

**Friday
20 June 2025**

**Volume 769
No. 157**



**HOUSE OF COMMONS
OFFICIAL REPORT**

**PARLIAMENTARY
DEBATES**

(HANSARD)

Friday 20 June 2025

House of Commons

Friday 20 June 2025

The House met at half-past Nine o'clock

PRAYERS

[MR SPEAKER *in the Chair*]

Rachel Hopkins (Luton South and South Bedfordshire) (Lab): I beg to move, That the House sit in private.

Question put forthwith (Standing Order No. 163) and negatived.

Terminally Ill Adults (End of Life) Bill

Further consideration of Bill, as amended in the Public Bill Committee

Mr Speaker: Before we come to the Bill, I would like to say a few words about today's proceedings. On 13 June, an objection was taken to the Question that new clause 16 be read a Second time. As the objection was taken after 2.30 pm, proceedings on the Bill stopped. We will begin with the Question that new clause 16 be read a Second time. I will then put the Questions on the amendments selected for separate decisions. I can confirm that I have selected all the amendments in the name of Kim Leadbeater for separate decision, as well as amendments 14, 24, 12 and 21.

Once the decisions on Report are complete, I will then call the Member in charge to name the day for Third Reading. If she says now, Third Reading will begin then. Many colleagues will wish to participate in the debate today. I hope the Divisions that we are about to have can take place reasonably quickly in order to maximise the time available today.

On 13 June, Rebecca Paul moved formally that new clause 16 be read a Second time.

New Clause 16

WISH TO END ONE'S OWN LIFE

“(1) A person does not have a wish to seek assistance to end their own life in accordance with this Act under section 5(5) if they are substantially motivated by—

- (a) not wanting to be a burden on others or on public services,
- (b) a mental disorder (including depression),
- (c) a disability (other than the terminal illness),
- (d) financial considerations, including lack of adequate housing,
- (e) lack of access, or delayed access, to treatment or other service which a public authority is required (or can reasonably be expected to) provide, or
- (f) suicidal ideation.”—(*Rebecca Paul.*)

This new clause ensures that a wish to end one's own life that is substantially motivated by the factors listed in the amendment does not qualify for the provision of assistance under this Act.

Question put, That the clause be read a Second time.

The House divided: Ayes 208, Noes 261.

Division No. 240]

[9.36 am

AYES

Abbott, rh Ms Diane (*Proxy vote cast by Bell Ribeiro-Addy*)
 Adam, Shockat
 Ahmed, Dr Zubir
 Alaba, Mr Bayo
 Allister, Jim
 Amos, Gideon
 Anderson, Callum
 Anderson, Fleur
 Anderson, Lee
 Anderson, Stuart
 Andrew, rh Stuart
 Argar, rh Edward
 Arthur, Dr Scott
 Asato, Jess
 Asser, James
 Atkinson, Catherine
 Baines, David
 Baker, Richard
 Baldwin, Dame Harriett
 Bance, Antonia
 Baxter, Johanna
 Bhatti, Saqib
 Billington, Ms Polly
 Blundell, Mrs Elsie
 Bool, Sarah
 Bowie, Andrew
 Brackenridge, Mrs Sureena
 Buckley, Julia
 Burghart, Alex
 Burgon, Richard
 Butler, Dawn
 Campbell, Mr Gregory
 Campbell, Juliet
 Campbell-Savours, Markus
 Carden, Dan
 Chope, Sir Christopher
 Cleverly, rh Sir James
 Cocking, Lewis
 Coleman, Ben
 Collins, Tom
 Conlon, Liam
 Cooper, John
 Corbyn, rh Jeremy
 Coutinho, rh Claire (*Proxy vote cast by Danny Kruger*)
 Coyle, Neil
 Craft, Jen
 Creagh, Mary
 Crichton, Torcuil
 Cross, Harriet
 Darling, Steve
 Davies, Ann
 Davies, Gareth
 Davies, Jonathan
 Davies, Mims
 Dewhurst, Charlie
 Dhesi, Mr Tanmanjeet Singh
 Dixon, Anna
 Doughty, Stephen
 Duffield, Rosie
 Duncan Smith, rh Sir Iain
 Easton, Alex
 Ellis, Maya
 Eshalomi, Florence
 Evans, Chris

Farage, Nigel
 Farron, Tim
 Fenton-Glynn, Josh
 Foster, Mr Paul
 Foxcroft, Vicky
 Foy, Mary Kelly
 Francis, Daniel
 Frith, Mr James
 Gardiner, Barry
 Grady, John
 Griffith, Andrew
 Griffith, Dame Nia
 Griffiths, Alison
 Gwynne, Andrew (*Proxy vote cast by Chris Elmore*)
 Hack, Amanda
 Hamilton, Paulette
 Harding, Monica
 Hardy, Emma
 Harris, Rebecca
 Hayes, Helen
 Hillier, Dame Meg
 Hinder, Jonathan
 Hinds, rh Damian
 Hoare, Simon
 Holmes, Paul
 Huddleston, Nigel
 Hudson, Dr Neil
 Hurley, Patrick
 Jameson, Sally
 Jenkin, Sir Bernard
 Jenrick, rh Robert
 Johnson, Dr Caroline
 Jones, Lillian
 Jopp, Lincoln
 Josan, Gurinder Singh
 Joseph, Sojan
 Kane, Mike
 Kaur, Satvir (*Proxy vote cast by Darren Paffey*)
 Kohler, Mr Paul
 Kruger, Danny
 Lake, Ben
 Lam, Katie
 Lamb, Peter
 Leigh, rh Sir Edward
 Lewell, Emma
 Lockhart, Carla
 Long Bailey, Rebecca
 Lopez, Julia
 Lowe, Rupert
 MacDonald, Mr Angus
 Madders, Justin
 Mahmood, rh Shabana
 Malhotra, Seema
 Maskell, Rachael
 Mathew, Brian
 Mayhew, Jerome
 McAllister, Douglas
 McCluskey, Martin
 McDonagh, Dame Siobhain
 McDonald, Andy
 McDonald, Chris
 McDougall, Blair
 McEvoy, Lola
 McIntyre, Alex
 McKee, Gordon

McKinnell, Catherine
 McMahon, Jim
 McMurdock, James
 McNally, Frank
 Miller, Calum
 Mohamed, Iqbal
 Mohindra, Mr Gagan
 Morris, Grahame
 Mullan, Dr Kieran
 Mullane, Margaret
 Mundell, rh David
 Murray, Katrina
 Murrison, rh Dr Andrew
 Obese-Jecty, Ben
 Olney, Sarah
 Onwurah, Dame Chi
 Oppong-Asare, Ms Abena
 Owatemi, Taiwo
 Paffey, Darren
 Pakes, Andrew
 Patrick, Matthew
 Paul, Rebecca
 Peacock, Stephanie
 Pinkerton, Dr Al
 Pinto-Duschinsky, David
 Pritchard, rh Mark
 Quigley, Mr Richard
 Raja, Shivani (*Proxy vote cast by Mr Mohindra*)
 Rankin, Jack
 Reader, Mike
 Reed, David
 Rhodes, Martin
 Ribeiro-Addy, Bell
 Rimmer, Ms Marie
 Robertson, Joe
 Robinson, rh Gavin
 Rodda, Matt
 Rosindell, Andrew
 Rushworth, Sam
 Shah, Naz
 Shannon, Jim
 Shelbrooke, rh Sir Alec

Smith, David
 Smith, Greg
 Smith, rh Sir Julian
 Smith, Rebecca
 Smith, Sarah
 Spencer, Patrick (*Proxy vote cast by Danny Kruger*)
 Stafford, Gregory
 Stephenson, Blake
 Stevenson, Kenneth
 Stone, Jamie
 Streeting, rh Wes
 Strickland, Alan
 Stringer, Graham
 Stuart, rh Graham
 Sullivan, Kirsteen
 Swann, Robin
 Swayne, rh Sir Desmond
 Taylor, Alison
 Thomas, Bradley
 Thomas-Symonds, rh Nick
 Timothy, Nick
 Tugendhat, rh Tom
 Turner, Laurence
 Twigg, Derek
 Twist, Liz
 Vaz, rh Valerie
 Vickers, Martin
 Vickers, Matt
 Ward, Melanie
 Waugh, Paul
 Whately, Helen
 Williams, David
 Wilson, Munira
 Wilson, rh Sammy
 Wood, Mike
 Woodcock, Sean
 Wright, rh Sir Jeremy

Tellers for the Ayes:
Patricia Ferguson and
Ruth Jones

NOES

Abbott, Jack
 Akehurst, Luke
 Alexander, rh Mr Douglas
 Alexander, rh Heidi
 Al-Hassan, Sadik
 Antoniazzi, Tonia
 Aquarone, Steff
 Athwal, Jas
 Babarinde, Josh
 Ballinger, Alex
 Barker, Paula
 Barron, Lee
 Barros-Curtis, Mr Alex
 Beales, Danny
 Beavers, Lorraine
 Bedford, Mr Peter
 Bell, Torsten
 Benn, rh Hilary
 Bennett, Alison
 Berry, Siân
 Betts, Mr Clive
 Blake, Olivia
 Blake, Rachel
 Bloore, Chris
 Bonavia, Kevin
 Brandreth, Aphra
 Brash, Mr Jonathan
 Brewer, Alex
 Brickell, Phil
 Brown-Fuller, Jess
 Bryant, Chris
 Burke, Maureen
 Burton-Sampson, David
 Campbell, rh Sir Alan
 Campbell, Irene
 Cane, Charlotte
 Carling, Sam
 Carns, Al
 Chambers, Dr Danny
 Champion, Sarah
 Charters, Mr Luke
 Chowns, Ellie
 Clifton-Brown, Sir Geoffrey
 Collier, Jacob
 Collinge, Lizzi
 Collins, Victoria
 Coombes, Sarah
 Cooper, Andrew
 Cooper, Dr Beccy
 Cooper, Daisy
 Costigan, Deirdre
 Cox, Pam

Dakin, Sir Nicholas
 Darlington, Emily
 Davies, Paul
 Davies, Shaun
 Davies-Jones, Alex
 Dean, Bobby
 Dean, Josh
 Dearden, Kate
 Dickson, Jim
 Dixon, Samantha
 Dollimore, Helena
 Downie, Graeme
 Duncan-Jordan, Neil
 Dyke, Sarah
 Eagle, Dame Angela
 Eccles, Cat
 Edwards, Sarah
 Egan, Damien
 Elmore, Chris
 Evans, Dr Luke
 Fahnbulleh, Miatta
 Falconer, Mr Hamish
 Farnsworth, Linsey
 Ferguson, Mark
 Fleet, Natalie
 Foody, Emma
 Fookes, Catherine
 Foord, Richard
 Forster, Mr Will
 Fox, Sir Ashley
 Foy, Mary Kelly
 Franklin, Zöe
 Furniss, Gill
 Garnier, Mark
 Gelderd, Anna
 Gemmell, Alan
 George, Andrew
 German, Gill
 Gibson, Sarah (*Proxy vote cast by Anna Sabine*)

Gilbert, Tracy
 Gilmour, Rachel
 Gittins, Becky
 Glover, Olly
 Goldman, Marie
 Gordon, Tom
 Gosling, Jodie
 Gould, Georgia
 Green, Sarah
 Greenwood, Lilian
 Hall, Sarah
 Hatton, Lloyd
 Hayes, Tom
 Hazelgrove, Claire
 Healey, rh John
 Heylings, Pippa
 Hinchliff, Chris
 Hobhouse, Wera
 Hollinrake, Kevin
 Hopkins, Rachel
 Hughes, Claire
 Hume, Alison
 Hunt, rh Sir Jeremy
 Irons, Natasha
 Jardine, Christine
 Jarvis, Dan
 Jarvis, Liz
 Johnson, rh Dame Diana
 Jones, Clive
 Jones, Gerald
 Jones, Louise
 Jones, Sarah

