

This collection of "Statements of Supporters" was kindly provided to DignitySA by:
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Supporting greater patient choice at the end of life: If you are a healthcare professional joining [AMPAD](#) is free. Join us and help us to put an end to unnecessary suffering at the end of life - [DignitySA](#) say thank you for taking the initiative!

Dr Laura McClelland:

"My aunt, Geraldine McClelland, died at Dignitas yesterday (7 December 2011). It is with great pride and conviction that I support the cause of assisted dying. I witness the pain and protracted agong of the dying on a daily basis and more recently, I have lived it. It is without reservation that I feel that, for those who choose, assisted dying should be available to nurture dignity and choice whilst alleviating physical and psychological suffering in the terminally ill."

Dr Jeremy Honeybun:

"I agree with the vision and mission of HPAD, whilst also having a strong interest in Palliative Care. We should all strive for the highest standards of care at the end of life, and this should include the choice, for those patients able to express the wish, to have an assisted death. It will never be possible to fully palliate all suffering and to condemn some patients to such suffering denies them what should be a basic human right - a dignified and comfortable death."

Dr Jane Roblin:

"I fully support a movement for change in this important end of life issue. Healthcare professionals are best placed to assess and work with patients so that they can have the best quality support to die in the manner of their own choosing."

Dr Quentin Spender:

"As highlighted in the recent Demos report, the art of dying needs more respect and professional assistance rather than being regarded merely as a failure to live."

Marcus Harbord:

"The profession is at odds with public opinion which is why I am keen that this group is supported. I encourage an honest debate about assisted dying. Wider public use of living wills should also be encouraged, which would be empowering for those too frail to advocate for themselves."

Dr Harriet Dickson:

"I agree with Dr Ann McPherson and had come to the same conclusion gradually over many years. As a GP, I would want the same choice for myself in the same situation."

Dr Dot Lister:

"I firmly agree that the choice of assisted dying is needed and would be a valued choice to many, reducing their fear and empowering them."

Dr Jill Bartlett:

"To die at home or other peaceful surroundings of one's own choosing peacefully and with dignity is possible for many people. I work in general practice and aim to help palliative care patients achieve this. For the small number with certain symptoms or problems which are impossible to control or so severely affect an individual's dignity there should be a carefully considered alternative approach to dying to cut short suffering when chosen by them."

Henry Marsh CBE MA FRCS:

"Modern medicine has given doctors - and hence their patients - the ability to predict the course of an illness with much greater accuracy than in the past. It has also given doctors the ability to keep people alive beyond any chance of useful recovery. The traditional view that 'while there's life there's hope' is

often no longer appropriate or humane and indeed can become profoundly cruel. Patients with terminal illnesses should be allowed to make rational decisions about how and when their life should come to a close."

JD Cameron FRCPATH:

"The arguments against change have been shown to be, at best, weak. The right to end one's life in a dignified manner should not, in the 21st century, be denied by a minority holding opposing views."

Dr Antony Lempert:

"Unendurable suffering, as defined by the patient, should not have to be endured when alternatives are available. The absence of pro-active assisted dying legislation leaves patients and relatives vulnerable and unsupported. Relatives face the terrible prospect of prosecution for ending their loved-ones' suffering. Those who are suffering are denied the respite they crave or the support that might be given were they to believe that they had a real choice in the matter. The imposition of other people's values should no longer be permitted to obstruct humane treatment. The autonomy and dignity of the patient should be the paramount consideration."

Alison Spurrier:

"I am frequently deeply saddened at the way we care for dying patients in British hospitals. On countless occasions I and my colleagues have been incredibly distressed at the suffering of those we have been caring for. I believe that death is a manifestation of life which we should anticipate and treat with dignity and understanding. There comes a time when there is no value in further treatment. It is an individual's right to say 'enough is enough'. Let us take these people home, to die in their own beds, surrounded by people they love and trust ... peacefully."

Dr Simon Kenwright:

"As healthcare workers we need to listen to the anxieties of those who are dying and learn to accept their adequately informed choices. Law change is now needed urgently to provide one further choice which the majority of people know should be available. It is wrong to impose other values on the patient and to try to stifle informed debate by raising misleading fears reflecting personal prejudices."

Bryony Tyrell:

"I absolutely support this campaign. I think the current laws must be and can be changed in order to allow people the basic right to a dignified death. As it stands many terminally ill people are forced to take their own lives alone and with no medical assistance. No one should have to die alone. If the law is changed it will allow people to live longer without the fear of unbearable suffering and to die a peaceful death with the support of their loved ones."

Dr Julian Neal:

"I have been practising medicine for over 30 years. For much of this time I have been helping to provide what I hope is high quality end of life care in an NHS Continuing Care Unit. Experience has taught me that not every death is a good one, even with access to and help from our superb local palliative care service. It is simply a myth that all suffering, both physical and mental, can be relieved during the dying process. It is also patently untrue that patients of sound mind who wish to exert control over the time and mode of their death are necessarily clinically depressed."

