JERSEY GOVERNMENT: ASSISTED DYING

Response from Channel Islands Humanists, January 2023

Channel Islands Humanists

ABOUT CHANNEL ISLANDS HUMANISTS

Channel Islands Humanists is a part of Humanists UK. At Humanists UK, we want a tolerant world where rational thinking and kindness prevail. We work to support lasting change for a better society, championing ideas for the one life we have. Our work helps people be happier and more fulfilled, and by bringing non-religious people together we help them develop their own views and an understanding of the world around them. Founded in 1896, we are trusted to promote humanism by 100,000 members and supporters, over 100 members of the All-Party Parliamentary Humanist Group, and humanist members of the Jersey and Guernsey States Assemblies. Through our ceremonies, pastoral support, education services, and campaigning work, we advance free thinking and freedom of choice so everyone can live in a fair and equal society.

We have long supported attempts to legalise assisted dying and voluntary euthanasia in the UK and crown dependencies for those who have made a clear decision, free from coercion, to end their lives and who are physically unable to do so themselves. We gave oral evidence to Jersey's citizens' jury into assisted dying, as well as responding to previous consultations on the matter. We also gave oral evidence to the UK Parliament's last assisted dying inquiry in 2005. In recent years, we have been part of the UK and Welsh Department of Health and Social Cares' Moral and Ethical Advisory Groups, and the equivalent group in Northern Ireland.

SUMMARY

In many cases, those wanting an assisted death will be terminally ill. However, we do not think that there is a strong moral case to limit assistance to terminally ill people alone and campaign for a change in the law that would be responsive to the needs of other people who are permanently and incurably suffering. Humanists defend the right of each individual to live by their own personal values, and the freedom to make decisions about their own life so long as this does not result in harm to others. Humanists do not share the attitudes to death and dying held by some religious believers, in particular that the manner and time of death are for a deity to decide, and that interference in the course of nature is unacceptable. We firmly uphold the right to life but we recognise that this right carries with it the right of each individual to make his or her own judgement about whether his or her life should be prolonged in the face of pointless suffering.

We recognise that any assisted dying law must contain strong safeguards, but the international evidence from countries where assisted dying is legal shows that safeguards can be effective. We also believe that the choice of assisted dying should not be considered an alternative to palliative care, but should be offered together as in many other countries.

We have only answered questions where we believe there is a specific perspective relevant to humanists or we have specific expertise we can contribute.

RESPONSE TO CONSULTATION QUESTIONS

Q. 1 Do you give permission for your comments to be quoted?
Yes, attributed to Channel Islands Humanists

Q. 2 Do you, or the organisation on whose behalf you are responding, hold a strong view on whether or not assisted dying should be permitted?
Yes

Q.3 If yes, do you think assisted dying:
Should be permitted

Q.4 Do you agree that the eligibility criteria should be changed to allow for those with a neurodegenerative disease to become eligible for assisted dying when they have a life expectancy of 12 months or less?
Yes

We believe it is morally right and more compassionate to change the eligibility criteria for people with neurodegenerative diseases from a life expectancy of six months to 12 months.

Firstly, people with neurodegenerative conditions have the potential to be in pain for considerably longer periods of time. Extending the timeframe may give individuals the option of an assisted death earlier, reducing the amount of pain and suffering they are likely to live through.

Extending the eligibility criteria for people with a neurodegenerative disease from six months to 12 will give them more time to act before mental capacity is lost. A person with a neurodegenerative disease may not have full mental capacity when a healthcare professional deems they have six months left to live, so some individuals may never have the option for an assisted death by default. This could act as a de-facto barrier for some individuals with neurodegenerative diseases. It would be wrong to deny these people the right to make decisions at the end of their lives.