Juss, Warinder
 Kane, Chris
 Kearns, Alicia (*Proxy vote cast by Kit Malthouse*)
 Kinnock, Stephen
 Kirkham, Jayne
 Kitchen, Gen
 Kumar, Sonia
 Kyle, rh Peter
 Kyrke-Smith, Laura
 Leadbeater, Kim
 Lewin, Andrew
 Lightwood, Simon
 MacAlister, Josh
 MacCleary, James
 Macdonald, Alice
 MacNae, Andy
 Maguire, Ben
 Malthouse, rh Kit
 Martin, Mike
 Mather, Keir
 Maynard, Charlie
 McCarthy, Kerry
 McDonnell, rh John
 McKenna, Kevin
 McMorris, Anna
 McNeill, Kirsty
 Medi, Llinos
 van Mierlo, Freddie
 Miliband, rh Ed
 Milne, John
 Mishra, Navendu
 Mitchell, rh Sir Andrew
 Moon, Perran
 Moran, Layla (*Proxy vote cast by Zöe Franklin*)
 Morden, Jessica
 Morello, Edward
 Morgan, Helen
 Morgan, Stephen
 Morris, Joe
 Munt, Tessa
 Murphy, Luke
 Murray, Chris
 Murray, rh Ian (*Proxy vote cast by Chris Elmore*)
 Murray, James
 Murray, Susan
 Naish, James
 Nash, Pamela
 Newbury, Josh
 Niblett, Samantha
 Norris, Alex
 Norris, Dan (*Proxy vote cast by Chris Elmore*)
 Onn, Melanie
 Opher, Dr Simon
 Osborne, Kate
 Osborne, Tristan
 Payne, Michael
 Pearce, Jon
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillips, Jess
 Philp, rh Chris
 Pitcher, Lee
 Platt, Jo
 Powell, Joe
 Prinsley, Peter
 Race, Steve
 Ramsay, Adrian
 Ranger, Andrew

Reeves, rh Ellie
 Reid, Joani
 Reynolds, Emma
 Reynolds, Mr Joshua
 Richards, Jake
 Rigby, Lucy
 Robertson, Dave
 Roca, Tim
 Roome, Ian
 Russell, Sarah
 Rutland, Tom
 Ryan, Oliver
 Sabine, Anna
 Sackman, Sarah
 Sandher, Dr Jeevun
 Savage, Dr Roz
 Saville Roberts, rh Liz
 Shastri-Hurst, Dr Neil
 Siddiq, Tulip
 Simons, Josh
 Slade, Vikki
 Slaughter, Andy
 Slinger, John
 Smart, Lisa
 Smith, Jeff
 Smyth, Karin
 Sollom, Ian
 Spencer, Dr Ben
 Stainbank, Euan
 Stevens, rh Jo
 Stewart, Elaine
 Strathern, Alistair
 Swallow, Peter
 Tami, rh Sir Mark
 Tapp, Mike
 Taylor, David

Taylor, Luke
 Taylor, Rachel
 Thomas, Cameron
 Thomas, Fred
 Thomas, Gareth
 Thompson, Adam
 Thornberry, rh Emily
 Tice, Richard
 Tidball, Dr Marie
 Tufnell, Henry
 Turley, Anna
 Turmaine, Matt
 Uppal, Harpreet
 Vaughan, Tony
 Vince, Chris
 Voaden, Caroline
 Wakeford, Christian
 Welsh, Michelle
 Western, Andrew
 Western, Matt
 Wheeler, Michael
 Whitby, John
 White, Jo
 White, Katie
 Wild, James
 Wilkinson, Max
 Witherden, Steve
 Wrighting, Rosie
 Wrigley, Martin
 Yang, Yuan
 Yemm, Steve
 Young, Claire

Tellers for the Noes:
Bambos Charalambous and
Lewis Atkinson

Question accordingly negated.

Clause 2

TERMINAL ILLNESS

Amendments made: 14, page 2, line 6, at end insert—

“(1A) A person who would not otherwise meet the requirements of subsection (1) shall not be considered to meet those requirements solely as a result of voluntarily stopping eating or drinking.”—(*Naz Shah.*)

This amendment means that someone who is not terminally ill within the meaning of subsection (1) cannot bring themselves within that definition by voluntarily stopping eating or drinking or both.

Amendment 55, page 2, line 8, leave out “, disease or medical condition” and insert “or disease”.—(*Kim Leadbeater.*)

This amendment aligns the wording of subsection (2) with the wording used in subsection (1) (which defines what it means to be “terminally ill” for the purposes of the Bill).

Clause 3

CAPACITY

Amendment proposed: 24, in clause 3, page 2, line 18, at end insert

“except that section 1(2) of that Act shall not apply”.—(*Daniel Francis.*)

This amendment would disapply the presumption that a person has capacity unless the opposite is established.

The House divided: Ayes 213, Noes 266.

Division No. 241]

[9.50 am

AYES

Abbott, rh Ms Diane (*Proxy vote cast by Bell Ribeiro-Addy*)
 Adam, Shockat
 Ahmed, Dr Zubir
 Alaba, Mr Bayo
 Allister, Jim
 Amos, Gideon
 Anderson, Lee
 Anderson, Stuart
 Andrew, rh Stuart
 Argar, rh Edward
 Asato, Jess
 Asser, James
 Atkinson, Catherine
 Baines, David
 Baker, Alex
 Baker, Richard
 Baldwin, Dame Harriett
 Bance, Antonia
 Baxter, Johanna
 Bhatti, Saqib
 Billington, Ms Polly
 Blake, Rachel
 Blundell, Mrs Elsie
 Bool, Sarah
 Bowie, Andrew
 Brackenridge, Mrs Sureena
 Buckley, Julia
 Burghart, Alex
 Burgon, Richard
 Butler, Dawn
 Caliskan, Nesil
 Campbell, Mr Gregory
 Campbell, Juliet
 Campbell-Savours, Markus
 Carden, Dan
 Chope, Sir Christopher
 Cleverly, rh Sir James
 Clifton-Brown, Sir Geoffrey
 Cocking, Lewis
 Coleman, Ben
 Collins, Tom
 Conlon, Liam
 Cooper, John
 Corbyn, rh Jeremy
 Coutinho, rh Claire (*Proxy vote cast by Danny Kruger*)
 Coyle, Neil
 Craft, Jen
 Creagh, Mary
 Crichton, Torcuil
 Cross, Harriet
 Davies, Gareth
 Davies, Jonathan
 Davies, Mims
 Dewhirst, Charlie
 Dhesi, Mr Tanmanjeet Singh
 Dixon, Anna
 Doughty, Stephen
 Duncan Smith, rh Sir Iain
 Easton, Alex
 Ellis, Maya
 Eshalomi, Florence
 Evans, Chris
 Farage, Nigel
 Farron, Tim

Fenton-Glynn, Josh
 Ferguson, Patricia
 Foster, Mr Paul
 Foxcroft, Vicky
 Foy, Mary Kelly
 Francis, Daniel
 Frith, Mr James
 Furniss, Gill
 Gardiner, Barry
 Grady, John
 Griffith, Andrew
 Griffith, Dame Nia
 Griffiths, Alison
 Gwynne, Andrew (*Proxy vote cast by Chris Elmore*)
 Hack, Amanda
 Hamilton, Paulette
 Harding, Monica
 Hardy, Emma
 Harris, Rebecca
 Hayes, Helen
 Hayes, rh Sir John
 Hillier, Dame Meg
 Hinder, Jonathan
 Hinds, rh Damian
 Hoare, Simon
 Holmes, Paul
 Huddleston, Nigel
 Hudson, Dr Neil
 Hurley, Patrick
 Jameson, Sally
 Jenrick, rh Robert
 Johnson, Dr Caroline
 Jones, Lillian
 Josan, Gurinder Singh
 Joseph, Sojan
 Kane, Mike
 Kaur, Satvir (*Proxy vote cast by Darren Paffey*)
 Khan, Afzal
 Kohler, Mr Paul
 Kruger, Danny
 Lam, Katie
 Lamb, Peter
 Leigh, rh Sir Edward
 Leishman, Brian
 Lewell, Emma
 Lockhart, Carla
 Long Bailey, Rebecca
 Lopez, Julia
 Lowe, Rupert
 MacDonald, Mr Angus
 Madders, Justin
 Mahmood, rh Shabana
 Malhotra, Seema
 Maskell, Rachael
 Mathew, Brian
 Mayhew, Jerome
 McAllister, Douglas
 McCluskey, Martin
 McDonagh, Dame Siobhain
 McDonald, Andy
 McDonald, Chris
 McDougall, Blair
 McEvoy, Lola
 McIntyre, Alex
 McKee, Gordon

McKinnell, Catherine
 McMahon, Jim
 McMurdock, James
 McNally, Frank
 Miller, Calum
 Mohamed, Iqbal
 Mohindra, Mr Gagan
 Morris, Grahame
 Mullane, Margaret
 Mundell, rh David
 Murray, Katrina
 Murrison, rh Dr Andrew
 Myer, Luke
 Naish, James
 Newbury, Josh
 Obese-Jecty, Ben
 Olney, Sarah
 Onwurah, Dame Chi
 Oppong-Asare, Ms Abena
 Owatemi, Taiwo
 Paffey, Darren
 Pakes, Andrew
 Patrick, Matthew
 Peacock, Stephanie
 Pinkerton, Dr Al
 Pinto-Duschinsky, David
 Pochin, Sarah
 Pritchard, rh Mark
 Quigley, Mr Richard
 Raja, Shivani (*Proxy vote cast by Mr Mohindra*)
 Rankin, Jack
 Reader, Mike
 Reed, David
 Rhodes, Martin
 Ribeiro-Addy, Bell
 Rimmer, Ms Marie
 Robinson, rh Gavin
 Rodda, Matt
 Rosindell, Andrew
 Rushworth, Sam
 Shah, Naz
 Shannon, Jim
 Shelbrooke, rh Sir Alec

Smith, David
 Smith, Greg
 Smith, rh Sir Julian
 Smith, Rebecca
 Smith, Sarah
 Spencer, Patrick (*Proxy vote cast by Danny Kruger*)
 Stafford, Gregory
 Stephenson, Blake
 Stevenson, Kenneth
 Stone, Jamie
 Streeting, rh Wes
 Strickland, Alan
 Stringer, Graham
 Stuart, rh Graham
 Sullivan, Kirsteen
 Swann, Robin
 Swayne, rh Sir Desmond
 Taylor, Alison
 Thomas, Bradley
 Thomas-Symonds, rh Nick
 Timms, rh Sir Stephen
 Timothy, Nick
 Tugendhat, rh Tom
 Turner, Laurence
 Twigg, Derek
 Twist, Liz
 Vaz, rh Valerie
 Vickers, Martin
 Vickers, Matt
 Ward, Melanie
 Waugh, Paul
 Whately, Helen
 Whittome, Nadia
 Williams, David
 Wilson, Munira
 Wilson, rh Sammy
 Wood, Mike
 Woodcock, Sean
 Wright, rh Sir Jeremy

Tellers for the Ayes:

**Ruth Jones and
 Rebecca Paul**

NOES

Abbott, Jack
 Akehurst, Luke
 Aldridge, Dan
 Alexander, rh Mr Douglas
 Alexander, rh Heidi
 Al-Hassan, Sadik
 Anderson, Callum
 Anderson, Fleur
 Antoniazzi, Tonia
 Athwal, Jas
 Babarinde, Josh
 Bailey, Mr Calvin
 Ballinger, Alex
 Barker, Paula
 Barron, Lee
 Barros-Curtis, Mr Alex
 Beales, Danny
 Beavers, Lorraine
 Bedford, Mr Peter
 Bell, Torsten
 Benn, rh Hilary
 Bennett, Alison
 Berry, Siân
 Betts, Mr Clive
 Blake, Olivia

Bloore, Chris
 Bonavia, Kevin
 Brandreth, Aphra
 Brash, Mr Jonathan
 Brewer, Alex
 Brickell, Phil
 Brown-Fuller, Jess
 Bryant, Chris
 Burke, Maureen
 Burton-Sampson, David
 Campbell, rh Sir Alan
 Campbell, Irene
 Cane, Charlotte
 Carling, Sam
 Carns, Al
 Chambers, Dr Danny
 Champion, Sarah
 Charters, Mr Luke
 Chowns, Ellie
 Collier, Jacob
 Collinge, Lizzi
 Collins, Victoria
 Coombes, Sarah
 Cooper, Andrew
 Cooper, Dr Beccy

Cooper, Daisy
 Costigan, Deirdre
 Cox, Pam
 Daby, Janet
 Dakin, Sir Nicholas
 Dance, Adam
 Darling, Steve
 Darlington, Emily
 Davies, Ann
 Davies, Paul
 Davies, Shaun
 Davies-Jones, Alex
 Dean, Bobby
 Dean, Josh
 Dearden, Kate
 Denyer, Carla
 Dickson, Jim
 Dixon, Samantha
 Dollimore, Helena
 Dowden, rh Sir Oliver
 Downie, Graeme
 Duncan-Jordan, Neil
 Dyke, Sarah
 Eagle, Dame Angela
 Eccles, Cat
 Edwards, Lauren
 Edwards, Sarah
 Egan, Damien
 Elmore, Chris
 Evans, Dr Luke
 Fahnbulleh, Miatta
 Falconer, Mr Hamish
 Farnsworth, Linsey
 Ferguson, Mark
 Fleet, Natalie
 Foody, Emma
 Fookes, Catherine
 Foord, Richard
 Forster, Mr Will
 Fox, Sir Ashley
 Franklin, Zöe
 Garnier, Mark
 Gelderd, Anna
 Gemmell, Alan
 George, Andrew
 German, Gill
 Gibson, Sarah (*Proxy vote cast by Anna Sabine*)
 Gilbert, Tracy
 Gilmour, Rachel
 Gittins, Becky
 Glover, Olly
 Goldman, Marie
 Gordon, Tom
 Gosling, Jodie
 Gould, Georgia
 Green, Sarah
 Greenwood, Lilian
 Hall, Sarah
 Hatton, Lloyd
 Hayes, Tom
 Hazelgrove, Claire
 Healey, rh John
 Heylings, Pippa
 Hinchliff, Chris
 Hobhouse, Wera
 Hollinrake, Kevin
 Hopkins, Rachel
 Hughes, Claire
 Hume, Alison
 Hunt, rh Sir Jeremy
 Ingham, Leigh

