The choice to give up living: compassionate assistance and the Suicide Act
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Introduction

I was forced to give up playing the guitar, to give up walking, to give up eating, to give up normal conversation, now I would like the choice to give up living, but this is against the law in the UK.

(John Close, who died in 2003, with the help of Dignitas [www.dignitas.ch])

We all make life choices. What if that choice is to choose to give up living, to end your life? The current law prevents some people from making autonomous end of life choices, because assisting in the act of suicide is illegal. Even though the remit of s2(4) of Suicide Act 1961, allows the Director of Public Prosecutions (DPP) a discretion of whether to prosecute someone who assists another to die (particularly those who assist loved ones to countries where euthanasia is legally permissible), the position remains unclear. The aim of this analysis is therefore to review the Suicide Act alongside relevant case law and recent incidents, and to consider whether the recent DPP guidelines (February 2010) are successful in clarifying the law in this area.

End of Life choices

The known effects of an incurable illness may lead sufferers to wish to take control over the time and manner of their death before their disease does it for them. The present law prevents a person from receiving assistance to actively end their own life, facing those who need help with an unfortunate dilemma: end their life before they are ready whilst having the capacity to do so, or risk the prosecution of a friend or family member in order to have the desired assistance. Section 2(1) Suicide Act 1961 (as amended by the Coroners and Justice Act 2009) states:

A person (‘D’) commits an offence if –
(a) D does an act capable of encouraging or assisting the suicide or attempted suicide of another person, and
(b) D’s act was intended to encourage or assist suicide or an attempt at suicide.
It is therefore illegal to assist in the non-crime of suicide. This is unique, as it is unusual for an accessory to be liable where the principal offender has committed no offence. However, it is an offence in its own right and the maximum fourteen-year penalty illustrates the severity of it.

Historically, suicide was deemed self-murder and those who attempted suicide were subjected to punishment. However, it became recognised that the mental state of suicide attempters needed to be taken into account and that imprisonment should only be considered in the interests of their health and well being (R v Doody 1854). Imprisonment as a punishment for attempted suicides was being used up until the late 1950s. Some concern had been expressed by magistrates over the use of such punishments (R v Trench 1955) and changing social attitudes brought a more compassionate attitude to those who attempted suicide (BMA 1959). Prosecuting those who failed in a suicide attempt did not assist them in their recovery. There was a call by the British Medical Association and the Magistrates’ Association to amend the law, in line with the situation in Scotland, so that attempted suicide should cease to be an offence (BMA 1959). Subsequently, suicide was decriminalised by the enactment of the Suicide Act 1961.

Therefore, in light of the fact that the suicidal need assistance in recovery, and regardless of the absence of a principal offence, those who assist or encourage suicide are technically criminally liable in terms of the rationale for decriminalisation. Parliament did not intend to condone or confer a right to suicide (Hope, R v Pretty). Its intention can be interpreted as being to discourage suicide, whilst not encouraging euthanasia, by prosecuting those who assist or encourage the suicide of another, including medical professionals (Bennion 2009).

Arguably, the statute represents the attitude of society 50 years ago. Evidence from the British Social Attitudes Survey 2010 shows that the majority of the British public believe that assisted dying should be an option for those with incurable illness whose death is imminent. In modern society, medical advancements mean that those with incurable illness can be kept alive for many years. For some this can be a blessing, but for those who wish to end their lives before illness ends it for them, this can be a hindrance (see personal stories online at dignityindying.org.uk). However, proponents of the ‘slippery slope’ argument, agree that
there are reasonable justifications for overriding public opinion, namely to protect the vulnerable from potential abuse (Keown 2003).

On the face of it, s.2(1) Suicide Act would appear clear; if you help someone to commit suicide you will be prosecuted. However, s.2(4) of the Act has given rise to problems regarding clarity of when a person will be prosecuted.