However, while we support a change in the criteria, we would like to note that a person with a neurodegenerative disease could also fall under the consultation's proposed 'Route 2' for people with incurable, intolerable conditions with no time limit. We believe that if the Government chooses to continue with the proposed two routes, then clear guidance needs to be created for people who could fall into both categories, or for people who may start down 'Route 2' but then become eligible for 'Route 1'.

Later in the consultation, we will argue that the two separate routes are unnecessary and discriminatory. If the proposed plan for two routes were to be replaced by a single route, then the extension of the time criteria would be unnecessary.

Q. 5 Do you agree that the definition for Jersey resident should only include those ordinarily resident in Jersey for 12 months?
Yes

We understand the need for Jersey to limit eligibility criteria to those ordinarily resident in Jersey for 12 months and believe in this instance it is appropriate. Making sure the service is only available to residents will keep the service Jersey-centric and will mean that it is tailor-made to suit islanders' needs.

Q. 7 Do you agree that the Jersey Assisted Dying Service should be free to people who want an assisted death and who meet all the criteria?
Yes, it should be free

We believe it would be unjustifiable for those without the means to be forced to suffer and die a painful, undignified death. A core argument in favour of the legalisation of assisted dying is that the current circumstances lead to intrinsically unfair and unequal situations. At the current moment in time, the only route for an assisted death for a resident of Jersey that is legal in the jurisdiction in which it is carried out would be for them to travel to one of the assisted dying centres in Switzerland. The minimum cost for this service is over £9,000 which is prohibitive for many. This creates a thoroughly unequal system where only the wealthy can access an assisted death. Through this same reasoning, the Jersey Assisted Dying Service should be free in order to provide equal access to all those who need it.

Q.8 Do you agree that health professionals should have the right to refuse to undertake a supporting assessment (or provide their professional opinion), if that information may be used by an Assessing Doctor to make a determination on the person's eligibility for an assisted death?
Yes, they should have the right to refuse

Humanists strongly believe in freedom of religion and belief and this should include the freedom for religious healthcare professionals to refuse to take part in activities that go against their conscience, as long as it does not impact the rights and freedoms of others. We believe it is right in this instance that conscientious objection should be framed to mirror the existing termination of pregnancy law.

However, we are concerned that in some cases, both in the UK and internationally, conscientious objection has been misinterpreted and abused so as to allow people with religious convictions to not fully comply with the requirements of their employment or to disrupt public health and safety. On such occasions, an individual's freedom of conscience can and should be balanced against the rights of others.

We recommend that steps are taken to make sure that conscientious objection does not impact the health and healthcare options of others. People have the right to make choices about their treatment and the end of their lives and conscientious objection should not hinder that. This could mean, for example, that where a healthcare professional refuses to take part in conversations around assisted dying, they have to refer the patient to another healthcare professional that will.

We agree with the consultation report that the law will require the minister to bring forward clear guidance.

Q.9 Do you think that conscientious objection clause should provide a premise owner / operator the right to refuse an assisted death on their premises (for example, a care home provider may choose not to permit a resident to have an assisted death in their room, even though it is the person's place of residence or care)
No, they should not have the right to refuse if the person who wants an assisted death is resident or being cared for in the premises

We are concerned that allowing premise owners and operators the right to conscientiously object could be misinterpreted and abused so as to allow people with religious convictions to block access to the Jersey Assisted Dying Service. We believe it is right that all public premises (such as Jersey General Hospital) would not have the option to conscientiously object.

The consultation report states that possible locations for an assisted death include individuals' private homes, provided they are approved by the Administering Practitioner. Care homes are homes. An individual may have lived in a care home for years, it will be the location they feel most comfortable and they should have the right to have their assisted death there. By extension, a landlord shouldn't be able to block an assisted death from someone who rents from them.

We believe that an individual's freedom of conscience can and should be balanced against the rights of others and if this level of conscientious objection were allowed many people could be denied their right to make choices at the end of their lives.

There is a difference between an individual, acting on an issue of conscientiousness and personal belief, compared to an entity, business, or operator denying people the right to access a service to which individuals are legally entitled.

