"We are dealing with an issue here which goes to the heart of medicine, namely, whether doctors should be licensed by law to involve themselves in aiding and abetting the suicides of patients."

No decision about me without me

Yet again there is an 'assisted dying' bill before the House of Lords. 'Assisted dying' is a euphemism for assisted suicide. But what is being proposed isn't just assisted suicide, it is physician-assisted suicide. What Lord Falconer's Private Member's bill is proposing is to license doctors to supply lethal drugs to patients whom they believe to be terminally ill and mentally capable so that those drugs can be used by the patient to commit suicide.

Those who want to see the law changed suggest that doctors should stand aside from this issue because it is 'a matter for society as a whole'. Yes, it is; but it is not society as a whole that is being asked to carry it out. The people who would be in the frontline of any such law and who would be accountable for deciding whether a request for assisted suicide should be granted and for supplying the lethal drugs to carry it out, would be doctors and especially GPs: their leading role is made clear by Lord Falconer in the explanatory notes to his bill. Moreover, the bill indicates that they could find themselves doing rather more than just supplying the drugs.

It is also suggested by some advocates of 'assisted dying' that the Royal College of General Practitioners (RCGP) should stand back and not express a view on whether the law should be changed. They believe that the College's view in this matter should carry no more weight than the view of the man in the street. I am sorry, but this is nonsense. As long as we are talking about physician-assisted suicide, the views of the medical profession, and especially of those within it who are likely to find themselves in the firing line, are of particular importance. It is a case of 'no decision about me without me'.

We are, moreover, dealing with an issue here which goes to the heart of medicine, namely, whether doctors should be licensed by law to involve themselves in aiding and abetting the suicides of patients. A law like this would represent a major change both to the criminal law and to the principles underpinning clinical practice. To suggest that the RCGP should stand back from such a fundamental issue of policy and confine itself to advising on detailed codes of practice is hard to credit.

For the College to express a view is not to impose a view on parliament or the public. Parliament is at liberty to disregard the views of the Colleges of Physicians, Surgeons, and GPs that the law should not be changed to license physician-assisted suicide. It does, however, deserve to hear what those views are.

Which brings us to the question: what should the RCGP's view be? It is, presumably, to answer this question that the current consultation with members has been launched. Whatever the outcome of this process, it is important that it should command respect and be beyond challenge. For that to happen, the consultation needs to be, and be seen to be, balanced and substantial.

It is difficult therefore to see why a ballot of the membership has been ruled out. The reason given — that the complexity of the issue does not lend itself to simple 'yes' or 'no' answers — makes little sense. Of course the issue is complex, but it is hardly beyond the comprehension of GPs. And at the end of the day the College needs to know, and to know directly from GPs themselves, what they think about whether the College should have a position in the matter and, if so, what that position should be. What better way to ascertain the answer to those questions than through a properly conducted ballot of the membership?

Nor can the mere existence of divergent views be taken as justifying a stance of neutrality. Divergence of opinion is inevitable on a whole range of issues. A switch to neutrality, which risks being misinterpreted by parliament and the public as support for legalisation, requires clear evidence that there is a significant degree of support for such a course among a substantial proportion of the membership.

I would therefore urge all GPs, whatever their view of this controversial issue, to make their views known to the College. The RCGP has a high reputation in the land and it would be unfortunate if this were to be damaged by controversy over its handling of a crucial area of clinical practice.

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Competing interests

The author is co-Chair of the research organisation Living and Dying Well. She is also co-Chair of the APPG on Carbon Monoxide, Vice-Chair of the APPG on Hospice and Palliative Care, Vice-Chair of the APPG on Suicide and Self harm, and co-Chair of The APPG Dying Well.