**Prosecutorial Discretion**

Under section 2(1) of the Suicide Act, offences are not automatically prosecuted. Section 2(4) requires the consent of the Director of Public Prosecutions (DPP).

> no proceedings shall be instituted for an offence under this section except by or with the consent of the Director of Public Prosecutions.

The provision seems to place discretion on the DPP in deciding which cases to prosecute under the Suicide Act 1961. The case of *R(on application of Pretty) v DPP* (2002) challenged the DPP’s prosecutorial nature under the Act.

Diane Pretty suffered from Motor Neurone Disease, which had left her physically disabled, yet her intellect and capacity were unimpaired. Mrs Pretty wished to end her life to avoid enduring the imminent suffering that would be caused by the final stages of her disease. Had she been physically capable, she would have taken her own life. Ideally, she wanted the help of a doctor to die. As this was not legally possible (as doctors may face criminal liability), she requested that her husband help her end her life. As stated, the law prevents such assistance. As a prosecution relied on the consent of the DPP, Diane Pretty believed he was able to grant an undertaking that her husband would not be prosecuted should he assist her. The DPP refused to do so, reluctant to grant immunity for a crime yet to be committed.

Her claim for judicial review of the decision was unanimously declined in the House of Lords (HoL). The DPP had no duty prior to the commission of an offence (*Pretty*, 23). His role is to assess the situation, after the commission of an offence, based on the facts and in light of the evidence. Under s.2(1) a suicide must have occurred for the Director to exercise his discretion under s.2(4). As no offence was committed in Mrs Pretty’s case and there was no indication of what type of assistance Mrs Pretty’s husband was offering, there was no power to grant an
undertaking. The court also reasoned that what in fact Mrs Pretty was requesting was a pre-offence pardon (Pretty, 24). Therefore, Mrs Pretty’s request amounted to immunity from prosecution, something outside the power of the DPP.

The case also raised human rights issues. Mrs Pretty claimed that s.2 Suicide Act was incompatible with the European Convention on Human Rights, most notably Article 8.

8(1) Everyone has the right to respect for his private and family life, his home and his correspondence.

Mrs Pretty claimed that the Article conferred a right to self-determination, namely a right to choose to avoid suffering by choosing how and when to die. She claimed the law prevented her from exercising her Article 8 rights. Lord Bingham stated that there was nothing in Article 8 which inferred a choice to no longer live. The Article was to protect autonomy of individuals whilst living: Article 8 was not ‘engaged at all’ (Pretty, 26). However, it was considered that even if Article 8(1) had been engaged, the interference by the state would have been justified in accordance with Article 8(2), which allows interference of Article 8(1) rights by a public authority ‘such as in accordance with the law and is necessary in a democratic society.’(Article 8(2), ECHR).

On appeal in the European Court of Human Rights (ECtHR), the court took a significantly different view to the HoL and acknowledged that Article 8 enshrines notions of quality of life (Pretty v UK 2002, 65). It did not rule out that the Suicide Act interferes with her rights under Article 8 by undermining Mrs Pretty’s personal autonomy. Other judgements support this view. For example, in the Canadian case of Rodriguez v AG of Columbia (1994), Cory J felt that State prohibitions of the kind mentioned mean that terminally ill people with full mental capacity are forced to endure a ‘dreadful, painful death’ which is ‘an affront to human dignity’.

In terms of Article 8(2), it was held that the ban on assisted suicide and the refusal by the DPP to submit an undertaking were proportionate as necessary in a democratic society, in order to protect others, especially those who may be vulnerable and unable to make informed decisions (Pretty, 78). Therefore, although it was acknowledged that there was interference of
personal life in the present case, there had been no violation of Article 8 as the interference was justified under Article 8(2).

Having failed in her fight for her husband’s immunity and a change in the law, Diane Pretty died naturally from her disease in May 2002. The case of Pretty made clear the Director’s position; he could not grant immunities for future assistance of suicide as this was beyond his powers conferred by statute. His discretion can only be applied retrospectively after an offence has been committed.