Irons, Natasha
 Jardine, Christine
 Jarvis, Dan
 Jarvis, Liz
 Johnson, rh Dame Diana
 Jones, Clive
 Jones, Gerald
 Jones, Louise
 Juss, Warinder
 Kane, Chris
 Kearns, Alicia (*Proxy vote cast by Kit Malthouse*)
 Kinnock, Stephen
 Kirkham, Jayne
 Kitchen, Gen
 Kumar, Sonia
 Kyle, rh Peter
 Kyrke-Smith, Laura
 Lake, Ben
 Law, Noah
 Leadbeater, Kim
 Lewin, Andrew
 Lightwood, Simon
 MacAlister, Josh
 MacCleary, James
 Macdonald, Alice
 MacNae, Andy
 Maguire, Ben
 Malthouse, rh Kit
 Martin, Mike
 Mather, Keir
 Maynard, Charlie
 McCarthy, Kerry
 McDonnell, rh John
 McKenna, Kevin
 McMorris, Anna
 McNeill, Kirsty
 Medi, Llinos
 van Mierlo, Freddie
 Miliband, rh Ed
 Milne, John
 Mishra, Navendu
 Mitchell, rh Sir Andrew
 Moon, Perran
 Moran, Layla (*Proxy vote cast by Zöe Franklin*)
 Morden, Jessica
 Morello, Edward
 Morgan, Helen
 Morgan, Stephen
 Morris, Joe
 Munt, Tessa
 Murphy, Luke
 Murray, Chris
 Murray, rh Ian (*Proxy vote cast by Chris Elmore*)
 Murray, James
 Murray, Susan
 Niblett, Samantha
 Norris, Alex
 Norris, Dan (*Proxy vote cast by Chris Elmore*)
 Onn, Melanie
 Opher, Dr Simon
 Osborne, Kate
 Osborne, Tristan
 Payne, Michael
 Pearce, Jon
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillips, Jess
 Philp, rh Chris

Pitcher, Lee
 Platt, Jo
 Powell, Joe
 Poynton, Gregor
 Prinsley, Peter
 Race, Steve
 Ramsay, Adrian
 Ranger, Andrew
 Reeves, rh Ellie
 Reid, Joani
 Reynolds, Emma
 Reynolds, Mr Joshua
 Richards, Jake
 Rigby, Lucy
 Robertson, Dave
 Roca, Tim
 Roome, Ian
 Russell, Sarah
 Rutland, Tom
 Ryan, Oliver
 Sabine, Anna
 Sackman, Sarah
 Sandher, Dr Jeevun
 Savage, Dr Roz
 Saville Roberts, rh Liz
 Shastri-Hurst, Dr Neil
 Siddiq, Tulip
 Simons, Josh
 Slade, Vikki
 Slaughter, Andy
 Slinger, John
 Smart, Lisa
 Smith, Jeff
 Smyth, Karin
 Sollom, Ian
 Spencer, Dr Ben
 Stainbank, Euan
 Stevens, rh Jo
 Stewart, Elaine
 Strathern, Alistair

Tami, rh Sir Mark
 Tapp, Mike
 Taylor, David
 Taylor, Luke
 Taylor, Rachel
 Thomas, Cameron
 Thomas, Fred
 Thomas, Gareth
 Thompson, Adam
 Thornberry, rh Emily
 Tice, Richard
 Tidball, Dr Marie
 Tufnell, Henry
 Turley, Anna
 Turmaine, Matt
 Uppal, Harpreet
 Vaughan, Tony
 Vince, Chris
 Voaden, Caroline
 Wakeford, Christian
 Webb, Chris
 Welsh, Michelle
 Western, Andrew
 Western, Matt
 Wheeler, Michael
 Whitby, John
 White, Jo
 White, Katie
 Wild, James
 Wilkinson, Max
 Witherden, Steve
 Wrighting, Rosie
 Wrigley, Martin
 Yemm, Steve
 Young, Claire

Tellers for the Noes:
Lewis Atkinson and
Bambos Charalambous

Question accordingly negated.

Clause 7

INITIAL REQUEST FOR ASSISTANCE: FIRST DECLARATION

Amendments made: 56, page 4, line 14, at end insert—

“(2A) The coordinating doctor must give a copy of the first declaration to the Commissioner as soon as reasonably practicable after it has been made.”

This amendment requires the coordinating doctor to give a copy of the first declaration to the Commissioner.

Amendment 57, page 5, line 14, leave out “include training about” and insert “provide that the practitioner must have had training about the following”.

This clarifies that the obligation under subsection (7) is to specify training about certain matters.

Amendment 58, page 5, line 18, leave out “specific and up-to-date training on”.

This clarifies that the training is to be about adjustments and safeguards for autistic people and person with a learning disability (rather than training about training about such matters).

Amendment 59, page 5, line 19, at end insert—

“(d) domestic abuse.”—(Kim Leadbeater.)

This is a drafting change (moving the duty for the regulations to require the coordinating doctor to have received training on domestic abuse so that it is located with other similar duties). See also amendment 74, which defines “domestic abuse” for the purposes of the Bill.

Clause 9

FIRST DOCTOR’S ASSESSMENT (COORDINATING DOCTOR)

Amendment made: 60, page 7, line 1, at end insert—

“(6) Where—

- (a) a referral is made under subsection (3)(c),
- (b) the independent doctor dies or through illness is unable or unwilling to act as the independent doctor, and
- (c) no report under section 10 has been made by virtue of the referral,

a further referral may be made under subsection (3)(c).

- (7) Where a referral is made to a registered medical practitioner by virtue of subsection (6), that practitioner becomes the independent doctor (replacing the registered medical practitioner to whom a referral was originally made) and sections 10 to 12 and (Replacing the coordinating or independent doctor where unable or unwilling to continue to act) apply accordingly.”—(Kim Leadbeater.)

This amendment makes provision, corresponding to the provision in clause 12 about the death or illness of a doctor from whom a second opinion is sought, for a further referral to be made where, before reporting, the independent doctor dies or through illness is unable or unwilling to act.

Clause 10

SECOND DOCTOR’S ASSESSMENT
(INDEPENDENT DOCTOR)

Amendments made: 61, page 8, line 22, leave out “include training about” and insert

“provide that the practitioner must have had training about the following”.

This clarifies that the obligation under subsection (10) is to specify training about certain matters.

Amendment 62, page 8, line 25, at end insert—

“(c) domestic abuse.”—(Kim Leadbeater.)

This is a drafting change.

Clause 11

DOCTORS’ ASSESSMENTS: FURTHER PROVISION

Amendment made: 63, page 9, line 44, leave out “, disease or condition” and insert “or disease”.—(Kim Leadbeater.)

This amendment aligns the wording used here with the wording used in Clause 2(1) (which defines what it means to be “terminally ill” for the purposes of the Bill).

Clause 12

ANOTHER INDEPENDENT DOCTOR: SECOND OPINION

Amendments made: 64, page 10, line 40, leave out “section 10 and 11” and insert

“sections 10, 11 and (Replacing the coordinating or independent doctor where unable or unwilling to continue to act)”.

This amendment is consequential on NC11.

Amendment 65, page 11, line 3, at end insert

“and section (Replacing the coordinating or independent doctor where unable or unwilling to continue to act)(6)(a)(ii)”.—(Kim Leadbeater.)

This amendment is consequential on NC11.

Clause 23

PROVISION OF ASSISTANCE

Amendments made: 66, page 19, line 21, leave out “subsection (3)” and insert “subsection (2)”.

This is a drafting change.

Amendment 67, page 19, line 32, at end insert—

“(6A) An approved substance may be provided to a person under subsection (2) by—

- (a) preparing a device which will enable that person to self-administer the substance, and
- (b) providing that person with the device.

In the case of an approved substance so provided, the reference in subsection (3) to the approved substance is to be read as a reference to the device.”

This amendment clarifies how the clause works in cases where an approved substance is provided by preparing a device and providing a person with the device.

Amendment 68, page 19, line 36, leave out paragraph (b).—(*Kim Leadbeater.*)

This amendment is consequential on amendment 67.

Clause 25

MEANING OF “APPROVED SUBSTANCE”

Amendment made: 69, page 21, line 8, leave out subsection (3) and insert—

“(3) See section (Regulation of approved substances and devices for self-administration) for powers to make provision about—

- (a) approved substances, and
- (b) devices for use or used in connection with the self-administration of approved substances.”—(*Kim Leadbeater.*)

This is consequential on NC13.

Clause 26

FINAL STATEMENT

Amendment made: 91, page 21, line 22, leave out paragraph (a) and insert—

“(a) the person’s full name, date of birth, sex, ethnicity, and last permanent address;

- (aa) whether, immediately before death, the person had a disability within the meaning of section 6 of the Equality Act 2010 (other than a disability consisting of the illness or disease which caused the person to be terminally ill within the meaning of this Act);”—(*Kim Leadbeater.*)

This amendment expands the duty as regards regulations about final statements so as to provide that certain additional information is included in final statements.

Clause 28

NO OBLIGATION TO PROVIDE ASSISTANCE ETC

Amendment made: 52, page 22, line 28, leave out clause 28.—(*Kim Leadbeater.*)

This amendment is consequential on NC10.

Clause 34PRESCRIBING, DISPENSING, TRANSPORTING ETC
OF APPROVED SUBSTANCES

Amendment made: 53, page 25, line 24, leave out clause 34.—(*Kim Leadbeater.*)

This amendment is consequential on NC13.

Clause 35

INQUESTS, DEATH CERTIFICATION ETC

Amendment made: 54, page 25, line 34, leave out clause 35.—(*Kim Leadbeater.*)

This amendment is consequential on NC15.

Clause 36

CODES OF PRACTICE

Amendments made: 70, page 27, line 20, at end insert—

“(ca) ensuring effective communication in connection with persons seeking assistance under this Act to end their own lives, including the use of interpreters;”.

This amendment provides that a code of practice must be issued covering ensuring effective communication in connection with persons seeking assistance under the Bill.

Amendment 71, page 27, line 35, leave out subsection (3).—(*Kim Leadbeater.*)

This amendment is consequential on amendment 70.

Clause 37

GUIDANCE ABOUT OPERATION OF ACT

Amendment made: 89, page 28, line 7, leave out clause 37.—(*Kim Leadbeater.*)

This amendment is consequential on NC20.

Clause 38

VOLUNTARY ASSISTED DYING SERVICES: ENGLAND

Amendment proposed: 12, page 28, line 36, leave out subsections (4) and (5) and insert—

“(4A) Regulations under subsection (1) may not amend, modify or repeal section 1 of the National Health Service Act 2006.”—(*Dame Siobhain McDonagh.*)

This amendment would prevent section 1 of the National Health Service Act 2006, which sets out the purposes of the NHS, from being amended by regulations. Its effect would be to require changes to be made by an Act of Parliament instead.

Question put, That the amendment be made.

The House divided: Ayes 223, Noes 269.

