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Session Abstract

Informed Consent and Trust in Debates about Dying

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Recent debates about so-called assisted dying have stressed the importance of informed consent. Advocates of such legislation have claimed that individuals should be free not only to end their lives, but specifically to have another person (help) to end it. The concern has been with assisted suicide, not with assisting the dying. Palliative care, however, is about assisting the dying, and reflects quite different ethical concerns.

How much can appeals to informed consent establish? And what other ethical concerns are relevant? Although informed consent has been central to many debates in clinical medicine, including those about legalising assisting suicide, it is not the most fundamental ethical standard. Where informed consent is possible it can be an important in order to secure respect for other, more basic ethical standards or aims. It can for example show that an act was free of force, fraud, duress, deception. It is *necessary* but not *sufficient* to justify medical treatment, let alone to end a life.

What other ethical standards are fundamental in treating patients? Many people stress the importance of trust, but trust is desirable only if directed to trustworthy, rather than untrustworthy persons and institutions. Trustworthiness is however is fundamental in all relationships, throughout and at the end of lives. The central ethical standards for those who seek to help the dying are the three components of trustworthiness: competence, honesty and reliability. If these are in place, patients can direct their trust with assurance, and further ethical standards such as compassion can a secure basis. Without trustworthiness, they are likely to be fragile or misplaced.