Suicide Tourism
The position of the law in the UK has led to the development of ‘suicide tourism’. Due to limited end of life choices in the UK, people travel abroad to countries where assisted suicide is legal. Switzerland is at the forefront of the assisted suicide debate. Under Swiss law assistance of suicide will only be criminal if the motive for doing so is a selfish one (Swiss Criminal Code, Art 115). The important distinction between motives provides the legal basis for assisted suicide clinics to operate. Dignitas is the only clinic to accept non Swiss citizens. Over 130 Britons have used Dignitas’s services, yet no one who has accompanied them has been prosecuted upon return to the UK. Reginald Crew and John Close were the first Britons to publicly travel to Dignitas. In both cases prosecution of family members was not deemed in the public interest. (www.guardian.co.uk 2009). These, the first cases of this kind in England, appeared to turn a blind eye to assistance of suicide, providing it occurs outside the UK (Voluntary Euthanasia Society 2004). It is unclear what factors the Director takes into account and this has led to uncertainty as to whether a person commits an offence if they help someone to die in a jurisdiction where it is legal.

The case of Daniel James, 23 (left tetraplegic after a rugby accident), provided an insight into the relevant factors considered. He travelled to Dignitas in September 2008, with his parents, in order to commit suicide. His parents and a family friend were subsequently investigated for their role in his death. The DPP, applying the Code for Crown Prosecutors, felt there was sufficient evidence to prosecute under s.2(1). However, public interest factors against prosecution outweighed those for it. Daniel, having full mental capacity, had attempted suicide before, causing his parents deep distress. They stood nothing to gain from the situation and had tried to persuade him not to end his life. Hence, it was very unlikely that the courts would impose a significant custodial sentence (www.CPS.gov.uk 2008). This was an
exceptional case, as it was the first time reasons for not bringing a prosecution had been publicly published. While the statement was not a specific policy regarding assisted suicide, in effect, it provided a code of practice in terms of prosecution policy for suicides abroad (Mullock 2009). The DPP’s statement suggests that if the assistant stands nothing to gain from the death, and has not encouraged the competent individual to commit suicide, prosecution is unlikely to be in the public interest. It was suggested that the DPP, in issuing such a statement, is drawing a distinction between acts of suicide in the UK and those that occur abroad (Mullock 2009). Whilst the development of ‘suicide tourism’ is a potential milestone in terms of end of life choices, there remains uncertainty regarding the application of s.2(1) and decisions to prosecute under s.2(4). The adoption of a ‘not in our back yard approach’ arguably shows a deficit in the Suicide Act. The failure to prosecute conduct, which would be prosecuted, had the final act taken place in the UK, effectively condones ‘suicide tourism’. This could arguably have set a prosecutorial precedent in the light of such cases (Mullock 2009). During the time of this case another high profile case was underway.

**Purdy v DPP**

Debbie Purdy challenged the courts to acknowledge that a problem existed in this area of law. She sought clarification of the legal position of someone who assists an individual to travel abroad for an assisted death.

Debbie Purdy suffers from Primary Progressive Multiple Sclerosis leaving her unable to walk and with limited strength in her arms. Further deterioration is inevitable. In the event of her illness becoming unbearable and to avoid what she considers an undignified death, Ms Purdy wishes to end her life at a time of her choosing by travelling to Dignitas for an assisted death with the help of her husband. Unhappy with either prospect of prosecution of her husband or travelling alone and ending her life before she wished, Debbie sought guidance from the DPP as to how he exercises discretion under s.2(4). She requested he publish his prosecution policy on s.2(1)offences and suicide abroad. The DPP refused, stating that, ‘there was no such policy; and… any such policy would be unlawful.’ (Purdy 106 BMLR 170, 12)