As we have previously mentioned, freedom of choice and bodily autonomy are important parts of our support for the legalisation of assisted dying. If multiple religious-owned and operated premises were to refuse access to the service, then many citizens of Jersey could have their choices severely reduced. We note that it is common for hospices to be owned, managed or linked to religious organisations. For individuals who are severely disabled, or close to death, moving from a care home to a hospital can be physically difficult, distressing and against their own wishes.

We believe premise owners and operators should take responsibility to make sure that their care and service are not compromised because of personal values and beliefs. Access to the assisted dying service should be equal for all citizens, including those citizens who are in the care of people with different values and beliefs. Assisted dying should be patient-centric and as much as reasonably possible it should be led by the individual themselves. Just as people have the right to make decisions about their own treatment, people have the right to make decisions about the end of their lives. It should not be for premise owners to make decisions for others.

Q. 11 Do you agree that the nine proposed steps are all necessary?
Yes

We believe that the nine-step process appears practical and safe, however, we note in a response to a later question that we believe the second route to be unnecessary.

It is important that safety is a large factor, not only for the individual who is embarking on the process but for public confidence in the system. International evidence shows that safeguards around assisted dying are effective and safe. The US state of Oregon, Belgium, the Netherlands, and Switzerland have had assisted dying legislation for over twenty years that has been shown to be safe, accessible, and trusted by the public.

The nine-step process would introduce important safeguards that do not exist in the current system. A study by the Office of National Statistics shows that a diagnosis of a serious health condition is associated with an elevated rate of death due to suicide. Individuals with terminal, intolerable, and incurable conditions are already taking their lives into their own hands, but without support or the involvement of any healthcare professionals.

While safeguards are critical when considering assisted dying legislation, they shouldn't act as a barrier to access for patients and more safeguards don't necessarily make a safer system.

We suggest amending the assisted death plan in Step 6 to remove the reference for 'their family'. Currently, Step 6 states: 'The assisted death plan will set out:… any cultural considerations and rituals that are important to the patient and their family'. An individual's cultural considerations may be very different to their family's. We therefore think it's important that all cultural considerations are centred around the individual, not their family. The individual may include family, friends, and loved ones in their decision-making if they so wish, but it is not for the Assisted Dying Service to automatically include family members in the process.

Q. 12 Do you think there are any further steps / actions that should be included?
No

We understand from both the citizens' jury and international evidence that it is important that the process isn't too long and arduous. People who apply for an assisted death are often in serious pain, suffering, and indignity and it would be cruel to force them to remain in that situation for longer than is necessary to create a safe and fair system.

David Seymour, an MP in New Zealand, recently expressed concern that one in six applicants for an assisted death there had died of underlying conditions before they were able to get an assisted death. 'Given applicants need to have a terminal illness to apply, there will always be some people in this position… it can take two months to get through the entire process, and that is longer than

necessary to observe all the safeguards in the law.'[1] We therefore believe that it is vital that the entire process is as short as it needs to be in order to be fair and safe. A core argument in support of assisted dying is the reduction of pain, misery, and suffering. By extension, it's important that the process does not maintain a situation of suffering longer than necessary.

We agree with the decision not to include the courts in the process. We believe that the need for a High Court order, as suggested in the most recent proposed legislation in England and Wales, would be unworkable. In Canada, in the case of *Y v. Swinemar*, the judgement found that the courts cannot play any role in reviewing assessments. It would place unnecessary strain on the courts in Jersey to play a leading role in every single application.[2]

Q.13 Do you agree with the proposed minimum timeframe for those with a terminal illness of 14 days?
No – I do not agree

While we believe the 14-day minimum timeframe is an important safeguard, we would strongly suggest introducing a caveat for extreme cases. We are concerned that the 14-day minimum could lead to unnecessary pain and suffering, and could even be a barrier to some individuals accessing an assisted death.