"Respect for religious beliefs and tolerance are the hallmarks of a civilised society and I have no wish to impose my humanist views on those, who for religious reasons, view assisted suicide as a sin. But in return, I believe passionately that opponents of a change to UK law should not impose their beliefs on the dozens of poor folk who I have seen die without dignity over many months of painful and anguished futility."

Dr Liz Sylvester:

"I support this group as I feel there is a place for the law to be changed to help those people who are able to make an informed choice to be able to discuss openly all the options, including assisted dying, at the end of their life with a healthcare professional."

Jacinta Neal:

"I strongly feel dying need not be something we should be afraid of- if only we can stop it being synonymous with suffering."

Dr Joanna Rustin GP:

"I am supporting the group because I feel committed to help my patients enjoy the best quality of life and this includes making sure that they have the best quality of the end of life too. I would like every one of us to be able to choose for ourselves when we wish to end our lives and to do so with

appropriate dignity. I would like to see a proper system in place for this to be done legally and acceptably in the eyes of medicine and the law."

Dr Colin Lennon:

"I believe that patients should be able to choose the one option which is currently denied them at a time when they are at their most vulnerable. This would actually provide safeguards by allowing them to talk openly about their wishes with a healthcare professional confident to provide the highest quality care within the legal framework."

RM Kalbag FRCS (Retired) Consultant Neurosurgeon:

"I support the local hospice. As a specialist myself, I know that no speciality can deliver all it aspires or claims to. Palliative care is no exception. I therefore support assisted dying for the terminally ill, when all else has failed, and if the person is mentally competent."

Harriet Copperman OBE SRN:

"Although modern palliative care enables many people to die in dignity and comfort, this is certainly not universal. For those approaching the end of their life, who wish to determine the time and place of their death, that option should, with adequate safeguards, be available to them."

Dr Elisabeth Macdonald FRCR MA Consultant Emeritus Guys Hospital:

"As an Oncologist who has unfortunately cared for many dying patients I am all too aware that there are some problems which occur in advanced disease which palliative care is unable to control. In this relatively small number of cases the intensity of their suffering is such that I would support a change in the law to offer those people who choose to die sooner rather than later the freedom and support to make that choice."

Carol Haigh Professor, Manchester Metropolitan University:

"I am delighted to champion Healthcare Professionals for Assisted Dying as it provides a voice for healthcare professionals and an informed resource for the public at a time when the debate surrounding choice and assisted dying is becoming ever more crucial."

Martin Johnson Professor, School of Nursing and Midwifery University of Salford:

"From both personal and professional viewpoints as a nurse the evidence is that many people face a wholly unsatisfactory death. Whilst advances in palliative care offer peace of mind for many, it is clear that others would benefit from the opportunity for more control over the place, time and manner of their death. I think that such opportunities need to be transparent and openly discussed, but that in due course suitable laws can and should be enacted to enable the legal reduction of suffering."

Dr Oscar Leonard:

"I believe that opinion on assisted dying within the medical profession, as within the general population, is varied, and that this is not reflected at present by professional bodies. I am in favour of regulated assisted dying and I believe that a more open debate would be in the best interests of our patients and would better reflect public and professional opinion."

Gay Lee RN BA M MedSci Palliative Care Nurse:

"I work with many people who are dying and I do not see assisted dying as in any way contradicting what I do to try to make the end of peoples' lives as good as they possibly can be. Many people do not want to end their lives prematurely with assistance but some do, and for those (mentally competent) people their decision should be respected, as with any other healthcare decision."

"I know this idea worries a lot of health care professionals, especially those involved with palliative care, and so I support this group which offers an opportunity for dissemination of ideas and constructive, informed debate amongst colleagues on this sensitive issue."

Gill Coverdale:

"I too would like the choice to die at home at a time of my choosing and support the campaign for the choice of an assisted death, subject to safeguards for terminally ill and mentally competent adults."

Professor Sir David Hall:

"It seems strange that I have the right to life but not the right to death. I cannot accept that it is impossible to devise the safeguards needed to protect vulnerable individuals if assisted dying is legalised."

Dr Judith Harvey:

"I am saddened to read more and more accounts of our failure as health professionals and as a society to support those who are dying in achieving 'a good death'. The general public seem to have a better sense of humanity in this regard than many health professionals. I hope that we and parliament can catch up with them."

Alison Hawes:

"Thank goodness - at last a body of professionals who deal with death every day, that have voiced their support in favour of a change in the law. We must educate those who fear death, and it is our duty, as committed and educated care givers, to offer our patients a choice, and the power to control their own illness."

Dr Rachel Hopkins:

"I support change to the law as I strongly believe in patient choice. Good palliative care is paramount but only the individual who is dying should decide if their suffering is too much to bear."