Ms Purdy’s claim was for judicial review of the DPP’s refusal to produce an offence specific policy for assisted suicide cases. The court had to establish whether the DPP had acted unlawfully by failing to publish such a policy. She claimed he had a duty to do so and that by neglecting his duty, he had interfered with her rights under Article 8 of the European
Convention on Human Rights; ‘Right to respect for family and private life.’ Such interference was not in ‘accordance with the law’ under Article 8(2). The offence under s.2(1) of the Suicide Act was ‘insufficiently precise’ and the DPP’s discretion under s.2(4) ‘was neither sufficiently clear as to its scope or the manner of its exercise’ (Purdy 104 BMLR 231, 62). Her claim failed in the High court and Court of Appeal. However, Ms Purdy’s final appeal in the House of Lords led to a landmark judgement regarding the assisted suicide debate.

**The House of Lords**

Lord Hope began by clearly stating that only Parliament had jurisdiction to change the law. He acknowledged that in cases of compassionate assistance of suicide, the application of s.2(4) is uncertain and that their Lordships had a role to provide clarity (Purdy 109 BMLR 153, 26)

The court considered the judgements in Pretty and whether Article 8(1) was engaged in the case before them. It was clear that the ECtHR had found Mrs Pretty’s Article 8(1) rights engaged. The comparison between Pretty and Purdy was deemed to be important to the issue; there is a subtle difference between seeking immunity and information. Mrs Pretty was not being forced to end her life sooner than she wished. However, the difference between Pretty and Purdy is questionable, as arguably the purpose of both cases was to ensure there would be no legal consequences should their husbands assist them to die (Turner 2009, 562). Both are within ‘a class of person eager to violate a legal obligation’ (Finnis 2009) and Finnis believes that in fact Ms Purdy was trying to ‘square a circle’ by seeking information on how to avoid the prosecution of her husband, which was the closest thing to being granted immunity itself.

Nevertheless, there was no doubt that in the present case Ms Purdy’s Article 8(1) rights were engaged. Her situation was covered by the ECtHR’s analysis of Article 8, as involving


notions of quality of life … people … should not be forced to linger on … in advanced physical … decrepitude which conflict with strongly held ideas of self and personal identity (Pretty 2002, 184).

Departing from its earlier judgement in Pretty, the House held that Article 8(1) was engaged.
In terms of Article 8(2) the requirements of accessibility and foreseeability needed to be satisfied. Accessibility means that the individual must be able to tell from the wording of the provision what acts constitute criminal liability and for foreseeability must be able to foresee consequences which would result from an act. It was held that s.2 (1) of the Act does satisfy these criteria. The focus then turned to s.2(4) and the way in which the DPP is expected to exercise his discretion to prosecute in cases of this kind, i.e. compassionate assistance (Purdy, 109 BMLR 153, 42).

The Directors Discretion
Consistency of practice was held to be an important issue. Therefore, crown prosecutors need clear instructions as to how to make a decision to prosecute and the factors to have regard. It was acknowledged that the powers given to crown prosecutors, and the ‘Code for Crown Prosecutors’ assist in such consistency. The Code was held to form part of the justification for interference under Article 8(2). However, it was to be established whether it satisfied the requirements of accessibility and foreseeability, where it is in the public interest to prosecute in cases such as Ms Purdy’s. Many of the factors in the code were deemed not to be relevant in cases of assisted suicide. This is reinforced by the Daniel James case, where very few of the factors assisted in the decision to prosecute. As Heywood notes, the DPP effectively weakened his case by admitting that many of the factors in the Code were not relevant to assisted suicide. His own analysis of the James case illustrates that the Code falls short of satisfying the tests of accessibility and foreseeability for those who need assistance to travel to a country where assisted suicide is legal. There was deemed to be an obvious gulf between what s.2(1) says and how it is being applied. Their Lordships unanimously agreed the appeal would be allowed and the DPP was required to produce an offence specific policy outlining the factor he regards as relevant in the decision to prosecute cases of assisted suicide.