There are cases when the diagnosis of a terminal illness is sudden and the timeframe is incredibly short. As previously mentioned, there have been concerns in New Zealand about the number of individuals who have died after making a request for an assisted death: one in six applicants died of underlying conditions before they were able to have an assisted death. In 2020 in California of the 677 individuals who were prescribed life-ending drugs, 112 died from an underlying illness or other causes and did not have an assisted death.[3] California requires two verbal requests to their physicians at least 15 days apart.

In Canada, the 10-day waiting period can be waived if both assessing doctors agree and the patient is at imminent risk of either losing capacity or dying. In Ontario, the waiting period was waived for 24% of patients in 2019.[4]

Furthermore, page 34 of the consultation report states rightly that it is important that the person dictates the pace at which they move through the process.

Evidence from abroad shows that when an individual applies for assisted death, they have already thought about it extensively. This can also be reflected by the low rate of individuals who change

[1] NZ Herald, 'Euthanasia laws too strict and should be relaxed, Act leader David Seymour says', 6 Nov 2022 https://www.nzherald.co.nz/nz/euthanasia-laws-too-strict-and-should-be-relaxed-act-leader-david-seymour-says/
[2] 2020 NSCA 62 (CanLII), Sorenson v. Swinemar, 02 Oct 2020
[3] CDPH, California End of Life Option Act 2020 Data Report, July 2021
[4] Office of the Chief Coroner, Ontario Forensic Pathology Service MAiD Data, 31 Oct 2019

their minds. In 2021 in Canada less than 2% of people who were approved decided not to go ahead in the end.[5]

Q.14. Do you agree with the proposed minimum timeframe for those with unbearable suffering of 90 days?
No – I do not agree

We strongly believe that 90 days is an excessive amount of time for those with incurable diseases to live with pain, suffering, and indignity. We believe that the approach to people unbearably suffering should be the same as for people with terminal illnesses.

Firstly, this point of view is supported by international evidence from multiple jurisdictions as mentioned previously that show that long waiting periods are unnecessary and can act as a barrier to people accessing an assisted death.

This is further compounded by the nature of 'unbearable suffering'. We do not believe that anyone who can be classified as unbearably suffering should be forced to suffer for a minimum of 90 days.

For degenerative illnesses, this 90-day waiting period could lead to the loss of mental capacity and would then inhibit the individual from having an assisted death. For aggressive cancers, such as skin cancers, this could mean 90 days of immense and incredible pain. For an individual with a condition like locked-in syndrome, this would mean 90 days of a life of misery and indignity.

Furthermore, the 90-day waiting period could push individuals to apply to the process early in order to make sure that they would not lose mental capacity during the 90-day period.

As previously mentioned, evidence from abroad shows that when an individual applies for assisted death, they have already thought about it extensively and the rate internationally of individuals changing their minds is low.

Q. 15 Do you agree that the law should not prohibit professionals for raising the subject of assisted dying?
Yes – I agree

We believe that decisions about healthcare are best made in the open, with honest, frank discussions with medical professionals, friends, and family. In order for someone to make an autonomous decision, they need all the information and options available to them.

Healthcare professionals should be permitted to broach the subject with their patients as part of a wider discussion about their care options, including palliative and hospice care. We believe this could help to reduce health inequalities when it comes to accessing this service, as patients who are more health literate and aware of their rights, in general, are more likely to be aware of their right to assisted death.

[5] Health Canada, Third annual report on Medical Assistance in Dying in Canada 2021, July 2022

Patient trust is incredibly important in the doctor-patient relationship and it's important that assisted dying does not hurt that relationship. There should be guidance for healthcare professionals on how to provide the information in an objective and informative manner. A patient should never feel pressured by a doctor to either have or reject an assisted death. If a patient is strongly against assisted dying then the healthcare professional should not broach the subject again. Similarly, if the patient actively wants to learn more about assisted dying, the doctor should either provide that information or point the patient to a healthcare professional or service that can do so. It is important that if a healthcare professional is found to have broken the guidance and unnecessarily continues to suggest assisted dying that they should be removed from the register.

