Many years ago my father, aged 49, suffered a severe embolic stroke, secondary to the myocardial infarction that had left him with chronic congestive heart failure. I was still at school then and my brother was a medical student, but the whole family was aware that my father would not wish to survive this devastating blow to his already severely compromised quality of life. And indeed, after a brief but empathic discussion with our long-standing family GP, a few days later, with the help of opiates, he chose to pass peacefully away in his own home, in dignity, surrounded by his family.

That was nearly 50 years ago, and now our mother, aged 94, is a sad and depressed occupant of an old people’s home who has repeatedly expressed the wish to die and ‘go to heaven to be with Ken’. Sadly, her GP is prevented by current legislation from granting her request, and she is not sufficiently robust to travel to Switzerland.

As I write this piece, members of parliament are preparing to debate the Assisted Dying Bill championed by Rob Marris. It is based on Charles Falconer’s bill that made unprecedented progress through the House of Lords, only to run out of time before the general election. The Marris-Falconer bill offers the possibility of assisted death for terminally ill, mentally competent adults. Under the proposed legislation, patients themselves would be permitted to make the request for assisted death. The case, together with the patient’s medical records, is to be evaluated by two doctors in order to check the eligibility criteria. The request would then go to a High Court judge of the Family Division to confirm that the individual had a voluntary, clear, settled and informed wish to end his or her life.

Opponents of assisted dying have argued that these safeguards are inadequate. However, they are far more robust than the current confused situation. At present, every two weeks someone travels abroad from the UK to die, and it is estimated that around 300 terminally ill patients succeed in taking their own life in the UK every year. In a survey of 600 doctors, 37% thought that healthcare professionals currently help terminally ill patients to die, but do so at the risk of investigation by the GMC or prosecution by the police.

Professional bodies worldwide are realigning themselves to respect their patients’ wishes for a dignified death. More than half of GPs in the UK have acknowledged that they would be willing to play a role in the assisted dying process. In California and Canada moves are afoot to legalise assisted dying.

After my father died we acquired a golden retriever. We all grew to love her so when she became old, crippled and infirm, the time came to ‘take her to the vet’. There is a sad irony that while our dog was allowed to die in peace, our poor mother is forced to suffer the prolonged torment of her lingering terminal illness.

ROGER KIRBY, EDITOR