Clearly the ruling was a remarkable personal victory for Debbie Purdy, having finally succeeded in her quest for guidance in this controversial area of law. It was also a landmark victory for campaigners of a change in the law (dignityindying.org.uk). By putting s.2(4) and the DPP at the heart of the debate, the courts have acknowledged that the law is far from perfect and the issues raised show a definite need for the law to be clarified. However, the judgement has been criticised as unprecedented and unconstitutional (Turner 2009, 578). The decision is criticised as infringing the constitutional independence of the DPP’s prosecutorial power and the interference of the judiciary in this case has required the DPP to resolve issues
which are a matter for Parliament (Bennion 2009a, 523). It is also worth noting that Mrs Purdy’s claim is based on a hypothetical situation, as at present she only sees travelling to Dignitas as a possibility. The court in this case has involved itself in an uncertain event, whilst also requiring guidance to be given on it (Turner 2009, 562). The granting of Ms Purdy’s application is argued to create exceptions to crime and the judiciary has taken on a role outside its powers to help someone avoid prosecution (Keown 2010). As Lord Falconer notes, the degree of clarity required of the DPP will in effect be ‘carving out an exception to the terms of s.2(1) of the Suicide Act’ (The Times 31.07.2009). Finnis is keen for Parliament to maintain a complete, exceptionless prohibition of assisted suicide, as he believes there is a severe threat to vulnerable people and to Article 8 rights intended to be protected by Parliament under Article 8(2) (Finnis 2009). Nevertheless, the ruling required the DPP to respond and potentially provide the clarity that was expected from him, whilst avoiding creating exceptions to crime and respecting the intention of Parliament in the creation of the Suicide Act (Bennion, 2009). Seemingly, in light of the Daniel James decision and the lack of prosecutions of cases of this kind, Ms Purdy had enough information to foresee the outcome should her husband accompany her to Dignitas. Thus the judgement makes little difference in terms of the scope of the law.

Prosecution Policy

The DPP promptly issued the Interim Policy for Prosecutors in Respect of Cases of Assisted Suicide, for which he opened a twelve week public consultation. Interestingly of the 4700 responses almost 4000 were from members of the public. Therefore, almost 85% of responses were from interested individuals, showing just how contentious the issue of assisted suicide is. The DPP expressed this was probably the most extensive snapshot of public opinion on assisted suicide since the enactment of the Suicide Act in 1961 (DPP 2010).

The final guidelines were published on the 25th February 2010. During the consultation period, s.59 of the Coroners and Justice Act (CJA) 2009 amended s.2(1) Suicide Act which came into force on the 1st February 2010. The Act did not change the scope of the law on assisted suicide. In order to modernise the wording of the statute, it merely changed the offence from ‘aid, abet, counsel and procure,’ to ‘acts capable of encouraging or assisting’ the suicide of another. The DPP has accounted for this alteration in his finalised guidance. Prosecutors must take into account the time of acts of encouragement or assistance to establish whether they apply the amended provision or the previous one (DPP 2010).
The Policy for Prosecutors ‘In Respect of Cases of Encouraging or Assisting Suicide’ involves the same process as the general ‘Code for Crown Prosecutors’ with both an evidential and a public interest stage. The interim policy had a strong focus on the victim’s characteristics, for example, referring to whether they suffered from a terminal illness, a severe and incurable physical disability, or a severe degenerative physical condition. Accordingly, the responses to the consultation showed that many felt that the focus should be centred on the suspect rather than the victim, with over 1500 responses opining that reference to the victim’s medical condition could be discriminatory. Lord Carlile QC, chairman of Care Not Killing, expressed concern that disabled or terminally ill people were singled out by the interim policy, which in the Association’s opinion gave them less protection under the law. The removal of this factor in the finalised guidelines, was welcomed by the Association (www.carenotkilling.org.uk 2010). Therefore, the reason a person wishes to commit suicide is irrelevant in terms of deciding whether to prosecute. This is important to protect everyone, regardless of condition.