Q. 16 Do you agree that the law should not place an explicit requirement on relevant professionals (e.g. those working in GP surgeries or hospital departments) to tell people about the assisted dying service?

Yes – I agree

While we believe there should not be any legal requirement to tell people about the assisted dying service, there should be some explicit guidance given to all healthcare professionals and there should be an offer of training and support for professionals who work closely with patients likely to want an assisted death.

Some of this guidance can be taken from the General Medical Council's Guidance *Personal beliefs and medical practice*[6], namely that all healthcare professionals should treat patients fairly and with respect whatever their life choices and beliefs. Healthcare professionals must explain to patients if they have a conscientious objection to a particular procedure. They must not imply or express disapproval of the patient's choices or beliefs.

Those who conscientiously object should have a duty to refer their patient to another healthcare professional or back to the Jersey Assisted Dying Service which can provide them with advice and guidance.

Nevertheless, assisted dying should never be pushed onto a patient. If a patient decides they do not want an assisted death, the healthcare professional should not suggest it again. Also, caution should be made to not suggest the option of assisted death to patients who may have mental health issues or be incredibly vulnerable.

One of the downsides of not requiring healthcare professionals to tell people about the assisted dying service is that it may reduce the equity of access to information. Medical literacy is different for all people. A strong public awareness campaign, such as the one currently provided by the Jersey States Assembly with town hall meetings, should help negate this.

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[6] General Medical Council, Guidance on Personal beliefs and medical practice, 25 March 2013 https://www.gmc-uk.org/-/media/documents/personal-beliefs-and-medical-practice-20200217_pdf-58833376.pdf

Q. 17 Do you agree that a person should only be entitled to one second opinion?
Yes

A second opinion is an important part of avoiding human error that may exist. A second opinion may be important to help determine eligibility criteria, such as if a patient counts as a resident of Jersey, or if their medical condition fits the criteria.

We agree with the proposals that if they request a second opinion assessment at Step 2, they cannot request another at Step 3.

Q. 18 Should the law allow for confirmation of consent to proceed?
Yes

We believe that the confirmation of consent to proceed is an important step for safety in the very small chance that a self-administered substance does not cause the intended death. We believe that cases where the administering practitioner will need to intervene will be incredibly low.

Q. 20 Do you agree with the two different approval routes as proposed?
No – all approvals should be by the Coordinating Doctor based their assessment and that of the Independent Assessing Doctor only (ie. no requirement for a Tribunal)

We believe that the Tribunal is an unnecessary step when evidence from other jurisdictions shows that the assessment from healthcare professionals is appropriate, safe, and best practice. The Tribunal adds little value or safety but could put unnecessary stress on the incurably, intolerably suffering.

The suggested Tribunal would be made up of:

a. 1 x legal member (the Chair) – advocate or solicitor of Royal Court for 5-year minimum
b. 1 x medical member – medical practitioner with relevant experience
c. 1 x lay member.

Firstly, we fear that delays in staffing and holding a Tribunal could be a barrier for people who are not terminally ill. It is unclear how many individuals in Jersey fit the criteria of 'advocate or solicitor of Royal Court for 5-year minimum'. If the assisted dying service is unable to find an individual who meets this criterion, then assisted dying will be de-facto blocked for people who are unbearably suffering.

Furthermore, it is unclear what the lay member and the legal member will contribute that a medical member will not. This is considering that by the time the case has reached the Tribunal, both Assessing Doctors will have already determined that the person requesting an assisted death has an incurable physical medical condition that is giving rise to unbearable suffering that cannot be alleviated in a manner the person deems tolerable.