Division No. 242]**[10.2****AYES**

Abbott, rh Ms Diane (*Proxy vote cast by Bell Ribeiro-Addy*)

Adam, Shockat

Ahmed, Dr Zubir

Alaba, Mr Bayo

Ali, Rushanara

Allister, Jim

Amos, Gideon

Anderson, Lee

Anderson, Stuart

Andrew, rh Stuart

Argar, rh Edward

Arthur, Dr Scott

Asato, Jess

Asser, James

Atkinson, Catherine

Baines, David

Baker, Alex

Baker, Richard

Baldwin, Dame Harriett

Bance, Antonia

Baxter, Johanna

Bhatti, Saqib

Billington, Ms Polly

Blackman, Bob

Blundell, Mrs Elsie

Bool, Sarah

Bowie, Andrew

Brackenridge, Mrs Sureena

Buckley, Julia

Burghart, Alex

Burgon, Richard

Butler, Dawn

Caliskan, Nesil

Campbell, Mr Gregory

Campbell, Juliet

Campbell-Savours, Markus

Carden, Dan
 Chope, Sir Christopher
 Cleverly, rh Sir James
 Clifton-Brown, Sir Geoffrey
 Cocking, Lewis
 Coleman, Ben
 Collins, Tom
 Conlon, Liam
 Cooper, John
 Corbyn, rh Jeremy
 Coutinho, rh Claire (*Proxy vote cast by Danny Kruger*)
 Coyle, Neil
 Craft, Jen
 Creagh, Mary
 Crichton, Torcuil
 Cross, Harriet
 Daby, Janet
 Darling, Steve
 Davies, Gareth
 Davies, Jonathan
 Davies, Mims
 De Cordova, Marsha
 Dewhurst, Charlie
 Dhesi, Mr Tanmanjeet Singh
 Dixon, Anna
 Dollimore, Helena
 Doughty, Stephen
 Duffield, Rosie
 Duncan Smith, rh Sir Iain
 Easton, Alex
 Ellis, Maya
 Eshalomi, Florence
 Evans, Chris
 Farage, Nigel
 Farron, Tim
 Fenton-Glynn, Josh
 Ferguson, Patricia
 Foster, Mr Paul
 Foxcroft, Vicky
 Foy, Mary Kelly
 Francis, Daniel
 Francois, rh Mr Mark
 Frith, Mr James
 Furniss, Gill
 Gardiner, Barry
 Gardner, Dr Allison
 Grady, John
 Griffith, Andrew
 Griffith, Dame Nia
 Griffiths, Alison
 Gwynne, Andrew (*Proxy vote cast by Chris Elmore*)
 Hack, Amanda
 Hamilton, Paulette
 Harding, Monica
 Hardy, Emma
 Harris, Rebecca
 Hayes, Helen
 Hayes, rh Sir John
 Hillier, Dame Meg
 Hinder, Jonathan
 Hinds, rh Damian
 Hoare, Simon
 Holden, rh Mr Richard
 Holmes, Paul
 Huddleston, Nigel
 Hudson, Dr Neil
 Hurley, Patrick
 Jameson, Sally
 Jenkin, Sir Bernard
 Jenrick, rh Robert

Johnson, Dr Caroline
 Jones, Lillian
 Jopp, Lincoln
 Josan, Gurinder Singh
 Joseph, Sojan
 Kane, Mike
 Kaur, Satvir (*Proxy vote cast by Darren Paffey*)
 Khan, Afzal
 Kohler, Mr Paul
 Kruger, Danny
 Lam, Katie
 Lamb, Peter
 Leigh, rh Sir Edward
 Leishman, Brian
 Lewell, Emma
 Lockhart, Carla
 Long Bailey, Rebecca
 Lopez, Julia
 Lowe, Rupert
 MacDonald, Mr Angus
 Madders, Justin
 Mahmood, rh Shabana
 Malhotra, Seema
 Maskell, Rachael
 Mathew, Brian
 Mayer, Alex
 Mayhew, Jerome
 McAllister, Douglas
 McCluskey, Martin
 McDonagh, Dame Siobhain
 McDonald, Andy
 McDonald, Chris
 McDougall, Blair
 McEvoy, Lola
 McKinnell, Catherine
 McMahon, Jim
 McMurdoch, James
 McNally, Frank
 Miller, Calum
 Mohamed, Iqbal
 Mohindra, Mr Gagan
 Morris, Grahame
 Mullan, Dr Kieran
 Mullane, Margaret
 Mundell, rh David
 Murray, Katrina
 Murrison, rh Dr Andrew
 Naish, James
 Newbury, Josh
 Obese-Jecty, Ben
 Olney, Sarah
 Onwurah, Dame Chi
 Oppong-Asare, Ms Abena
 Owatemi, Taiwo
 Paffey, Darren
 Pakes, Andrew
 Patrick, Matthew
 Paul, Rebecca
 Peacock, Stephanie
 Pinkerton, Dr Al
 Pinto-Duschinsky, David
 Pritchard, rh Mark
 Quigley, Mr Richard
 Raja, Shivani (*Proxy vote cast by Mr Mohindra*)
 Rankin, Jack
 Reader, Mike
 Reed, David
 Rhodes, Martin
 Ribeiro-Addy, Bell
 Rimmer, Ms Marie

Robertson, Joe
 Robinson, rh Gavin
 Rodda, Matt
 Rosindell, Andrew
 Rushworth, Sam
 Shah, Naz
 Shannon, Jim
 Shelbrooke, rh Sir Alec
 Smith, David
 Smith, Greg
 Smith, rh Sir Julian
 Smith, Sarah
 Spencer, Dr Ben
 Spencer, Patrick (*Proxy vote cast by Danny Kruger*)
 Stafford, Gregory
 Stephenson, Blake
 Stevenson, Kenneth
 Stone, Jamie
 Streeting, rh Wes
 Strickland, Alan
 Stringer, Graham
 Stuart, rh Graham
 Sullivan, Kirsteen
 Sullivan, Dr Lauren
 Swann, Robin

Swayne, rh Sir Desmond
 Taylor, Alison
 Thomas, Bradley
 Thomas-Symonds, rh Nick
 Timms, rh Sir Stephen
 Timothy, Nick
 Tugendhat, rh Tom
 Turner, Laurence
 Twigg, Derek
 Twist, Liz
 Vaz, rh Valerie
 Vickers, Martin
 Vickers, Matt
 Ward, Melanie
 Waugh, Paul
 Whately, Helen
 Williams, David
 Wilson, Munira
 Wilson, rh Sammy
 Wood, Mike
 Woodcock, Sean
 Wright, rh Sir Jeremy

Tellers for the Ayes:

**Ruth Jones and
 Rebecca Smith**

NOES

Abbott, Jack
 Akehurst, Luke
 Aldridge, Dan
 Alexander, rh Mr Douglas
 Alexander, rh Heidi
 Al-Hassan, Sadik
 Anderson, Callum
 Anderson, Fleur
 Antoniazzi, Tonia
 Aquarone, Steff
 Athwal, Jas
 Babarinde, Josh
 Bailey, Mr Calvin
 Ballinger, Alex
 Barker, Paula
 Barron, Lee
 Barros-Curtis, Mr Alex
 Beales, Danny
 Beavers, Lorraine
 Bedford, Mr Peter
 Bell, Torsten
 Benn, rh Hilary
 Bennett, Alison
 Berry, Siân
 Betts, Mr Clive
 Blake, Olivia
 Blake, Rachel
 Bloore, Chris
 Bonavia, Kevin
 Brandreth, Aphra
 Brash, Mr Jonathan
 Brewer, Alex
 Brickell, Phil
 Brown-Fuller, Jess
 Bryant, Chris
 Burke, Maureen
 Burton-Sampson, David
 Campbell, rh Sir Alan
 Campbell, Irene
 Cane, Charlotte
 Carling, Sam
 Carns, Al
 Chambers, Dr Danny

Champion, Sarah
 Charters, Mr Luke
 Chownes, Ellie
 Collier, Jacob
 Collinge, Lizzi
 Collins, Victoria
 Coombes, Sarah
 Cooper, Andrew
 Cooper, Dr Beccy
 Cooper, Daisy
 Costigan, Deirdre
 Cox, Pam
 Dance, Adam
 Darlington, Emily
 Davies, Ann
 Davies, Paul
 Davies, Shaun
 Davies-Jones, Alex
 Dean, Bobby
 Dean, Josh
 Dearden, Kate
 Denyer, Carla
 Dickson, Jim
 Dillon, Mr Lee
 Dixon, Samantha
 Dowden, rh Sir Oliver
 Downie, Graeme
 Duncan-Jordan, Neil
 Dyke, Sarah
 Eagle, Dame Angela
 Eccles, Cat
 Edwards, Lauren
 Edwards, Sarah
 Egan, Damien
 Elmore, Chris
 Evans, Dr Luke
 Fahnbulleh, Miatta
 Falconer, Mr Hamish
 Farnsworth, Linsey
 Ferguson, Mark
 Fleet, Natalie
 Foody, Emma
 Fookes, Catherine

Forster, Mr Will
 Fox, Sir Ashley
 Franklin, Zöe
 Garnier, Mark
 Gelderd, Anna
 Gemmell, Alan
 George, Andrew
 German, Gill
 Gibson, Sarah (*Proxy vote cast by Anna Sabine*)
 Gilbert, Tracy
 Gilmour, Rachel
 Gittins, Becky
 Glover, Olly
 Goldman, Marie
 Gordon, Tom
 Gosling, Jodie
 Gould, Georgia
 Green, Sarah
 Greenwood, Lilian
 Hall, Sarah
 Hatton, Lloyd
 Hayes, Tom
 Hazelgrove, Claire
 Healey, rh John
 Heylings, Pippa
 Hinchliff, Chris
 Hobhouse, Wera
 Hollinrake, Kevin
 Hopkins, Rachel
 Hughes, Claire
 Hume, Alison
 Hunt, rh Sir Jeremy
 Ingham, Leigh
 Irons, Natasha
 Jardine, Christine
 Jarvis, Liz
 Johnson, rh Dame Diana
 Jones, Clive
 Jones, Gerald
 Jones, Louise
 Juss, Warinder
 Kane, Chris
 Kearns, Alicia (*Proxy vote cast by Kit Malthouse*)
 Kinnock, Stephen
 Kirkham, Jayne
 Kitchen, Gen
 Kumar, Sonia
 Kyle, rh Peter
 Kyrke-Smith, Laura
 Lake, Ben
 Law, Noah
 Leadbeater, Kim
 Lewin, Andrew
 Lightwood, Simon
 MacAlister, Josh
 MacCleary, James
 Macdonald, Alice
 MacNae, Andy
 Maguire, Ben
 Malthouse, rh Kit
 Martin, Amanda
 Martin, Mike
 Mather, Keir
 Maynard, Charlie
 McCarthy, Kerry
 McDonnell, rh John
 McKenna, Kevin
 McMorris, Anna
 McNeill, Kirsty
 Medi, Llinos

van Mierlo, Freddie
 Miliband, rh Ed
 Milne, John
 Mishra, Navendu
 Mitchell, rh Sir Andrew
 Moon, Perran
 Moran, Layla (*Proxy vote cast by Zöe Franklin*)
 Morden, Jessica
 Morello, Edward
 Morgan, Helen
 Morgan, Stephen
 Morris, Joe
 Morrison, Mr Tom
 Munt, Tessa
 Murphy, Luke
 Murray, Chris
 Murray, rh Ian (*Proxy vote cast by Chris Elmore*)
 Murray, James
 Murray, Susan
 Myer, Luke
 Nash, Pamela
 Niblett, Samantha
 Norris, Alex
 Norris, Dan (*Proxy vote cast by Chris Elmore*)
 Onn, Melanie
 Opher, Dr Simon
 Osborne, Kate
 Osborne, Tristan
 Owen, Sarah
 Payne, Michael
 Pearce, Jon
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillips, Jess
 Philp, rh Chris
 Pitcher, Lee
 Platt, Jo
 Pochin, Sarah
 Powell, Joe
 Poynton, Gregor
 Prinsley, Peter
 Race, Steve
 Ramsay, Adrian
 Ranger, Andrew
 Reeves, rh Ellie
 Reid, Joani
 Reynolds, Emma
 Reynolds, Mr Joshua
 Richards, Jake
 Rigby, Lucy
 Robertson, Dave
 Roca, Tim
 Roome, Ian
 Russell, Sarah
 Rutland, Tom
 Ryan, Oliver
 Sabine, Anna
 Sackman, Sarah
 Sandher, Dr Jeevun
 Savage, Dr Roz
 Saville Roberts, rh Liz
 Shastri-Hurst, Dr Neil
 Siddiq, Tulip
 Simons, Josh
 Slade, Vikki
 Slaughter, Andy
 Slinger, John
 Smart, Lisa
 Smith, Jeff

Smyth, Karin
 Sollom, Ian
 Stainbank, Euan
 Stevens, rh Jo
 Stewart, Elaine
 Strathern, Alistair
 Swallow, Peter
 Tami, rh Sir Mark
 Tapp, Mike
 Taylor, David
 Taylor, Luke
 Taylor, Rachel
 Thomas, Cameron
 Thomas, Fred
 Thomas, Gareth
 Thompson, Adam
 Thornberry, rh Emily
 Tice, Richard
 Tidball, Dr Marie
 Tufnell, Henry
 Turley, Anna
 Turmaine, Matt
 Uppal, Harpreet
 Vaughan, Tony

Vince, Chris
 Voaden, Caroline
 Wakeford, Christian
 Webb, Chris
 Welsh, Michelle
 Western, Andrew
 Western, Matt
 Wheeler, Michael
 Whitby, John
 White, Jo
 White, Katie
 Whittome, Nadia
 Wild, James
 Wilkinson, Max
 Witherden, Steve
 Wrighting, Rosie
 Wrigley, Martin
 Yang, Yuan
 Yemm, Steve
 Young, Claire

Tellers for the Noes:
 Lewis Atkinson and
 Bambos Charalambous

Question accordingly negated.