The final policy has a clear focus on the motivation of the suspect rather than the characteristics of the victim. A line is drawn between malicious intent and compassionate assistance. By having a policy which focuses on compassionate motivation, the policy does not appear to uphold Parliaments anti-euthanasia approach (Bennion 2009). Care Not Killing expressed their concern over this factor and ‘how a compassionate suspect’s motives are to be determined in practice’ (Lord Carlile, www.carenotkilling.org.uk). This is a potential problem as it is difficult to determine the true motives of the suspect especially with the absence of the victim as a witness. This would also present a problem with the factor in favour of prosecution; ‘the suspect pressured the victim to commit suicide’.

Concern had been expressed that a factor in the interim policy was stereotyping family members as ‘loved ones’ (Carlile 2010). For example, being the spouse or relative of the victim was originally a factor against prosecution. Not all family relationships are supportive ones and there may be those who have a violent or manipulative relationship, thus raising issues as to motives of assistance (www.cps.gov.uk/consultations/as_responses.html). This attracted criticism and such strong public attitude towards such issues meant that these were subsequently removed from the final policy. In the final policy, if a suspect ‘stood to gain in some way from the death of the victim’, then this is a factor in favour of prosecution. It is
likely that the person assisting the suicide is the spouse or a close relative of the victim and may subsequently stand to inherit from the death in some way. At [44] of the policy this is acknowledged and provides that a common sense approach be adopted by investigators and prosecutors. The focus must be on the suspects motives and thus, if it is a wholly compassionate motive, the fact that they may benefit in some way may be an irrelevant factor. However, each case must be decided on its own facts. The guidelines were hailed ‘a victory for common sense and compassion’ by Dignity in Dying. Compassionate assistance in helping someone to end their life and malicious acts carried out for selfish reasons are regarded as appropriately distinguished (Wooton, dignityindying.org.uk, 2010).

Clarity

It is questionable whether the guidance has provided Ms Purdy with the clarity she was looking for. During the Bill stage of the Coroners and Justice Act 2009, a provision was put forward by Lord Falconer which would have given Ms Purdy the answer she was looking for: an amendment to the Suicide Act in which accompanying someone to a country where assisted suicide was legal would have been an act not capable of encouraging or assisting suicide (Coroners and Justice Bill 2008-2009, s.173[1]a). His reasons for the proposed amendments were that the law now means that people are travelling abroad in order to end their lives with or without their family accompanying them. His Lordship believes the law does not reflect the situation as it stands today (House of Lords Debate 7 July 2009, c.598). Individuals are contravening the law in order to provide compassionate assistance to those who request it, with the only legal safeguard being the fear of prosecution. Arguably the vulnerable are not protected, as the law is not being applied as it was envisaged to be by passing the 1961 Act and without sufficient safeguards being in place the situation is unlikely to change. His amendment would have complimented the Director’s policy in relation to encouraging or assisting suicide and would equally provide the clarity that Debbie Purdy required. Nevertheless the amendment was rejected by 194 votes to 141. As Bennion notes the passing of the Coroners and Justice Act without this amendment clearly shows the anti-euthanasia approach that still exists within Parliament (Bennion 2009b, 777). If Parliament had wished to change the intention of the Suicide Act it would have done so in the Coroners and Justice Act 2009.
The guidelines successfully outline prosecution policy of cases of encouraging or assisting suicide. The factors considered when deciding whether to bring a prosecution under the Suicide Act 1961 have been identified, which is what the Law Lords requested of the DPP. However, for cases of compassionate assistance in the UK, the scope of prosecutions may have been tightened. In terms of assistance of suicide abroad, the position remains unaltered, as evidenced by the policy’s first application in March 2010 to the case involving the deaths of Sir Edward and Lady Downes who died at the Dignitas Clinic in July 2009. No prosecution was initiated upon their children who accompanied them. For those who want an assisted death, without the fear of prosecution of a friend of family member it would seem the choice can be exercised by travelling to a country where it is legal. The order by the Lords is criticised as only applying to a ‘very narrow band of cases’ of those who travel abroad for assisted deaths (Finnis 2009). The development of suicide tourism shows a deficit in the law in the UK. The DPP is clearly not applying the law to such practices, possibly because the 50 year old Suicide Act does not cover the modern situation.