The Tribunal will be able to compel any person who has already been involved in the assessment process to provide additional information, evidence, or testimony (in writing, in person, or via video-link) which will support the Tribunal to re-examine the information they have been provided. This again can put unnecessary pressure on the individual requesting the assisted death, who will most likely already be in tremendous pain, suffering, or indignity.

By this step, under the consultation, the individual has already had a right to a second opinion – three more disconnected opinions are unnecessary.

We strongly suggest that the Tribunal is removed from this process, as is the need for two routes. It is widely understood from international evidence that the first route is a clear, safe system for all those involved. If it is deemed safe enough for people with terminal illnesses, there is no reason that it will not be safe for people who are unbearably suffering. We believe it is morally wrong to force people who are unbearably, incurably suffering to be treated differently from others.

Q. 21 Do you agree that the Tribunal should only review decisions of the Coordinating Doctor to approve Route 2 assisted dying requests?

As detailed in a separate answer, we strongly believe that a Tribunal does not add value or safety to the assisted dying service.

Q22. Do you agree that the Law should provide for appeals to the Royal Court?
No

We are concerned that the process for appeals could allow others (family members and loved ones) to unnecessarily interfere with the assisted dying process. We believe that while it is positive for death and assisted dying to be spoken about openly and publicly, a right to appeal would conflict with the bodily autonomy and the freedom to choose that underpin the reasoning behind assisted dying. Most jurisdictions do not provide appeals. Only Western Australia does so.

We believe that assisted dying should be treated and understood as a healthcare or treatment option. For no other healthcare option would a third party be allowed to interfere. For example, if an individual needed and requested a blood transfusion, a loved one would not be able to appeal that decision based on the loved one's religion or belief.

There have been multiple international cases where a family member has disagreed with an individual's decision to have an assisted death. These family members can occasionally use processes to stall against an individual's wishes and care needs to be taken to ensure this cannot happen.

The Canadian court case *Y v Swinemar* established that relatives cannot veto an approved assisted death decision in Canada. In this case, as the husband had met all of Canada's eligibility criteria and had made a mentally capable decision to have an assisted death, his wife could not appeal this decision.

There may be some instances where an appeal is important to the person asking for an assisted death. For example, someone appealing on the grounds they weren't considered a Jersey resident even though they considered themselves to be. But with a properly safeguarded and practical law, these appeals should be unnecessary or extremely rare.

Included in the guidance, an individual or family member should be able to flag any potential issues to the Care Navigator, who could raise it with the Assessment Doctors and Coordinating Doctor as a safeguard against any potential abuse.

Q23. Do you agree with proposed grounds for appeal?
No

As detailed in a separate answer, we strongly believe that the proposed grounds for appeal are unnecessary.

Q.24 Do you agree with there should be a 48-hour time period between approval and the assisted death to allow for appeals?

As detailed in a separate answer, we strongly believe that the proposed grounds for appeal are unnecessary. Adding additional waiting periods for individuals who are unbearably suffering or terminally ill is unfair and cruel.

Q. 25 Do you agree that the right to appeal should be restricted to the person (or their agent) or a person with special interest?

As detailed in a separate answer, we strongly believe that individuals have a right to medical self-determination. While we hope that an assisted dying law will allow friends, family, and loved ones to have more open conversations about end-of-life choices, it is important that individuals come to independent, autonomous decisions.

If an individual has come to the informed, mentally capable decision to pursue an assisted death, as long as they meet the criteria there should not be unnecessary barriers. If a spouse, sibling, or loved one disagrees with an individual's decision to have an assisted death, they should not be allowed to prolong the process or add any degree of difficulty or uncertainty to it.

Q.26 Do you agree that there should be no expiry date for the approval of an assisted death?
Yes – I agree, there should be no expiry date

We believe that it is vital that an individual never feels rushed or pressured throughout the assisted dying process. If there were to be an expiry date, an individual could feel pressured into having the assisted death before they are ready to do so. Evidence can show that an assisted death, or potential access to an assisted death, can be more of an insurance policy to ensure that an option becomes available if the pain, suffering and indignity became so much they couldn't bear.