Dr Jo Loughton:

"I strongly feel that in a civilised society it is time for change. I enjoy the challenge of terminal care for patients and take pride in trying to ensure as good symptom control as possible - but sometimes more is needed. Thank you Ann for taking the lead."

Dr Ian McLellan:

"It is important for patients to have choice at the end of their life. Educated discussion of this issue has been submerged in a wave of emotion. It is time for rational and open debate."

Dr Sian Rees:

"I have watched too many patients die in ways that I would not wish for myself or my loved ones - in pain, in hospital when they wanted to be at home and after weeks or months of staying, in full understanding, that they wished to die. As a caring professional and as an empathic individual this always seemed inhuman and wrong. We need to give people the choice and support to die their death in the way they wish to in the same way we find it acceptable to allow them to live their life in their own way."

Dr Susan J Vaughan:

"Patient centred care must include respect for the views of the patient about how and when they die. Properly regulated assisted dying should be among the options available at the end of life."

Dr James Willis:

"From my personal and family experience and from my career as a family doctor I categorically support the aims of this group and applaud those who have set it up."

Dr Neil Smith:

"I see my role as a GP to care for patients throughout their life. And one of the most rewarding things I do in my practice is to ensure that the end of life is valued as an important part of that life. Sometimes that can be hard to do when patients are forced to endure more life than they wish to."

Patricia Pank:

"Having worked with many people who suffered uncontrollable physical symptoms, severe distress and loss of dignity in the last days of their lives I would urge legislators to seriously consider the real issues and proposals put forward by this professional group and not to be influenced by emotive pressure groups."

Peter Ramsden FRCS:

"I fully support these views so courageously put forward by Dr McPherson."

Dr Noelle Murphy:

"It is unacceptable for a patient to die without dignity and in unnecessary pain. The choice should be available to a competent person dying from a terminal disease to decide on the timing and place of their death. The current law places family members, friends or the GP of the dying person in an impossible position. I would like to have the choice if this situation arises for me in the future."

Lista McArthur:

"Having worked as a nurse for the last 25 years, I am still saddened by how poorly we support people in death. We talk of 'patient choice' in every sphere except when it comes to how to die."

Margaret Elizabeth Hilton:

"For myself I can only agree 100% with Dr McPherson's statements. When it comes to the end of my life I would like incorporated into my personal life choices the right to die with dignity and with those I love and respect around me. I do not want to have to go abroad away from my home and loved ones to end the indignity and pain I may have to suffer."

Jeremy Luke Castle:

"Each of us deserves the right to die with dignity. For a small minority, this must include being able to choose the time and nature of their passing. Having lived with a potentially life limiting illness for 25 years, I would hope (should the need arise) that I would have the option to end my own life in a civilised and well managed manner, surrounded by my loved ones."

Ms Joan Grundy:

"I support Healthcare Professionals for Assisted Dying in their campaign for greater patient choice at the end of life. All mentally competent adults should have the right to choose the manner and time of their death if suffering from a terminal illness."

Dr Jacky Davis:

"This is the one area left where medical paternalism persists and where patient choice is denied. We will get there one day and people will look back and be amazed at the current state of affairs."

Dr Ian Eastwood:

"I consider the key factor to be humane, compassionate treatment which, when I was taught in Medical School, was deemed to be the principle underpinning patient care but which seems to have got lost in the pursuit of protocols and targets."

Sir Iain Chalmers, Steering Committee Member:

"Health professionals currently assist terminally ill, mentally competent patients who wish to die. A substantial minority of doctors and nurses believe that the law should be changed to decriminalise such assistance. Because professional views are so divided, I believe that professional organisations such as the medical and other royal colleges should adopt a neutral position on the issue."

Dr Isky Gordon FRCR FRCP, Steering Committee Member:

"Dying matters and dying well is important. Every adult with capacity and a terminal illness deserves the right to choose when to die. Assisted dying should be part and parcel of good palliative care."

Professor Philip Graham, Steering Committee Member:

"British palliative care has been judged to be the best in the world. Brilliant! To keep it this way we now need legislation to enable terminally

ill,mentally competent people who wish to end their lives to do so themselves with help from health professionals. If that is their choice, they should not be prevented by the law from receiving professional help."

Jill Hight, Advisory Committee Member:

"I am so pleased that finally health care professionals will have a recognised voice in this very important debate. As a retired specialist nurse in cancer and palliative care, and still involved on a personal level, I know there are a few situations where the best in palliative care is still inadequate. We have more and more choices in life, but this very important fundamental choice is denied to those who would choose it for totally valid reasons. Why should those people who decide to end their lives have to travel abroad, often prematurely in order to be fit to travel, or take measures in isolation at home?"

Dr Andy Chivers:

"Ann's statement is such a clear argument for assisted dying. I do hope her legacy will be this change in the law."

Sir Terence English, Steering Committee Member:

"Come the time if I had a terminal illness and was still in possession of all my faculties, I would welcome the option of having the wherewithal to end my life at a time and circumstance of my choosing"