

# Presentation to Jersey Citizen's Jury 24 on Assisted Dying

24 April 2021

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# My experience

- In Southampton my team sees 2500 hospital in-patients per year; I have also worked in the hospice and community
- In Jersey I work in the community, hospice and hospital – I think that their service is excellent
- To date 5 patients out of thousands have talked to me about a wish for euthanasia; 4 decided against it having got to know the palliative care team; 1 decided against it for his family's sake

# My experience: misperceptions and misunderstandings

- The majority of people do not realise that palliative care is about living as well as you can until you die
- Most feel more in control of their lives and their deaths once they have an established relationship with a palliative care team and rediscover the wish to live until they die
- Under-diagnosis of depression

# My experience: misperceptions and misunderstandings

- Misunderstanding about choice/autonomy – people already have the right to die through declining or stopping treatments and, if they do, their doctors have a duty of care to support them as they die

*eg lady with newly diagnosed MND on ICU*

- It's not a choice between having treatment or being abandoned

# How accurate are predictions of life expectancy?

- Most accurate when very close to death – minutes, hours or a few days
- Least accurate when prognosis stretches to months
- In Oregon some people prescribed lethal drugs have lived for up to 3 years
- Changing natural history of diseases – Simon's story



# **If AD were ever to be legalised, there would be a need for:**

- Improved personalised advance care planning
- Improved social care – protect the vulnerable
- Increased early access to Specialist Palliative Care alongside other treatments – not an either/or option
- Anyone contemplating AD should have at least one consultation with multi-disciplinary Specialist Palliative Care Team
- Doctors should be expert witnesses on strictly medical questions only, not decision-makers re AD

# **My advice?**

## **AD should remain illegal in Jersey**

### **We should focus on:**

- Improved personalised advance care planning
- Improved social care
- Increased early access to Specialist Palliative Care across all care settings

# Summary: I do not think **the existing law is in need of change**

- In my experience as a Palliative Medicine Consultant very few people seriously consider AD
- But...if you license AD by law, you send the message that ending your life is an appropriate thing to consider if you are terminally ill; that changes the dynamic
- Very difficult to decide whether or not a person has less than 6 months to live
- Rather than legalising AD on Jersey, I support further improvements in advance care planning, social care and access to specialist palliative care