Furthermore, an individual may complete all the steps of the service and then want to spend time with their family, sort out their affairs, or simply want some more time. In these circumstances, they should not feel the pressure of an expiry date that could influence their decision.

Q.27 Do you agree that there should be an Administering Practitioner with the person or nearby?

Yes

We strongly believe that an important aspect of any assisted dying legislation is safety for all of those involved. Having an experienced, trained professional at close hand during the assisted death may add another layer of safety to this process. The practitioner would be able to step in if the individual was having any issues with the final assisted dying process.

However, requiring an Administering Practitioner to be present for all assisted deaths may put a strain on the number of staff needed to run a safe and equal service. If a lack of Administering Practitioners opted in to the service, this could lead to the closure of the entire service. Furthermore, if certain areas of Jersey lacked available administering practitioners, this could lead to an unequal roll-out of the service, where some islanders had access to the service while others did not. Provisions should be made to allow for travelling practitioners in order for individuals to die in a location of their choosing.

We recommend that while Administering Practitioners should be with the person or nearby, the assisted dying service should take measures to make sure that everyone has equal and continued access to the service.

Q.28 Do you agree that a loved one should be able to support the person to self-administer the substance?

Don't Know

We understand that allowing an individual to help their loved one in this moment is a kind and compassionate approach that may be the expressed will of the individual seeking the assisted death. If a system can be created that allows for a loved one to support an individual in a clear, unambiguous, safe manner then it should be allowed.

However, if a loved one is able to support a person self-administering the substance, then we believe that the administering practitioner must be present to remove any ambiguity.

We recommend that Jersey produces clear guidance on what it would mean to support self-administration. This guidance must be clear on what sort of support is acceptable, such as holding a straw or placing a switch in a person's hand. The guidance must prioritise an individual's autonomy and safety. At present, there is only one paragraph on this (295) in the consultation report, so clarification is recommended before support from a loved one is allowed.

Q. 30 Do you agree that an HCS Service Delivery and Assurance Board is needed to provide oversight of the safety and quality of the assisted dying service?
Yes

Q.31 Do you agree that post-death administrative review of each assisted death is required?
Yes

We believe that the steps outlined from 321 to 325 appear sensible and prudent for the continued safety and quality of the service. Regular review can help make sure that the assisted dying service remains as safe and effective as it can be while making sure that the citizens of Jersey continue to have a compassionate option at the end of their lives.

Q. 32 Do you agree that the Jersey Care Commission should independently regulate and inspect the Assisted dying service
Yes

We understand that public confidence in the assisted dying service is vital. Individuals and their families must have complete trust in the entire process in order for the service to run effectively. The role of the JCC in regulating the service will help the people of Jersey feel that the service is safe.

The annual report on assisted dying is the correct step to keep Jersey in line with international examples and play an important oversight role for safety, monitoring, and research.

The consultation on the regulations of JCC (326) should not hinder the timeline for the legislation of assisted dying in Jersey.

Q. 33 Do you agree the Jersey Assisted Dying Service should not be considered as an essential service? (i.e., that the JCC should have the powers to close the service down)
Don't know

We believe that having a choice at the end of your life is essential. People have the right to bodily autonomy and no one should be made to suffer unnecessarily.

We are concerned that if the Jersey Assisted Dying Service was not considered an essential service then, despite it being the will of the people and the Jersey Assembly, people who are in pain, suffering, or indignity may not be able to access the choices they deserve.

However, it is important that the Jersey Assisted Dying Service always complies with all conditions imposed on them. The JCC should be allowed to temporarily suspend the service if it were to find alleged or confirmed breaches of the law or its standards. Not suspending the service in this unlikely scenario could harm public confidence in it, which is paramount.

For more details, information, and evidence, contact Channel Islands Humanists:

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