Clause 39

VOLUNTARY ASSISTED DYING SERVICES: WALES

Amendments made: 92, page 29, line 13, leave out from “Wales” to end of line 14

This amendment and amendment 93 ensure that the power under subsection (3) also covers provision securing that arrangements are made for the provision of services, so far as such provision is outside the legislative competence of the Senedd.

Amendment 93, page 29, line 27, at end insert—

“(b) a reference to provision about voluntary assisted dying services includes in particular provision securing that arrangements are made for the provision of such services.”—(*Kim Leadbeater.*)

See the statement for Amendment 92.

Clause 43

REPORTING ON IMPLEMENTATION OF ACT

Amendment made: 21, page 31, line 15, at end insert—

- “(4) For the first reporting period referred to under subsection (2) (a) the report must set out an assessment of the state of health services to persons with palliative and end of life care needs and the implications of this Act on those services.
- (5) The report under subsection (4) must, in particular, include an assessment of the availability, quality and distribution of appropriate health services to persons with palliative and end of life care needs, including—
- (a) pain and symptom management;
 - (b) psychological support for those persons and their families;
 - (c) information about palliative care and how to access it.”—(*Munira Wilson.*)

This amendment would require the Secretary of State for Health and Social Care to prepare and publish an assessment of the availability, quality and distribution of palliative and end of life care services as part of the first report on implementation of the Act (to be undertaken within 1 year of the Act being passed). This would mirror the assessment already required as part of the 5 year review of the act.

Clause 47

PROVISION OF INFORMATION IN ENGLISH AND WELSH

Amendment made: 90, page 33, line 18, leave out clause 47.—(*Kim Leadbeater.*)

This amendment is consequential on NC21.

Clause 50

REGULATIONS

Amendments made: 72, page 34, line 24, after “10(9)”, insert

“(Regulation of approved substances and devices for self-administration);”

This amendment provides that regulations under NC13 are subject to the draft affirmative procedure.

Amendment 73, page 34, line 25, leave out “or 39” and insert

“39, or (Prohibition on advertising).”—(*Kim Leadbeater.*)

This amendment provides that regulations under NC14 are subject to the draft affirmative procedure.

Clause 52

INTERPRETATION

Amendments made: 74, page 35, line 20, at end insert—

““domestic abuse” has the meaning given by section 1 of the Domestic Abuse Act 2021 (and accordingly includes behaviour that is controlling or coercive or that constitutes economic abuse);”

This amendment defines “domestic abuse” for the purposes of the Bill.

Amendment 75, page 35, line 31, at end insert—

““learning disability” has the meaning given by section 1(4) of the Mental Health Act 1983;”—(*Kim Leadbeater.*)

This amendment defines “learning disability” for the purposes of the Bill.

Clause 53

EXTENT

Amendment made: 76, page 36, line 12, at beginning insert “Subject as follows.”—(*Kim Leadbeater.*)

This amendment is consequential on amendment 77.

Amendment proposed: 77, page 36, line 12, at end insert “only.”

(2) Sections (Regulation of approved substances and devices for self-administration), (Prohibition on advertising), 50 and 52, this section, and sections 54 and 55 extend to England and Wales, Scotland and Northern Ireland.

(3) Section (No obligation to provide assistance etc)(8) and Schedule (Protection from detriment) extend to England and Wales and Scotland.”—(*Kim Leadbeater.*)

This amendment provides for NC13 (regulation of approved substances etc) and NC14 (prohibition on advertising), and the general provisions of the Bill, to extend to each part of the United Kingdom; and for NC10 (no obligation to provide assistance etc) and NS1 (protection from detriment) to extend to England and Wales and Scotland.

The House divided: Ayes 275, Noes 209.

Division No. 243]**[10.15 am****AYES**

Abbott, Jack	Anderson, Callum
Akehurst, Luke	Anderson, Fleur
Aldridge, Dan	Antoniazzi, Tonia
Alexander, rh Mr Douglas	Aquarone, Steff
Alexander, rh Heidi	Athwal, Jas
Al-Hassan, Sadik	Atkinson, Lewis

Babarinde, Josh
 Bailey, Mr Calvin
 Ballinger, Alex
 Barker, Paula
 Barron, Lee
 Barros-Curtis, Mr Alex
 Beales, Danny
 Beavers, Lorraine
 Bedford, Mr Peter
 Bell, Torsten
 Benn, rh Hilary
 Bennett, Alison
 Berry, Siân
 Betts, Mr Clive
 Blake, Olivia
 Blake, Rachel
 Bloore, Chris
 Bonavia, Kevin
 Brandreth, Aphra
 Brash, Mr Jonathan
 Brewer, Alex
 Brickell, Phil
 Brown-Fuller, Jess
 Bryant, Chris
 Buckley, Julia
 Burke, Maureen
 Burton-Sampson, David
 Campbell, rh Sir Alan
 Campbell, Irene
 Cane, Charlotte
 Carling, Sam
 Carns, Al
 Chambers, Dr Danny
 Champion, Sarah
 Charters, Mr Luke
 Chowns, Ellie
 Collier, Jacob
 Collinge, Lizzi
 Collins, Victoria
 Coombes, Sarah
 Cooper, Andrew
 Cooper, Dr Beccy
 Cooper, Daisy
 Costigan, Deirdre
 Cox, Pam
 Daby, Janet
 Dakin, Sir Nicholas
 Dance, Adam
 Darling, Steve
 Darlington, Emily
 Davies, Paul
 Davies, Shaun
 Davies-Jones, Alex
 Dean, Bobby
 Dean, Josh
 Dearden, Kate
 Denyer, Carla
 Dickson, Jim
 Dillon, Mr Lee
 Dixon, Samantha
 Dowden, rh Sir Oliver
 Downie, Graeme
 Duncan-Jordan, Neil
 Dyke, Sarah
 Eagle, Dame Angela
 Eccles, Cat
 Edwards, Lauren
 Edwards, Sarah
 Egan, Damien
 Elmore, Chris
 Evans, Dr Luke
 Fahnbulleh, Miatta

Falconer, Mr Hamish
 Farnsworth, Linsey
 Ferguson, Mark
 Fleet, Natalie
 Foody, Emma
 Fookes, Catherine
 Foord, Richard
 Forster, Mr Will
 Fox, Sir Ashley
 Franklin, Zöe
 Garnier, Mark
 Gelderd, Anna
 Gemmell, Alan
 George, Andrew
 German, Gill
 Gibson, Sarah (*Proxy vote cast by Anna Sabine*)
 Gilbert, Tracy
 Gilmour, Rachel
 Gittins, Becky
 Glover, Olly
 Goldman, Marie
 Gordon, Tom
 Gosling, Jodie
 Gould, Georgia
 Green, Sarah
 Greenwood, Lilian
 Hall, Sarah
 Hatton, Lloyd
 Hayes, Tom
 Hazelgrove, Claire
 Healey, rh John
 Heylings, Pippa
 Hinchliff, Chris
 Hobhouse, Wera
 Hollinrake, Kevin
 Hopkins, Rachel
 Hughes, Claire
 Hume, Alison
 Hunt, rh Sir Jeremy
 Ingham, Leigh
 Irons, Natasha
 Jardine, Christine
 Jarvis, Dan
 Jarvis, Liz
 Jermy, Terry
 Johnson, rh Dame Diana
 Jones, Clive
 Jones, Gerald
 Jones, Louise
 Jones, Sarah
 Juss, Warinder
 Kane, Chris
 Kearns, Alicia (*Proxy vote cast by Kit Malthouse*)
 Kinnock, Stephen
 Kirkham, Jayne
 Kitchen, Gen
 Kumar, Sonia
 Kyle, rh Peter
 Kyrke-Smith, Laura
 Law, Noah
 Leadbeater, Kim
 Lewin, Andrew
 Lightwood, Simon
 MacAlister, Josh
 MacCleary, James
 Macdonald, Alice
 MacNae, Andy
 Maguire, Ben
 Malthouse, rh Kit
 Martin, Amanda

Martin, Mike
 Mather, Keir
 Mayer, Alex
 Maynard, Charlie
 McCarthy, Kerry
 McDonnell, rh John
 McIntyre, Alex
 McKenna, Kevin
 McMorrin, Anna
 McNeill, Kirsty
 van Mierlo, Freddie
 Miliband, rh Ed
 Milne, John
 Mishra, Navendu
 Mitchell, rh Sir Andrew
 Moon, Perran
 Moran, Layla (*Proxy vote cast by Zöe Franklin*)
 Morden, Jessica
 Morello, Edward
 Morgan, Helen
 Morgan, Stephen
 Morris, Joe
 Munt, Tessa
 Murphy, Luke
 Murray, Chris
 Murray, rh Ian (*Proxy vote cast by Chris Elmore*)
 Murray, James
 Murray, Susan
 Myer, Luke
 Nash, Pamela
 Niblett, Samantha
 Norris, Alex
 Norris, Dan (*Proxy vote cast by Chris Elmore*)
 Onn, Melanie
 Opher, Dr Simon
 Osborne, Kate
 Osborne, Tristan
 Payne, Michael
 Pearce, Jon
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillips, Jess
 Philp, rh Chris
 Pitcher, Lee
 Platt, Jo
 Pochin, Sarah
 Powell, Joe
 Poynton, Gregor
 Prinsley, Peter
 Race, Steve
 Ramsay, Adrian
 Ranger, Andrew
 Reader, Mike
 Reeves, rh Ellie
 Reid, Joani
 Reynolds, Emma
 Reynolds, Mr Joshua
 Richards, Jake
 Rigby, Lucy
 Robertson, Dave
 Roca, Tim

Roome, Ian
 Russell, Sarah
 Rutland, Tom
 Ryan, Oliver
 Sabine, Anna
 Sackman, Sarah
 Sandher, Dr Jeevun
 Savage, Dr Roz
 Shastri-Hurst, Dr Neil
 Siddiq, Tulip
 Simons, Josh
 Slade, Vikki
 Slaughter, Andy
 Slinger, John
 Smart, Lisa
 Smith, Jeff
 Smyth, Karin
 Sollom, Ian
 Stainbank, Euan
 Stevens, rh Jo
 Stewart, Elaine
 Strathern, Alistair
 Swallow, Peter
 Tami, rh Sir Mark
 Tapp, Mike
 Taylor, David
 Taylor, Luke
 Taylor, Rachel
 Thomas, Cameron
 Thomas, Fred
 Thomas, Gareth
 Thompson, Adam
 Thornberry, rh Emily
 Tice, Richard
 Tidball, Dr Marie
 Toale, Jessica
 Tufnell, Henry
 Turley, Anna
 Turmaine, Matt
 Uppal, Harpreet
 Vaughan, Tony
 Vince, Chris
 Voaden, Caroline
 Wakeford, Christian
 Webb, Chris
 Welsh, Michelle
 Western, Andrew
 Western, Matt
 Wheeler, Michael
 Whitby, John
 White, Jo
 White, Katie
 Wild, James
 Wilkinson, Max
 Witherden, Steve
 Wrighting, Rosie
 Wrigley, Martin
 Yang, Yuan
 Yemm, Steve
 Young, Claire

Tellers for the Ayes:
 Sarah Owen and
 Bambos Charalambous

NOES

Abbott, rh Ms Diane (*Proxy vote cast by Bell Ribeiro-Addy*)
 Adam, Shockat
 Ahmed, Dr Zubir

