The ‘ideal’ scenario envisaged by the DPP in his interim guidance on assisted suicide prosecutions (http://kclmedicalethicsandlaw.wordpress.com/2009/09/23/comment-dpps-new-interim-guidance-on-assisted-suicide-prosecutions/) is encapsulated in one of the factors against prosecution (http://kclmedicalethicsandlaw.wordpress.com/2009/09/23/comment-dpps-new-interim-guidance-on-assisted-suicide-prosecutions/): “The actions of the suspect may be characterised as reluctant assistance in the face of a determined wish on the part of the victim to commit suicide.”

One group of factors seem concerned to ensure that assistance in suicide remains an amateur activity carried out by inexperienced individuals without the assistance of professionals or amateur organisations (as in Switzerland). Thus factors in favour of prosecution include:

- The suspect was not the spouse, partner or a close relative or a close personal friend of the victim.
- The suspect was unknown to the victim and assisted by providing specific information via, for example, a website or publication, to the victim to assist him or her in committing suicide.
- The suspect gave assistance to more than one victim who were not known to each other.
- The suspect was paid by the victim or those close to the victim for their assistance.
- The suspect was paid to care for the victim in a care/nursing home environment.
- The suspect was a member of an organisation or group, the principal purpose of which is to provide a physical environment [whether for payment or not] in which to allow another to commit suicide.

Unlike all of the other jurisdictions which permit assisted suicide (and in the Netherlands and Belgium, euthanasia as well), where the activity is carried out in whole or in part by physicians, here the involvement of a physician will remain unusual, unless the victim is fortunate enough to have someone with medical expertise amongst his or her family or close friends who is willing to provide expert assistance.
The DPP’s consultation document does not explain the thinking behind any of the factors. The reasons for the privileged status of the reluctant amateur over the expert professional are unclear. Why is there a greater public interest in the prosecution of health care professionals than family members, if both are motivated by compassion? If assisted suicide is thought to be incompatible with the professional role, surely this is a matter for the GMC and the NMC, rather than the DPP? Whether intentionally or not, this aspect of the guidance is likely to keep the number of assisted suicides which take place entirely within the UK relatively low. There will still be an incentive to travel to Switzerland, when physically and financially possible, where such expertise is available. Those without supportive friends and family may commit suicide earlier than they would have wished, or travel to Switzerland when they are still able to do so on their own.

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