



13: Suicide and assisted suicide

This section provides an overview about what is currently legal and illegal (at publication date).

The following information is an extracted section from our full guide *End of life: A guide for people with motor neurone disease*.

All of the extracted sections, and the full guide, can be found online at: www.mndassociation.org/eolguide

The full guide can be ordered in hardcopy from our helpline, MND Connect:

Telephone: **0808 802 6262**

Email: mndconnect@mndassociation.org



End of life:
A guide for people with
motor neurone disease

13: Suicide and assisted suicide



This section provides an overview about what is currently legal and illegal (at publication date).

Please be aware that the following contains sensitive information. You only need to read this section if you wish to know more about the legal aspects of suicide and assisted suicide.

We hope this *End of Life* guide will help to reassure you that in most cases of MND, with the right care, dying can be managed to ensure a dignified and peaceful death.

However, some people with MND have told us they want to know more about choices around timing of their death and what is legal or illegal.

Getting support if you feel distressed

Living with MND can create fear about what may happen as it gets worse. Most people have a more gentle death than they may imagine, but the progression of the disease can feel overwhelming. This may lead to thoughts about control over when you die. However, many people with MND find an unexpected ability to adapt to the challenges ahead and your views can change over time.

If you feel particularly distressed and find the challenges of MND are more than you can cope with, do seek help. Often, extreme feelings are due to the wider pressures the disease can create and fear of becoming a burden to others. With the right support, many problems can be solved or reduced to help you and those close to you achieve a better quality of life. This may help you to feel calmer and consider a range of ways to manage the demands of the disease.

You could contact:

- a friend, family member or someone you trust
- your GP or a specialist palliative care professional
- our MND Association helpline, MND Connect, on 0808 802 6262
- an adviser through the NHS helpline, NHS 111
- Samaritans 24-hour support service on 116 123, or contact appropriate local helplines
- a religious or spiritual leader.

See Section 16: Useful organisations, for full contact details.

See Section 15: Help from the MND Association, for details about our services.

See also the following sections:

- 2: Emotional and psychological support**
- 4: What to expect as the disease progresses**
- 5: How will I die?**

Can I choose when to die?

There are a number of ways that you can exert choice and control towards the end of life, without breaking the law. For example, you can make choices about which interventions you would like withdrawn or do not want introduced.

However, these choices can be actioned before you approach end of life and, depending on the circumstances, you may continue to live for some time.

See Section 9: Advance care planning and advance decisions.

These conversations can raise questions about suicide and assisted suicide.

In the most basic terms, it is legal to:

- refuse life-sustaining treatments, which you feel are no longer helpful or have become a burden
- take your own life (suicide), where you bring about your own death without any assistance from others.

However, it is **not** legal for someone else to:

- encourage you towards suicide (including advising you how to do this)
- assist you with your suicide.

The following overview explains what is and what is not allowed within the law. It is not intended to replace legal advice or act as guidance to take any specific action.

We recommend discussion with a qualified legal representative and specialist palliative care professionals when thinking about end of life care, support and decisions. This will ensure you have your affairs in order and that you have considered all support options.

What is allowed within the law?

With MND, life will end by allowing the disease to take its natural course, unless another condition, accident or deliberate action causes death first. Doctors can provide you with medication during the course of your illness and at end of life to manage symptoms or distress. Medication cannot be provided to deliberately end your life or hasten death.

See Section 5: How will I die?

You can influence how your care will be managed in the later stages using advance care planning.

You can also record advance decisions to refuse or withdraw treatment, in the event that you become unable to make or communicate these decisions for yourself.

However, these cannot be used to ask a doctor or any health and social care professional to deliberately cause your death.

See Section 9: Advance care planning and advance decisions for further details about making advance decisions and what can be included.

Suicide

To intentionally end your own life is called suicide. Suicidal feelings can be temporary, even if you have found it hard to cope for some time.

Suicide and attempted suicide are allowed within the law in the UK, as these were decriminalised by the Suicide Act 1961.

However, you cannot ask for help to do this, as it is not legal for someone to actively assist you in any way. To help another person with their suicide is called assisted suicide.

See later heading in this section, *What is not allowed within the law?*

There are many reasons why someone might consider suicide, but the diagnosis of a life-shortening and incurable disease like MND can bring this to the fore. If you are feeling suicidal, do try to share your thoughts with someone first.

See the beginning of this section for suggestions of who you can contact for support.

It may be worth noting down your specific worries and precise reasons why you are thinking about suicide. Also consider the impact of all choices on family, children and friends. Share your concerns to see if there are alternative ways to solve the issues, so that you can make an informed choice about your next steps.

Make sure you have considered all options, as these may change the way you feel about the way ahead.

What is not allowed within the law?

Assisted suicide in the UK

If someone actively encourages or assists another person with their suicide, it is known as assisted suicide. This is illegal in the UK.

This means you cannot receive practical help or support with your own suicide, whether from loved ones or a health or social professional.

See later heading in this section, *Is it legal to travel to another country for assisted suicide?*

Other people can listen to your concerns and any intent to kill yourself, but it is against the law for them to take action. For example,

- if someone were to obtain powerful sedatives for you, knowing that you intended to take an overdose to deliberately die, they would be assisting your suicide
- if someone published advice on how to carry out suicide or directed you to any service or organisation that might play a part in helping you to take your own life, they would be assisting your suicide
- if someone tried to persuade you to take your own life, they would be assisting your suicide.

Assisted suicide is illegal under the terms of the Suicide Act 1961 and is punishable by up to 14 years of imprisonment for the person providing the assistance.

Does every case of assisted suicide go to court?

No and there is guidance for legal professionals on this. *The Policy for Prosecutors in respect of cases of Encouraging or Assisting Suicide*, does not change or override the law, but provides a clear framework for prosecutors to decide which cases should proceed to court and which should not.