Alaba, Mr Bayo
 Ali, Rushanara
 Allister, Jim
 Amos, Gideon
 Anderson, Lee

Anderson, Stuart
 Andrew, rh Stuart
 Argar, rh Edward
 Arthur, Dr Scott
 Asato, Jess
 Asser, James
 Atkinson, Catherine
 Bailey, Olivia
 Baines, David
 Baker, Alex
 Baker, Richard
 Baldwin, Dame Harriett
 Bance, Antonia
 Baxter, Johanna
 Bhatti, Saqib
 Billington, Ms Polly
 Blackman, Bob
 Blundell, Mrs Elsie
 Bool, Sarah
 Bowie, Andrew
 Brackenridge, Mrs Sureena
 Burghart, Alex
 Burgon, Richard
 Butler, Dawn
 Campbell, Mr Gregory
 Campbell-Savours, Markus
 Carden, Dan
 Chope, Sir Christopher
 Cleverly, rh Sir James
 Clifton-Brown, Sir Geoffrey
 Cocking, Lewis
 Coleman, Ben
 Collins, Tom
 Conlon, Liam
 Cooper, John
 Corbyn, rh Jeremy
 Coutinho, rh Claire (*Proxy vote cast by Danny Kruger*)
 Coyle, Neil
 Craft, Jen
 Creagh, Mary
 Crichton, Torcuil
 Cross, Harriet
 Davies, Gareth
 Davies, Jonathan
 Davies, Mims
 De Cordova, Marsha
 Dewhurst, Charlie
 Dhesi, Mr Tanmanjeet Singh
 Dixon, Anna
 Doughty, Stephen
 Duffield, Rosie
 Duncan Smith, rh Sir Iain
 Easton, Alex
 Ellis, Maya
 Eshalomi, Florence
 Evans, Chris
 Farage, Nigel
 Farron, Tim
 Fenton-Glynn, Josh
 Ferguson, Patricia
 Foster, Mr Paul
 Foxcroft, Vicky
 Foy, Mary Kelly
 Francis, Daniel
 Francois, rh Mr Mark
 Frith, Mr James
 Furniss, Gill
 Gardiner, Barry
 Gardner, Dr Allison
 Glindon, Mary
 Grady, John

Griffith, Andrew
 Griffith, Dame Nia
 Griffiths, Alison
 Gwynne, Andrew (*Proxy vote cast by Chris Elmore*)
 Hack, Amanda
 Hamilton, Paulette
 Harding, Monica
 Harris, Rebecca
 Hayes, Helen
 Hayes, rh Sir John
 Hillier, Dame Meg
 Hinds, rh Damian
 Hoare, Simon
 Holden, rh Mr Richard
 Holmes, Paul
 Huddleston, Nigel
 Hudson, Dr Neil
 Hurley, Patrick
 Jameson, Sally
 Jenkin, Sir Bernard
 Johnson, Dr Caroline
 Jones, Lillian
 Jopp, Lincoln
 Josan, Gurinder Singh
 Joseph, Sojan
 Kane, Mike
 Kaur, Satvir (*Proxy vote cast by Darren Paffey*)
 Khan, Afzal
 Kohler, Mr Paul
 Kruger, Danny
 Lam, Katie
 Lamb, Peter
 Leigh, rh Sir Edward
 Leishman, Brian
 Lewell, Emma
 Lockhart, Carla
 Long Bailey, Rebecca
 Lopez, Julia
 MacDonald, Mr Angus
 Mahmood, rh Shabana
 Malhotra, Seema
 Maskell, Rachael
 Mathew, Brian
 Mayhew, Jerome
 McAllister, Douglas
 McCluskey, Martin
 McDonagh, Dame Siobhain
 McDonald, Andy
 McDonald, Chris
 McDougall, Blair
 McKinnell, Catherine
 McMurdock, James
 McNally, Frank
 Miller, Calum
 Mohindra, Mr Gagan
 Morris, Grahame
 Mullane, Margaret
 Mundell, rh David
 Murray, Katrina
 Murrison, rh Dr Andrew
 Naish, James
 Newbury, Josh
 Obese-Jecty, Ben
 Olney, Sarah
 Onwurah, Dame Chi
 Oppong-Asare, Ms Abena
 Owatemi, Taiwo
 Paffey, Darren
 Pakes, Andrew
 Patrick, Matthew

Paul, Rebecca
 Peacock, Stephanie
 Pinkerton, Dr Al
 Pinto-Duschinsky, David
 Pritchard, rh Mark
 Quigley, Mr Richard
 Raja, Shivani (*Proxy vote cast by Mr Mohindra*)
 Rankin, Jack
 Reed, David
 Rhodes, Martin
 Ribeiro-Addy, Bell
 Rimmer, Ms Marie
 Robertson, Joe
 Robinson, rh Gavin
 Rodda, Matt
 Rosindell, Andrew
 Rushworth, Sam
 Shah, Naz
 Shannon, Jim
 Shelbrooke, rh Sir Alec
 Smith, David
 Smith, Greg
 Smith, rh Sir Julian
 Smith, Sarah
 Spencer, Dr Ben
 Spencer, Patrick (*Proxy vote cast by Danny Kruger*)
 Stafford, Gregory
 Stephenson, Blake
 Stevenson, Kenneth
 Stone, Jamie

Streeting, rh Wes
 Strickland, Alan
 Stringer, Graham
 Stuart, rh Graham
 Sullivan, Kirsteen
 Sullivan, Dr Lauren
 Swann, Robin
 Swayne, rh Sir Desmond
 Taylor, Alison
 Thomas, Bradley
 Thomas-Symonds, rh Nick
 Timms, rh Sir Stephen
 Timothy, Nick
 Tugendhat, rh Tom
 Turner, Laurence
 Twigg, Derek
 Twist, Liz
 Vaz, rh Valerie
 Vickers, Martin
 Vickers, Matt
 Ward, Melanie
 Waugh, Paul
 Whately, Helen
 Williams, David
 Williamson, rh Sir Gavin
 Wilson, Munira
 Wilson, rh Sammy
 Wood, Mike
 Wright, rh Sir Jeremy

Tellers for the Noes:

Ruth Jones and
 Rebecca Paul

Brash, Mr Jonathan
 Brewer, Alex
 Brickell, Phil
 Bryant, Chris
 Buckley, Julia
 Burke, Maureen
 Burton-Sampson, David
 Campbell, rh Sir Alan
 Campbell, Irene
 Cane, Charlotte
 Carling, Sam
 Carns, Al
 Chadwick, David
 Chambers, Dr Danny
 Champion, Sarah
 Charters, Mr Luke
 Chowns, Ellie
 Collier, Jacob
 Collinge, Lizzi
 Collins, Victoria
 Coombes, Sarah
 Cooper, Andrew
 Cooper, Dr Beccy
 Cooper, Daisy
 Costigan, Deirdre
 Cox, Pam
 Daby, Janet
 Dakin, Sir Nicholas
 Dance, Adam
 Darling, Steve
 Darlington, Emily
 Davies, Paul
 Davies, Shaun
 Davies-Jones, Alex
 Dean, Bobby
 Dean, Josh
 Dearden, Kate
 Dickson, Jim
 Dillon, Mr Lee
 Dixon, Samantha
 Downie, Graeme
 Duncan-Jordan, Neil
 Dyke, Sarah
 Eagle, Dame Angela
 Eccles, Cat
 Edwards, Lauren
 Edwards, Sarah
 Egan, Damien
 Elmore, Chris
 Evans, Dr Luke
 Fahnbulleh, Miatta
 Falconer, Mr Hamish
 Farnsworth, Linsey
 Ferguson, Mark
 Fleet, Natalie
 Foody, Emma
 Fookes, Catherine
 Foord, Richard
 Forster, Mr Will
 Fox, Sir Ashley
 Franklin, Zöe
 Garnier, Mark
 Gelderd, Anna
 Gemmell, Alan
 George, Andrew
 German, Gill
 Gibson, Sarah (*Proxy vote cast by Anna Sabine*)
 Gilbert, Tracy
 Gilmour, Rachel
 Gittins, Becky
 Glover, Olly

Goldman, Marie
 Gordon, Tom
 Gosling, Jodie
 Gould, Georgia
 Green, Sarah
 Greenwood, Lilian
 Hall, Sarah
 Hatton, Lloyd
 Hayes, Tom
 Hazelgrove, Claire
 Healey, rh John
 Heylings, Pippa
 Hinchliff, Chris
 Hobhouse, Wera
 Hollinrake, Kevin
 Hopkins, Rachel
 Hughes, Claire
 Hume, Alison
 Hunt, rh Sir Jeremy
 Ingham, Leigh
 Irons, Natasha
 Jardine, Christine
 Jarvis, Dan
 Jarvis, Liz
 Jermy, Terry
 Johnson, rh Dame Diana
 Jones, Clive
 Jones, Gerald
 Jones, Louise
 Juss, Warinder
 Kane, Chris
 Kearns, Alicia (*Proxy vote cast by Kit Malthouse*)
 Kinnock, Stephen
 Kirkham, Jayne
 Kitchen, Gen
 Kumar, Sonia
 Kyle, rh Peter
 Kyrke-Smith, Laura
 Leadbeater, Kim
 Lewin, Andrew
 Lightwood, Simon
 MacAlister, Josh
 MacCleary, James
 Macdonald, Alice
 MacNae, Andy
 Maguire, Ben
 Malthouse, rh Kit
 Martin, Amanda
 Martin, Mike
 Mather, Keir
 Mayer, Alex
 Maynard, Charlie
 McCarthy, Kerry
 McDonnell, rh John
 McGovern, Alison
 McIntyre, Alex
 McKenna, Kevin
 McMorris, Anna
 McNeill, Kirsty
 van Mierlo, Freddie
 Miliband, rh Ed
 Milne, John
 Mishra, Navendu
 Mitchell, rh Sir Andrew
 Moon, Perran
 Moran, Layla (*Proxy vote cast by Zöe Franklin*)
 Morden, Jessica
 Morello, Edward
 Morgan, Helen
 Morgan, Stephen

Question accordingly agreed to.

Amendment 77 agreed to.

Clause 54

COMMENCEMENT

Amendment proposed: 94, page 36, line 25, leave out “Wales” and insert

“sections 39(1) and (2) and (*Provision about the Welsh language*)(2) and (3) which come into force on such day as the Welsh Ministers may by regulations appoint.”—(*Kim Leadbeater.*)

This amendment provides that the Welsh Ministers have power to commence clauses 39(1) and (2) and NC21(2) and (3), and that other provisions of the Bill come into force in accordance with subsections (1) to (4) of this clause.

Question put, That the amendment be made.

The House divided: Ayes 274, Noes 224.

Division No. 244]

[10.27 am

AYES

Abbott, Jack
 Akehurst, Luke
 Aldridge, Dan
 Alexander, rh Mr Douglas
 Alexander, rh Heidi
 Al-Hassan, Sadik
 Anderson, Callum
 Anderson, Fleur
 Antoniazzi, Tonia
 Aquarone, Steff
 Athwal, Jas
 Atkinson, Lewis
 Bailey, Mr Calvin
 Ballinger, Alex
 Barker, Paula

Barron, Lee
 Barros-Curtis, Mr Alex
 Beales, Danny
 Beavers, Lorraine
 Bedford, Mr Peter
 Bell, Torsten
 Benn, rh Hilary
 Bennett, Alison
 Berry, Siân
 Betts, Mr Clive
 Blake, Olivia
 Blake, Rachel
 Bloore, Chris
 Bonavia, Kevin
 Brandreth, Aphra

Morris, Joe
 Munt, Tessa
 Murphy, Luke
 Murray, Chris
 Murray, rh Ian (*Proxy vote cast by Chris Elmore*)
 Murray, James
 Murray, Susan
 Myer, Luke
 Nash, Pamela
 Niblett, Samantha
 Nichols, Charlotte
 Norris, Alex
 Norris, Dan (*Proxy vote cast by Chris Elmore*)
 Onn, Melanie
 Opher, Dr Simon
 Osborne, Kate
 Osborne, Tristan
 Payne, Michael
 Pearce, Jon
 Pennycook, Matthew
 Perkins, Mr Toby
 Phillips, Jess
 Philp, rh Chris
 Pitcher, Lee
 Platt, Jo
 Pochin, Sarah
 Powell, Joe
 Poynton, Gregor
 Prinsley, Peter
 Race, Steve
 Ramsay, Adrian
 Rand, Mr Connor
 Ranger, Andrew
 Reeves, rh Ellie
 Reid, Joani
 Reynolds, Emma
 Reynolds, Mr Joshua
 Riddell-Carpenter, Jenny
 Rigby, Lucy
 Robertson, Dave
 Roca, Tim
 Roome, Ian
 Russell, Sarah
 Rutland, Tom
 Ryan, Oliver
 Sabine, Anna
 Sackman, Sarah
 Sandher, Dr Jeevun
 Savage, Dr Roz
 Shastri-Hurst, Dr Neil
 Siddiq, Tulip

