Guildford Crown Court, November 2017

- Mr A lived with Mr Desai – a pharmacist - and his family.
- Mr A was lonely and wanted to die. He believed in an afterlife.
- Mr A constantly urged Mr Desai to help him die.
- After prevaricating, Mr Desai prepared a fruit smoothie with Oramorph. When asleep, administered insulin
- Went to police station and confessed
- Convicted – 9 months imprisonment suspended
- GPhC – 12 months' suspension

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Assisted Dying Definition

Assisted dying - Death controlled by the dying person with support to take the final act that brings about a peaceful death. It is completely voluntary.

Royal Pharmaceutical Society, August 2021

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European Convention on Human Rights – Article 8

- (1) Right to respect for private and family life
- (2) There shall be no interference by a public authority with the exercise of this right except in accordance with the law.

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Assisted Dying Bill - England

- Private Members Bill
- A terminally ill patient with capacity and High Court consent can lawfully be provided with assistance to end his or her own life.
- Only doctors may prescribe.
- Conscientious objection clause – no duty to participate
- Committee stage – House of Lords

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Assisted Dying for Terminally Ill Adults (Scotland) Bill

- Consultation closed 22 September 2021
- Terminally ill patient makes a declaration before two independent witnesses
- Attending doctor may prescribe
- A registered healthcare practitioner must deliver medication only after confirming that the patient has not revoked or wishes to revoke their declaration.
- The HCP may prepare for self-administration
- The HCP must be present when the patient takes the medicine.
- Conscience clause

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Crown Prosecution Service – Consultation On Mercy Killing – January 2022



Factors against prosecution include:

1. the victim had reached a voluntary, clear, settled and informed decision to commit suicide;
2. the suspect was wholly motivated by compassion;
3. the suspect had sought to dissuade the victim from taking the course of action which resulted in his or her suicide;
4. the actions of the suspect may be characterised as reluctant encouragement or assistance in the face of a determined wish on the part of the victim to commit suicide;
5. the suspect reported the victim's suicide to the police and fully assisted them in their enquiries.

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Royal Pharmaceutical Society policy statement (not practice guidance) – August 2021

- A person must be able to self-administer the lethal prescription and be able to change their mind and halt the procedure at any point to differentiate between assisted dying and euthanasia.
- Two doctors should carry out a full assessment of the patient, which carries the responsibility for ensuring that the patient fits the necessary eligibility criteria
- National guidance and protocols would be expected to be in place to ensure that best practice
- Although pharmacist independent prescribers could sign a prescription the link to the clinical assessment of eligibility criteria is essential and therefore the prescriber should always be one of the assessors.
- In addition to the usual practice of checking that the prescription fulfils the necessary legal requirement, pharmacists must have full access to the patient's diagnosis and assisted dying care plan.

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