However, what of those people who cannot afford to use the services of clinics such as Dignitas or are too physically ill they cannot make the journey? The judgement itself does not single out suicide abroad in terms of the issuance of guidance. Therefore, it is argued that as Ms Purdy is entitled to guidance for the assistance to travel abroad, she should also be entitled to know when a prosecution would be avoided in terms of other forms of assistance in this jurisdiction such as handing her the lethal dose, whether by a spouse, friend or medical professional (Finnis 2009). The situation of prosecutions for suicides which occur in the UK remains unclear. Compassionate assistance of loved ones to end their life resulting in murder charges is a harsh possibility. With only one application of the guidance it is difficult to envisage how the guidelines will truly work in practice, but it is unlikely to be the end of the assisted suicide debate.

The policy by the DPP has brought some clarity to the situation, nevertheless, he is merely a prosecutor and perhaps this would have been a matter better dealt with by Parliament. Until Parliament addresses the situation adequately the law will remain unclear and inconsistent. Public opinion supports the autonomy based argument. Individuals can exercise choice in most aspects of their life, so why not their death? However, individuals are taking the law into their own hands in order to help those who request assistance. The present law means
that some people are forced to live against their wishes; they are unable to exercise the choice to give up living.

**Bibliography**

**Works cited**

**Articles**


Keown, J. 2010. ‘Assisted suicide must not be legalised through the back door’, *Telegraph* 25.02.2010.


**Reports**

British Medical Association and Magistrates Association. 1959. ‘The law and practice in relation to attempted suicide in England and Wales’

Carlile, Lord. 2010. ‘CNK welcomes tightening of DPP guidelines’, Care Not Killing

DPP. 2009. ‘Interim policy for prosecutors in respect of cases of encouraging or assisting suicide’, CPS


DPP. 2010. ‘Policy For Prosecutors In Respect of Cases of Encouraging or Assisting Suicide’
House of Lords Debate, 7 July 2009, c598. CPS

DPP. 2010. ‘DPP’s Introductory Remarks on Assisted Suicide Policy’, CPS

Voluntary Euthanasia Society. 2004. ‘The Quality of Mercy. A report into assisted dying and mercy killing in the UK’

Legislation

Coroners and Justice Act 2009

Coroners and Justice Bill 2008-2009

European Convention on Human Rights, Article 8(2)

Swiss Criminal Code, Article 115

Suicide Act 1961

Cases

R v Doody [1854] 6 Cox C. C. 463

Pretty v United Kingdom [2002] 66 BMLR 147 at 184

R (on the application of Pretty) v Director of Public Prosecutions [2001] EWHC Admin 788

R (on the application of Purdy) v Director of Public Prosecutions [2008] 104 BMLR 231

R (on the application of Purdy) v Director of Public Prosecutions [2009] 106 BMLR 170

R (on the application of Purdy) v Director of Public Prosecutions [2009] 109 BMLR 153

R v Trench [1955]


Websites

www.cps.gov.uk

www.dignityindying.org.uk
Further Reading

Books / Articles


Norwood East, W. 1931 ‘Suicide from the Medico-legal aspect’ British Medical Journal 241

Powell, D. 2009. ‘Divisional Court: Assisting Suicide and the Discretion to prosecute: Hard Cases and Good law?’ Journal of Criminal Law 73, 8


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