Slaughter, Andy
 Slinger, John
 Smart, Lisa
 Smith, Jeff
 Smyth, Karin
 Sollom, Ian
 Stainbank, Euan
 Stevens, rh Jo
 Stewart, Elaine
 Strathern, Alistair
 Swallow, Peter
 Tami, rh Sir Mark
 Tapp, Mike
 Taylor, David
 Taylor, Luke
 Taylor, Rachel
 Thomas, Cameron
 Thomas, Fred
 Thomas, Gareth
 Thompson, Adam
 Thornberry, rh Emily
 Tice, Richard
 Tidball, Dr Marie
 Toale, Jessica
 Tufnell, Henry
 Turley, Anna
 Turmaine, Matt
 Uppal, Harpreet
 Vaughan, Tony
 Vince, Chris
 Voaden, Caroline
 Wakeford, Christian
 Webb, Chris
 Welsh, Michelle
 Western, Andrew
 Western, Matt
 Wheeler, Michael
 Whitby, John
 White, Jo
 White, Katie
 Wild, James
 Wilkinson, Max
 Witherden, Steve
 Wrighting, Rosie
 Wrigley, Martin
 Yang, Yuan
 Yemm, Steve
 Young, Claire

Tellers for the Ayes:

**Sarah Owen and
 Bambos Charalambous**

NOES

Abbott, rh Ms Diane (*Proxy vote cast by Bell Ribeiro-Addy*)
 Adam, Shockat
 Ahmed, Dr Zubir
 Alaba, Mr Bayo
 Ali, Rushanara
 Allister, Jim
 Amos, Gideon
 Anderson, Lee
 Anderson, Stuart
 Andrew, rh Stuart
 Argar, rh Edward
 Asato, Jess
 Asser, James
 Atkinson, Catherine

Bailey, Olivia
 Baines, David
 Baker, Alex
 Baker, Richard
 Baldwin, Dame Harriett
 Bance, Antonia
 Barclay, rh Steve
 Baxter, Johanna
 Bhatti, Saqib
 Billington, Ms Polly
 Blackman, Bob
 Blundell, Mrs Elsie
 Bool, Sarah
 Bowie, Andrew
 Brackenridge, Mrs Sureena
 Burghart, Alex

Burgon, Richard
 Caliskan, Nesil
 Campbell, Mr Gregory
 Campbell, Juliet
 Campbell-Savours, Markus
 Carden, Dan
 Chope, Sir Christopher
 Clark, Feryal
 Cleverly, rh Sir James
 Clifton-Brown, Sir Geoffrey
 Cocking, Lewis
 Coleman, Ben
 Collins, Tom
 Conlon, Liam
 Cooper, John
 Corbyn, rh Jeremy
 Coutinho, rh Claire (*Proxy vote cast by Danny Kruger*)
 Coyle, Neil
 Craft, Jen
 Creagh, Mary
 Crichton, Torcuil
 Cross, Harriet
 Davies, Ann
 Davies, Jonathan
 Davies, Mims
 De Cordova, Marsha
 Denyer, Carla
 Dewhirst, Charlie
 Dhesi, Mr Tanmanjeet Singh
 Dixon, Anna
 Doughty, Stephen
 Duffield, Rosie
 Duncan Smith, rh Sir Iain
 Easton, Alex
 Ellis, Maya
 Eshalomi, Florence
 Evans, Chris
 Farage, Nigel
 Farron, Tim
 Fenton-Glynn, Josh
 Ferguson, Patricia
 Fortune, Peter
 Foster, Mr Paul
 Foxcroft, Vicky
 Foy, Mary Kelly
 Francis, Daniel
 Francois, rh Mr Mark
 Frith, Mr James
 Furniss, Gill
 Gardiner, Barry
 Gardner, Dr Allison
 Glindon, Mary
 Grady, John
 Griffith, Dame Nia
 Griffiths, Alison
 Gwynne, Andrew (*Proxy vote cast by Chris Elmore*)
 Hack, Amanda
 Hamilton, Paulette
 Harding, Monica
 Hayes, Helen
 Hayes, rh Sir John
 Hillier, Dame Meg
 Hinds, rh Damian
 Hoare, Simon
 Holden, rh Mr Richard
 Holmes, Paul
 Huddleston, Nigel
 Hudson, Dr Neil
 Hurley, Patrick
 Hussain, Mr Adnan

Jameson, Sally
 Jenkin, Sir Bernard
 Johnson, Dr Caroline
 Jones, Lillian
 Jopp, Lincoln
 Josan, Gurinder Singh
 Joseph, Sojan
 Kane, Mike
 Kaur, Satvir (*Proxy vote cast by Darren Paffey*)
 Khan, Afzal
 Kohler, Mr Paul
 Kruger, Danny
 Kumaran, Uma
 Lake, Ben
 Lam, Katie
 Lamb, Peter
 Leigh, rh Sir Edward
 Leishman, Brian
 Lewell, Emma
 Lockhart, Carla
 Long Bailey, Rebecca
 Lopez, Julia
 MacDonald, Mr Angus
 Madders, Justin
 Mahmood, rh Shabana
 Malhotra, Seema
 Maskell, Rachael
 Mathew, Brian
 Mayhew, Jerome
 McAllister, Douglas
 McCluskey, Martin
 McDonagh, Dame Siobhain
 McDonald, Andy
 McDonald, Chris
 McDougall, Blair
 McEvoy, Lola
 McKinnell, Catherine
 McMahon, Jim
 McMurdock, James
 McNally, Frank
 Medi, Llinos
 Miller, Calum
 Mohamed, Iqbal
 Mohindra, Mr Gagan
 Morris, Grahame
 Morrison, Mr Tom
 Mullane, Margaret
 Mundell, rh David
 Murray, Katrina
 Murrison, rh Dr Andrew
 Naish, James
 Newbury, Josh
 Obese-Jecty, Ben
 Olney, Sarah
 Onwurah, Dame Chi
 Oppong-Asare, Ms Abena
 Owatemi, Taiwo
 Paffey, Darren
 Pakes, Andrew
 Patrick, Matthew
 Peacock, Stephanie
 Pinkerton, Dr Al
 Pinto-Duschinsky, David
 Pritchard, rh Mark
 Quigley, Mr Richard
 Raja, Shivani (*Proxy vote cast by Mr Mohindra*)
 Rankin, Jack
 Reader, Mike
 Reed, David
 Reid, Joani

Rhodes, Martin
 Ribeiro-Addy, Bell
 Rimmer, Ms Marie
 Robertson, Joe
 Robinson, rh Gavin
 Rodda, Matt
 Rosindell, Andrew
 Rushworth, Sam
 Saville Roberts, rh Liz
 Shah, Naz
 Shannon, Jim
 Shelbrooke, rh Sir Alec
 Smith, David
 Smith, Greg
 Smith, rh Sir Julian
 Smith, Rebecca
 Smith, Sarah
 Spencer, Dr Ben
 Spencer, Patrick (*Proxy vote cast by Danny Kruger*)
 Stafford, Gregory
 Stephenson, Blake
 Stevenson, Kenneth
 Stone, Jamie
 Streeting, rh Wes
 Strickland, Alan
 Stringer, Graham
 Stuart, rh Graham
 Sullivan, Kirsteen

Sullivan, Dr Lauren
 Swann, Robin
 Swayne, rh Sir Desmond
 Taylor, Alison
 Thomas, Bradley
 Thomas-Symonds, rh Nick
 Timms, rh Sir Stephen
 Timothy, Nick
 Tugendhat, rh Tom
 Turner, Laurence
 Twigg, Derek
 Twist, Liz
 Vaz, rh Valerie
 Vickers, Martin
 Vickers, Matt
 Ward, Melanie
 Waugh, Paul
 Whately, Helen
 Williams, David
 Williamson, rh Sir Gavin
 Wilson, Munira
 Wilson, rh Sammy
 Wood, Mike
 Woodcock, Sean
 Wright, rh Sir Jeremy

Tellers for the Noes:

Rebecca Paul and
 Ruth Jones

Question accordingly agreed to.

Amendment 94 agreed to.

Amendment made: 95, page 36, line 26, leave out subsection (6).—(*Kim Leadbeater.*)

This amendment is consequential on Amendment 94.

New Schedule 1

PROTECTION FROM DETRIMENT

1 The Employment Rights Act 1996 is amended as follows.

2 After section 43M insert—

“43N Provision of assistance under Terminally Ill Adults (End of Life) Act 2025

- (1) A worker has the right not to be subjected to any detriment by any act, or any deliberate failure to act, by the worker’s employer done on the ground that the worker has—
 - (a) exercised (or proposed to exercise) a right conferred on the worker under section (No obligation to provide assistance etc) of the Terminally Ill Adults (End of Life) Act 2025 (no obligation to provide assistance etc), or
 - (b) participated in the provision of assistance to a person to end their own life in accordance with that Act, or performed any other function under that Act, in accordance with that Act.
- (2) Subsection (1) does not apply where—
 - (a) the worker is an employee, and
 - (b) the detriment in question amounts to dismissal within the meaning of Part 10.
- (3) For the purposes of this section, and of sections 48 and 49 so far as relating to this section, “worker” and “employer” have the extended meaning given by section 43K.”

3 (1) Section 48 (complaints to employment tribunals) is amended as follows.

(2) After subsection (1) insert—

“(1WA) A worker may present a complaint to an employment tribunal that the worker has been subjected to a detriment in contravention of section 43N(1).”

(3) In subsection (2), after “(1)” insert “, (1WA)”.

4 (1) Section 49 (remedies) is amended as follows.

(2) In subsection (1), after “section 48(1)” insert “, (1WA)”.

(3) In subsection (2), after “subsections” insert “(5YA)”.

(4) After subsection (5) insert—

“(5YA) Where—

- (a) the complaint is made under section 48(1WA),
- (b) the detriment to which the worker is subjected is the termination of the worker’s contract, and
- (c) that contract is not a contract of employment, any compensation must not exceed the compensation that would be payable under Chapter 2 of Part 10 if the worker had been an employee and had been dismissed for a reason specified in section 98C.”

5 After section 98B insert—

“98C Provision of assistance under Terminally Ill Adults (End of Life) Act 2025

An employee who is dismissed is to be regarded for the purposes of this Part as unfairly dismissed if the reason (or if more than one, the principal reason) for the dismissal is that the employee—

- (a) exercised (or proposed to exercise) a right conferred on the employee under section (No obligation to provide assistance etc) of the Terminally Ill Adults (End of Life) Act 2025 (no obligation to provide assistance etc), or
- (b) participated in the provision of assistance to a person to end their own life in accordance with that Act, or performed any other function under that Act, in accordance with that Act.”

6 In section 105 (redundancy), after subsection (2A) insert—

“(2B) This subsection applies if the reason (or, if more than one, the principal reason) for which the employee was selected for dismissal was one of those specified in section 98C.”

7 In section 108 (qualifying period of employment), in subsection (3), after paragraph (aa) insert—

“(ab) section 98C applies.”

8 In section 205 (remedy for infringement of certain rights), after subsection (1) insert—

“(1XA) In relation to the right conferred by section 43N(1), the reference in subsection (1) to an employee has effect as a reference to a worker.”

9 In section 230 (definitions of employees, workers etc) in subsection (6)—

(a) after “43K” insert “, 43N(3)”;

(b) after “Part IVA” insert “, section 43N”.—(*Kim Leadbeater.*)

This new Schedule amends the Employment Rights Act 1996 so as to provide remedies for persons subjected to detriment for exercising or proposing a right conferred by NC10 or for participating in the provision of assistance in accordance with, or performing any other function under, the Bill.

Brought up, read the First and Second time, and added to the Bill.

Schedule 2

ASSISTED DYING REVIEW PANELS

Amendments made: 78, page 42, line 26, at end insert “, or

(b) abstains from voting on such a decision.”

This amendment ensures that a panel must not grant certificate of eligibility unless all members consider that such a certificate should be granted.

Amendment 79, page 43, line 7, at end insert—

“(2) As soon as reasonably practicable after making a decision, a panel must give the following a document containing its reasons for the decision—

- (a) the person to whom the referral in question relates;
- (b) the coordinating doctor in relation to the person;
- (c) the Commissioner.”—(*Kim Leadbeater.*)

This amendment requires a panel to give the persons mentioned a document containing its reasons for any decision made by the panel.

James Cartlidge (South Suffolk) (Con): On a point of order, Mr Speaker. There are reports of an extremely serious incident at Brize Norton, which is being described as vandalism but, if course, may be worse. Will there be a statement from the Ministry of Defence later?

Mr Speaker: I can say that I have been given no notice of the incident at Brize Norton; I know nothing of the incident. Those on the Front Bench will have heard the point. I would not want to interrupt today's proceedings. If the incident was that serious and somebody was so minded, we could always put something on at the end of proceedings, but that would be for others, not for me at this stage.

Third Reading

Mr Speaker: A huge number of Members have indicated that they wish to speak in the debate. I hope that Members will restrict themselves to a reasonable amount of time—after the two opening speeches, I will advise on five minutes—to enable other colleagues to participate. We need shorter speeches to enable all Members, or as many as possible, to contribute. I shall make it clear that the Chair retains the right to impose a formal time limit, but I would rather colleagues helped each other. After all, it is an important day, and we do want to hear as many views as possible.

