



Written by [Steve Byas](#) on December 14, 2016

British Man Kills Himself in Switzerland Hoping to Advance Euthanasia in the U.K.

Andrew Barclay (shown), in a statement made for release after he took his own life, said, “I would like to think that I will one day meet my dad again.” But Barclay has no religious beliefs, and added, “But I know I will be primordial dust — and that doesn’t scare me. Why should it?”

Barclay, who was first diagnosed with multiple sclerosis (MS) in 1992, traveled to Switzerland last week to take his own life at Dignitas, a Swiss organization that helps its clients commit suicide. Barclay, now dead at 65, was explicit in hoping his case would lead to a change in the laws in the United Kingdom, which presently do not allow for euthanasia.



His comments were published in the *Daily Mirror* after his death. “If you’re reading this, I’m already dead,” Barclay’s statement read. He called upon Parliament to allow euthanasia so that others like him will not have to travel to kill themselves, spending 10,000 pounds to die at Dignitas. He expressed concern that his wife, who assisted him in the trip, might face criminal charges upon her return to Britain.

Barclay’s wife, Sandra, said of Barclay’s death, “It broke my heart but if you love someone you don’t want to see them suffer.”

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The *Daily Mirror* article was slanted in favor of euthanasia, according to Dr. Anthony McCarthy of The Society for the Protection of Unborn Children (SPUC), considered the leading pro-life organization in the United Kingdom. “The media coverage of this story further reveals the ongoing campaign to make euthanasia acceptable to the British public, despite recent parliamentary defeats. The message sent out by Dignitas in cases such as these is not one of people’s need for compassion, solidarity and medical care, but rather that certain lives can be arbitrarily destroyed for reasons unrelated to any genuine respect for human dignity.”

Dignitas is a non-profit members’ society that provides assisted suicide to those who suffer from either terminal illness and/or severe physical and/or mental illness. It is supported by sympathetic Swiss physicians, who are independent of Dignitas. They have assisted in helping over 2,100 people die, either in their own homes within Switzerland, or at the house/flat run by Dignitas near Zurich. About 300 British citizens have made the one-way trip to Switzerland to have their lives terminated.

In addition to helping clients commit suicide, the group is involved in litigation in court cases and lobbying legislative bodies to expand the “right to die.” According to Dignitas, a person desirous of being euthanized must (1) be of sound judgment; (2) be able to commit the actual act himself; and (3)



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submit a formal request explaining the wish to die, along with medical reports that show a diagnosis and what treatments were attempted.

Sarah Wootton, chief executive of Dignity in Dying, defended euthanasia in general, and the assisted suicide of Barclay in particular: “It is a tragic and unacceptable reality that seriously ill people like Andrew feel they have no other choice but to spend their final days travelling hundreds of miles to Switzerland in order to have the dignified death they desire.”

The group is not without its critics. One, Soraya Wernli, was a nurse with the organization for two and one-half years. She quit after an alleged incident involving a new suicide machine caused a client to suffer for 70 hours. Wernli has accused Dignitas of being a “production line of death,” concerned mainly with making money. (One must realize that just because an organization is officially “non-profit,” does not mean that there aren’t some individuals making lots of money from the organization.)

Just before he left the hotel for his appointment with Dignitas, Barclay told reporters, “Some people will say it’s a brave decision, others will say it’s cowardly and selfish and ask, ‘What about your wife, what about your family, what about your responsibility to them?’ But I’d challenge them to live with my symptoms for just a day and see how they manage.”

He added that his decision would save him from having to endure Donald Trump as president of the United States.

Barclay was still able to do many physical activities, including cuddling with his granddaughters. “I want to be with the people I love, of course I do, but I can’t even lift up my granddaughters and whirl them through the air like a grandpa should.”

Taking Barclay’s reasoning to its logical conclusion, once a man is no longer able to pick up his grandchildren and “whirl them through the air,” then he should just be euthanized? What about a tiny grandmother?

“There are still genuine moments of happiness,” Barclay admitted. “But they no longer outweigh a life in which every single day is a struggle from start to end. So I have made this decision.”

Assisted suicide for individuals such as Barclay is an example of what is sometimes called “the slippery slope” — meaning that once one starts down that hill, where does it stop? In Barclay’s case, doctors in Britain believed he could have lived another decade. He was still able to read, shower himself, have meals out, read e-mails, and cuddle his grandchildren. Certainly he was confined to a wheelchair, but so were President Franklin Roosevelt and Alabama Governor George Wallace. Today, the governor of Texas, Greg Abbott, is himself wheelchair-bound.

In the Netherlands recently, a man was euthanized simply because he was an alcoholic. He was one of 5,500 individuals euthanized under that country’s very liberal laws just last year. Fiona Bruce, a member of the British Parliament, told the *Daily Mail* that it was “deeply concerning and yet another reason why assisted suicide and euthanasia must never be introduced into the U.K.”

In other words, once it begins, where does it end?

When the Netherlands legalized euthanasia 16 years ago, it was sold as a solution for individuals who were undergoing “unbearable suffering,” with no prospect of improvement. Advocates at the time cited physical suffering from terminal cancer and the like, but as can be seen in the case of Mark Langedijk, the alcoholic who was euthanized, the reasons for using so-called mercy killing have expanded, and will likely expand some more.



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The connection between the push for euthanasia with socialized medicine (by whatever term you call it) must be considered. Once the government is using tax dollars to pay for all medical care, then it can be argued that decisions about medical care are no longer an individual's decision. What we eat (note Michelle Obama's campaign) and what we drink (note the growing war against soft drinks) becomes a societal concern. Under a nationalized healthcare system, in which the government is "paying" for all medical care, the government would make a simple cost analysis of the merits of keeping someone alive.

Is it worth it to perform, say, knee surgery on a very old person? With only so much money available in the government-run healthcare system, should that money be spent on a paraplegic who is unable to work? Putting an alcoholic in rehab can be expensive — socialists looking at the bottom line might think it is cheaper to just give these folks the needle or a cocktail of deadly drugs.

The United Kingdom (minus Wales) has had experience implementing its own version of euthanasia, called the Liverpool Care Pathway. In the 1990s, the National Health Service instituted measures that included drugging patients and removing hydration and nutrition for patients deemed to be in the final hours of life, to ease their passing. By 2009, some doctors were complaining that even patients who could live substantially longer with treatment (often expensive treatment) were being put on the Liverpool Care Pathway and that their families were not being told about doctors' decisions to end the patients' lives. It was also discovered that the NHS was offering financial incentives to institutions to use the Liverpool Care Pathway. About 29 percent of elderly patients were on the Pathway at the time of their deaths. Though the Liverpool Care Pathway was officially ended, critics suggest that the same treatments are happening now under a different name.

This line of thinking is not entirely new. In the early 20th-century biology textbook *Civic Biology*, author George Hunter argued, "In the insect communities the welfare of the individual is given up for the best interests of the community.... This should teach us, as we come to take our place in society, to be willing to give up our individual pleasure or selfish gain for the community in which we live."

The drive for euthanasia for "hard cases" leads inexorably to a societal psychological acceptance of the concept that some should just die, for the good of society. As a governor of Colorado so bluntly put it several years ago, old people have a duty to die and "get out of the way."

In the Netherlands it is government policy that certain people can choose to die and get out of the way. At the present time, it is voluntary, but what about the future? After all, who would have predicted that the day would come when the government of a modern, civilized nation would actually participate in the killing of a person simply because that person wants to die?



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