Prosecution of assisted suicide by the Crown Prosecution Service is considered case by case. Not every instance will necessarily be brought to court, but this will happen if the prosecutor feels there is a 'public interest'. This means that where factors in favour of prosecution are identified, a court case is to be expected.

For example, this is particularly likely if the act was deliberately publicised to encourage or influence other people to take similar action, or if the person who died:

- did not have the capacity (as defined by the Mental Capacity Act 2005) to reach an informed decision about their own suicide
- had not reached a voluntary, clear, settled and informed decision to carry out their own suicide
- was physically able to undertake the act that was provided as assistance.

Prosecution for assisted suicide is less likely if:

- the person who died had reached a voluntary, clear, settled and informed decision to commit suicide
- whoever assisted or encouraged was wholly motivated by compassion
- the actions taken were of minor encouragement or assistance
- whoever assisted had tried to dissuade the person from taking the course of action that resulted in their suicide
- any action was taken reluctantly in the face of the person's determined wish to end their life
- whoever assisted or encouraged, then reported the suicide to the police and fully assisted them with their enquiries into the circumstances.

Any evidence to support these factors must be provided soon after the events. There may be other factors for or against prosecution which could affect the decision. Each case must be considered on its own facts and merits.

For more detail, visit the Crown Prosecution Service website and search for *assisted suicide* at: www.cps.gov.uk

Is it legal to travel to another country for assisted suicide?

Countries outside of the UK may provide options for assisted suicide, but these are only legal in those countries. It is still illegal in the UK to encourage or help someone to travel abroad to make use of these options.

This means that relatives or friends who accompany someone abroad for the express purpose of an assisted suicide, may be subject to legal investigation on their return. All cases of assisted suicide by UK residents, whether carried out in the UK or abroad, are viewed separately.

Again, factors both in favour of and against prosecution will be considered.

Assisted dying

You might hear the term 'assisted dying' being used too. Both assisted dying and assisted suicide refer to someone being assisted to willingly end their own life.

Assisted dying is increasingly used to describe how someone might end their own life in a controlled setting, using medication provided by a doctor. It is sometimes called 'physician assisted dying'.

Whatever term is used and whoever is involved, assisting someone to end their own life is currently illegal in the UK.

Euthanasia

If someone deliberately causes a person's death, in order to relieve them from distress (for example, with intentional use of medication to end life), it is generally known as euthanasia.

This is illegal in the UK and a complex area. In simple terms it is regarded as euthanasia even if the person who died:

- asked someone to take this action (because they could not do it themselves)
- was unable to communicate, but had previously stated that they would want their life to end in certain circumstances.

See next page for Summary table of what is allowed and not allowed within the law.

Summary of what is allowed and not allowed within the law

	Allowed	Not allowed
Person with MND	<ul style="list-style-type: none"> • can refuse specific life-sustaining treatments • can record their wishes through an Advance Decision to Refuse Treatment (ADRT) in case they become unable to make these choices in the future • can include a Do not Attempt Cardiopulmonary Resuscitation (DNACPR) order in their ADRT to state that they do not wish for medical teams to attempt resuscitation and in what circumstances <p><i>See Section 9: Advance care planning and advance decisions for more detail about ADRT and DNACPR</i></p> <ul style="list-style-type: none"> • can carry out their own suicide 	<ul style="list-style-type: none"> • cannot expect anyone else to assist them with their own suicide • cannot include a request in an ADRT that will deliberately cause death, eg asking for an injection to end life, or the ADRT will not be legally binding
Relative or friend	<ul style="list-style-type: none"> • can talk to the person with MND about their wishes, needs and preferences at end of life • can assist by ensuring that, if an ADRT is in place, it is accessible for emergency medical teams and other health and social care professionals • can respect the legal wishes and preferences of the person who is approaching end of life 	<ul style="list-style-type: none"> • cannot encourage or assist the person with MND with their suicide • cannot give any advice or information about how to carry out suicide • cannot carry out an act of euthanasia where they deliberately intervene to cause the person's death

	Allowed	Not allowed
<p>Health and social care professional (where qualified to do so)</p>	<ul style="list-style-type: none"> • can talk to the person with MND about their wishes, needs and preferences at end of life • can advise on medical interventions, treatments and withdrawal of life-sustaining treatment • can advise on what to include in an ADRT • can carry out the legal requests made in an ADRT • can administer palliative medicine to ease any pain or anxiety at end of life, particularly when withdrawing life-sustaining treatments 	<ul style="list-style-type: none"> • cannot encourage or assist the person with MND with their suicide • cannot give any advice or information about how to carry out suicide • cannot carry out an act of euthanasia where they deliberately intervene to cause the person's death <p><i>Doctors are also governed by strict regulations, as set by the General Medical Council, which reinforce legal restrictions about how they can proceed if a patient wishes to discuss suicide or assisted suicide.</i></p>
<p>MND Association</p>	<ul style="list-style-type: none"> • can talk to the person with MND about their wishes, needs and preferences at end of life • can provide information resources on symptom management, medical interventions and end of life • can provide a listening ear to help someone explore their feelings if they are considering suicide • can provide guidance on where to go for support on suicidal feelings, eg health and social care professionals or helplines 	<ul style="list-style-type: none"> • cannot encourage or assist the person with MND with their suicide • cannot give any advice or information about how to carry out suicide • cannot carry out an act of euthanasia where they deliberately intervene to cause the person's death • cannot direct anyone to services or organisations if these are to be used to enable someone to carry out their suicide

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For references and acknowledgements please
refer to the full guide, *End of life: A guide for
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This resource has been evidenced,
user tested and reviewed by experts.