



CHURCH OF IRELAND
THE GENERAL SYNOD

Church and Society Commission (CASC)

Church of Ireland House, Church Avenue, Rathmines, Dublin 6 D06 CF67

Tel: (+3531) 4978422

Fax: (+3531) 4978821

Email: synod@rcbdub.org

DX 10010 Ranelagh

04 December 2023

Committee on Assisted Dying
Leinster House
Kildare Street
Dublin 2
D02 XR20

Dear members of the committee,

The Church and Society Commission (CASC) wishes to thank the committee for extending an invitation to join the meeting taking place on Tuesday 5th December. We have prepared the following short note providing an overview of our position on the topic.

CASC is an advisory group, serving the Standing Committee of the General Synod, and engages with legislatures and governments on a variety of issues, including legislation. The mission of CASC is to provide oversight and direction for the Church of Ireland's work, in respect to social theology in action. CASC's views only become representative of the Church of Ireland after being approved by its General Synod.

Yours sincerely,

The Most Reverend Dr Michael Jackson (Chair)
Church and Society Commission of the Church of Ireland



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‘We affirm the sacredness of human life, in its totality from beginning to end, as a gift given by God, and that each and every human life is intrinsically valuable in all its phases. It should also be recognised that very difficult situations and emotions can arise from the management of care towards the end of a life and the discussion of personal circumstances always requires the utmost sensitivity. Such sensitivity should also be borne in mind in the public debate around these issues.’

[- Joint Statement from Archbishop John McDowell & Archbishop Michael Jackson \(08/10/2020\)](#)

The Church of Ireland's fundamental position on assisted suicide and related end-of-life issues has been previously articulated in a CASC discussion paper, adopted by the General Synod of the Church of Ireland in 2018¹. The faith based argument against assisted dying is clearly outlined therein:

“At the centre of our theology lie certain core beliefs from which we get guiding principles that promote our decision-making, and from which, in turn, we get our policies and practices. One of these ‘core beliefs’ is the conviction that God is the life-giver. To believe that each and every human life is intrinsically valuable is to accept that every life has a purpose, a significance and meaning from its beginning to end. In this context, it is difficult to see how even the most sensitive legislation can do anything other than devalue this”

The former Archbishop of Armagh, the Most Revd Dr Richard Clarke, put it perhaps most succinctly in his opening address to General Synod 2014: “We must surely, as Christians, never concede that life is anything other than sacred, a gift of God from beginning to end, never to be thrown away as though it were personal property.”²

Aside from issues of faith, there is a wealth of evidence which indicates that legislating for assisted death does nothing to improve the situation of vulnerable individuals and is open to overreliance, misuse, and abuse.

In a position paper for CASC in response to the Dying with Dignity Bill 2020 as it was before the Oireachtas Committee on Justice, the Rev Dr Rory Corbett outlined several significant issues with legislation in this area³. In that paper, Dr Corbett specifically cited the example of the USA state of Oregon which enacted the Death with Dignity Act in 1997, allowing physicians to prescribe lethal medications to terminally ill individuals who wish to end their lives. The Oregon Health Authority collects information and publishes annual statistical reports on those participating in

¹ Church and Society Commission. 2018. Discussion Paper on Euthanasia and Assisted Suicide.
<https://www.ireland.anglican.org/resources/508/euthanasia-and-assisted-suicide-discussion>

² Church of Ireland General Synod. 2014. Presidential Address.
<https://www.ireland.anglican.org/news/5118/the-archbishop-of-armaghs-presidential>

³ Church and Society Commission. 2021. Response to the Dying with Dignity Bill 2020.
<https://www.ireland.anglican.org/resources/648/response-to-the-dying-with>



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the Oregon Death with Dignity Act. The most recent report⁴ shows that of those who provided information on their end-of-life concerns 46.4% cited being a “burden on family, friends/caregivers”. If a marker of a society’s compassion is how it deals with its most vulnerable would we wish to create a situation where the most vulnerable and weak among us feel such an insidious pressure to end their lives for fear that they are a burden to others?

Research⁵ and reporting⁶ published in the British Medical Journal notes, among other concerns, that the average length of the doctor-patient relationship in cases under the Act has fallen from 19 weeks on average in 2010 to just 5 weeks in 2022. This would support the concept of ‘doctor-shopping’ and of wholly inadequate time given to make a proper assessment of the patient’s mind and to deal with problems such as a feeling of being a burden or of inadequate medical management. Indeed, referrals for psychiatric evaluation have also fallen, and in 2022 only 1% of participants underwent psychiatric evaluation.

We must also be aware of the dangerous trends seen in countries which have adopted legislation such as is being discussed here to normalise the process, loosen restrictions and open the system to abuse of the vulnerable. In the case of Oregon, the number of prescriptions and deaths under the law have increased dramatically since 1998. Last year saw a change in the law which removed the restriction of those participating to Oregon residents. Countries such as Belgium and the Netherlands have expanded their legislation to allow for euthanasia of children. The Netherlands has also seen repeated⁷ calls⁸ for the country’s law to be opened to healthy older people who believe their life is complete.

In Canada the law allowing for assisted dying and euthanasia was amended to remove requirements that a person’s death be reasonably foreseeable as a required criterion, which has been criticized widely by human rights experts⁹ ¹⁰ and disability activists¹¹ who argue that the lack

⁴ Oregon Health Authority 2023. Oregon Death with Dignity Data Report 2022

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year25.pdf>

⁵ Claud Regnard, Ana Worthington and Ilora Finlay. 2023. Oregon Death with Dignity Act Access: 25 Year Analysis

<https://spcare.bmj.com/content/early/2023/08/14/spcare-2023-004292>

⁶ BMJ Supportive & Palliative Care. 2023. Critical data gaps on doctor assisted death in Oregon amid rise in participants.

<https://www.bmj.com/company/newsroom/critical-data-gaps-on-doctor-assisted-deaths-in-oregon-amid-rise-in-participants/>

⁷ Dan Bilefsky and Christopher F. Schuetze, New York Times. 2016. Dutch Law Would Allow Assisted Suicide for Healthy Older People.

<https://www.nytimes.com/2016/10/14/world/europe/dutch-law-would-allow-euthanasia-for-healthy-elderly-people.html>

⁸ Anne-Marijke Pody, NL Times. 2023. D66 adjusts “completed life” bill for longer guidelines before assisted suicide

<https://nltimes.nl/2023/11/07/d66-adjusts-completed-life-bill-longer-guidance-assisted-suicide>

⁹ Gerard Quinn, Claudia Mahler, Olivier De Schutter. 2021. OL CAN (2.2021)

<https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gld=26002>

¹⁰ Canadian Human Rights Commission. 2022. Statement of Chief Commissioner Marie-Claude Landry

<https://www.chrc-ccdp.gc.ca/en/resources/maid-cannot-be-answer-systemic-inequality>

¹¹ Heidi Janz. 2021. An Open Letter from the Council of Canadians with Disabilities (CCD) Concerning the Canadian Psychiatric Association Position Statement on Medical Aid in Dying (MAiD)

<http://www.ccdonline.ca/en/humanrights/endoflife/An-Open-Letter-from-the-Council-of-Canadians-with-Disabilities-%28CCD%29-Concerning-the-Canadian-Psychiatri>



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of state supports for those living with disabilities will force many to see euthanasia as a default option.

We feel that introducing legislation which allows for assisted dying would have similar impacts here, and rather than provide dignity or care to those suffering, would instead promote a casual, unfeeling attitude to those approaching the end of their life.