10.41 am

Kim Leadbeater (Spennymore) (Lab): I beg to move, That the Bill be now read the Third time.

It is an honour and a privilege to open the debate on Third Reading of the Terminally Ill Adults (End of Life) Bill. It has been a long journey to get here, and I do not underestimate the significance of this day. It is not often that we are asked to wrestle with issues of morality, ethics and humanity, but with great privilege in this job comes great responsibility, and never more so than at a time like this.

Benjamin Franklin told us that

“in this world nothing can be said to be certain, except death and taxes.”

In this House we debate the latter incessantly, but here and in the country as a whole discussing death is something that we tend to shy away from, yet it will come to us all and to all those we love. We all have our own experiences of death, loss and grief. There are good deaths and bad deaths. I, like many, have experienced both.

I appreciate that, for some colleagues, the journey to this point has been a difficult one. I want to pay tribute to the way in which the overwhelming majority of Members have approached the subject. Second Reading back in November was quite rightly seen as an example of Parliament at its best. Contributions from across the

Chamber were incredibly powerful, the atmosphere was respectful, and people listened with care. I hope that we will see the same today.

I want to thank you, Mr Speaker, and your team along with the fantastic Clerks and procedural experts who have ensured that parliamentary protocols have been followed and have guided us through the intricacies of what can be a complex parliamentary process—one that is steeped in tradition, but not always easy to follow. Of course, process is important, but it is also important to remember that we are not voting on the merits of parliamentary procedure; we are voting on an issue that matters deeply to our constituents. Indeed, the issue before us is very personal for many people—so many of our constituents, but many of us as well. It is an issue that transcends party politics. I thank colleagues from across the House who have shared their very personal stories with me.

I am grateful to all colleagues who have studied the detail of the Bill. It is essential that we come to a decision based on the content of what it actually says. I have been pleased to work with Members on all sides of the debate to ensure that the legislation is something that Parliament can be proud of—a cogent, workable Bill that has one simple thread running through it: the need to correct the profound injustices of the status quo and to offer a compassionate and safe choice to terminally ill people who want to make it.

I will not go into the amendments in detail, as I know that is not the purpose of this debate, but whether by adding further safeguards and protections for patients through additional training around coercive control, the addition of specialist expertise through the inclusion of multidisciplinary panels, widening the provision for professionals to opt out of the assisted dying process, providing additional employment protections, or prohibiting the advertising of assisted dying, cross-party working has strengthened the Bill.

Simon Hoare (North Dorset) (Con): I am grateful to the hon. Lady for giving way. What level of concern does it give her that, between Second Reading and today, a growing canon of professionals and their independent professional bodies have urged great caution about this Bill, not on the principle, but because they are opposed to the details of this Bill and believe it should be defeated?

Kim Leadbeater: I thank the hon. Gentleman for his intervention. I think what he is saying is that people have got different views, and they do have different views; we have different views in this House, and different people in different professions have different views. Every royal college has a neutral position on assisted dying because of that.

I have been pleased to work with Members on all sides of the debate to ensure that this legislation is something that Parliament can be proud of, and the many safeguards in this Bill ensure that only terminally ill patients who are eligible under the strict criteria and want to access assisted dying can do so.

Wera Hobhouse (Bath) (LD): I felt disturbed by quite a lot of the emails that I received from constituents—some of them who are my friends and people I like—implying that we here are either too stupid or careless to care for

the most vulnerable. Is it not true that we all do care, whatever decision we make today, and that we have to continue to educate people and tell them what this Bill is about?

Kim Leadbeater: I thank the hon. Member for that intervention, and she is absolutely right; the detail does matter. That is why I am so grateful to colleagues who have engaged in the detail. We know that there are different views within the public, and we have to take on board the concerns of vulnerable groups—that is why the safeguards are so important—but I would also say that there is no one more vulnerable than someone who is dying.

Richard Burgon (Leeds East) (Lab): Will my hon. Friend give way?

Kim Leadbeater: I am just going to make some progress. Patients must have

“an inevitably progressive illness or disease which cannot be reversed by treatment”

and a person is not considered to be terminally ill only because they have a disability or a mental disorder. These clear, strict criteria, plus the multiple capacity assessments, exclude possible serious mental health disorders such as anorexia.

I was also very pleased to support the change advocated for by Marie Curie and Hospice UK, which would ensure an assessment of palliative and end-of-life care as part of the first report on the Act. We know from other countries, in no small part due to the 14-month inquiry by the Health and Social Care Committee, that palliative care and assisted dying can and do work side by side to give terminally ill patients the care and choice they deserve in their final days. It should not be an either/or for dying people, and we need to channel our energies into supporting all options for terminally ill people.

Calum Miller (Bicester and Woodstock) (LD): I am very grateful to the hon. Lady for giving way. As she knows, the leading experts in palliative care have come out to oppose the Bill, and they point to the fact that hospices are underfunded and do not have the same ability to serve patients. I therefore gently question whether we are in a position today to make a judgment that patients truly would have a choice at the end of life.

Kim Leadbeater: I thank him for his intervention, but I would say, as I have said previously, that people working in palliative care have a mixed range of views on this subject. I have met with palliative care doctors, and some are very supportive of a change in the law because of the suffering they have seen.

Richard Burgon: Will my hon. Friend give way on that particular point?

Kim Leadbeater: I am just going to make some progress, if I may. But, as I was saying, it is an either/or decision for us today: either we vote for the safe, effective, workable reform contained in this Bill, or we say that the status quo is acceptable.

Over recent months, I have heard hundreds of stories from people who have lost loved ones in deeply difficult and traumatic circumstances, along with many terminally

ill people themselves. I spent some time with some of these families yesterday. They are real people with real stories and they deserve to be heard.

Adil's terminally ill father took his own life by buying drugs on the dark web. It was his third attempt, and Adil found him in a truly desperate state. He and his sister will never get over that night, nor the police investigation that followed. Katie waved her mum off as she made the lonely and costly journey to Switzerland, where she had a peaceful and dignified death. But the family had no chance to say a proper goodbye and her dad made the journey home grieving and alone.

Others have had to watch their loved ones die harrowing deaths despite receiving excellent end-of-life care. Warwick's wife Ann, suffering from peritoneal cancer, had the maximum dose of sedative, but it was not enough to stop the choking and suffocation, and she begged him to help her put an end to her suffering. But he did not want her last memory to be of him stood over her with a pillow. There are many, many more such stories.

Perhaps most importantly, I have spoken to terminally ill people themselves. We have spent a lot of time talking about them, but not always with them. Pamela and Sophie both have terminal breast cancer, and they shared their stories yesterday. Pamela is a proud Christian who just wants to have choice when her time comes. Sophie, who is allergic to opioids, wants to ensure that her beautiful daughter has nothing but happy memories of their time together. Not supporting the Bill today is not a neutral act. It is a vote for the status quo. It fills me with despair to think that MPs could be here in another 10 years' time hearing the same stories.

Richard Burgon: I thank my hon. Friend for giving way; she is being very kind. I came into this House supporting the principle of assisted dying, and I thought very carefully before voting against the Bill on Second Reading. There are differing views, but I want to ask my hon. Friend, before MPs put their name not to the principle of assisted dying but to this Bill specifically, why the vast majority of primary care doctors, geriatricians and groups representing people with disabilities, eating disorders and domestic violence are all opposed not to the principle but to this Bill specifically. Some people who are supportive of the principle of assisted dying do not support this specific Bill; can my hon. Friend explain their opposition?

Kim Leadbeater: I think we have covered that point already. These are not homogeneous groups of people; they have different views and opinions.

If we look at the inconsistencies in the current law, it just does not make sense. If someone with a terminal illness voluntarily stops eating and drinking, it is legal for them to starve themselves to death. A competent patient has the right to refuse foods and fluids even if they will die. The exercising of that right is sometimes proposed as an alternative to assisted dying. I suppose it could be argued that starving oneself to death is one way of taking control at the end of life, but it is a deeply traumatic experience for the person and their loved ones, and there are people here today who have direct experience of that.

Melanie Ward (Cowdenbeath and Kirkcaldy) (Lab): Will my hon. Friend give way?

Kim Leadbeater: I will make some progress.

We have a system in which it is legal for someone to starve themselves to death, which can take days or weeks, but where it is not legal for someone to seek assistance from a doctor to take an approved substance themselves to end their pain or suffering and take back control in their dying days. It is also legal in this country for someone to discharge themselves from medical care or refuse life-sustaining treatment such as ventilation, CPR or antibiotics, as long as they have the mental capacity to do so and are making the decision of their own accord, without harassment from anyone else. Colleagues might think that is fine, and I agree, but there is no requirement for two doctors, a psychiatrist, and a social worker, and there is no lawyer or judge. It is legal, yet what is being proposed in this Bill, with so many more safeguards and protections, is not. It simply does not make sense.

Dr Ben Spencer (Runnymede and Weybridge) (Con)
rose—

Kim Leadbeater: I am not going to take any more interventions, because lots of people want to speak.

Then there are the criminal offences that the Bill introduces—none of which exist now—including life imprisonment for anyone who induces another person to take the approved substance, and 14 years in prison for coercion, dishonesty or pressure. It is a robust process that goes further than any other piece of legislation in the world, and it is far safer and significantly more compassionate than what we have now.

If we look internationally, there are clear, well-established, safe and compassionate assisted dying laws in existence. On Tuesday I joined doctors from Australia who used three key words repeatedly: choice, control and relief. Dr Greg Mewett has 20 years of experience as a GP and 22 years as a palliative care physician, and he spoke about the thorough approach that he has taken to ensure safety and efficacy of the assisted dying process. Perhaps the most stand-out quote from that session came from Dr Jacky Davis, chair of Healthcare Professionals for Assisted Dying, who said that by introducing assisted dying,

“no more people will die but far fewer people will suffer”.

This is not a choice between living and dying. It is a choice for terminally ill people about how they die. I fully appreciate that some colleagues would never vote for any version of this Bill, and I am respectful of that despite disagreeing with them. However, I say to colleagues who are supportive of a change in the law but are hesitant about whether now is the time, that if we do not vote for a change in the law today, we will have many more years of heartbreaking stories from terminally ill people and their families, of pain and trauma—

Dame Siobhain McDonagh (Mitcham and Morden) (Lab): Will my hon. Friend give way?

Kim Leadbeater: I am going to finish.

There will be stories of suicide attempts, post-traumatic stress disorder, lonely trips to Switzerland, police investigations, and everything else we have all heard of in recent months. As the Commission on Assisted Dying said in 2011, 14 years ago:

“The current legal status of assisted dying [in the UK] is inadequate and incoherent. It outsources a healthcare issue abroad, especially to Dignitas, instead of the Government and Parliament assuming responsibility.”

That was 14 years ago, and we are in exactly the same position today. Things have got to change.

As the Government’s impact assessment states, the Bill will improve equity of choice, ensuring that terminally ill adults from all socioeconomic backgrounds can access end-of-life options within a regulated and safe framework.

I will draw my comments to a close. There are essentially two ways in which we can look at the situation we are in. We can look at it through a legal lens. As legislators, we have a duty to change the law where it is failing, and when the last four Directors of Public Prosecutions tell us that the law needs to change, surely we have a duty to listen. We need scrutiny before people die, not after. Most importantly, there is the human lens, which is how I approach most things. Giving dying people choice about how they die is about compassion, control, dignity and bodily autonomy. Surely we should all have the right—

Dame Siobhain McDonagh: Will my hon. Friend give way?

Kim Leadbeater: I am going to finish shortly.

Surely we should all have the right to decide what happens to our bodies and decide when enough is enough. Of course, giving people the right to choose does not take away the right not to choose.

Today, we can vote with either our hearts or with our heads, but either way, we should end up in the same Lobby. On a compassionate, human level, and as responsible lawmakers, we should support this desperately needed reform, which is rigorous, practical and safe, and which is rooted in the principles that should underpin any legislation: compassion, justice and human dignity.

10.56 am

Sir James Cleverly (Braintree) (Con): I have no doubt that the vast majority in this House—probably every single hon. and right hon. Member—is sympathetic to the underlying motivation of the Bill, which is to ease suffering in others and try to avoid suffering where possible. For the most part, the debate, both in this Chamber and in Committee, has been good natured and conducted in a way that we can be proud of.

There have been wider questions about the motivations of both the proponents and the opponents of the Bill. Although this is not about any individual one of us, I think it is only fair that, because some questions have been asked, I put a few things on the record about my own position. I do not come at this from a religious point of view—I am an atheist; I am a humanist. My position is driven by my concerns about the practicalities of the Bill, rather than any religious viewpoint.

It has been suggested, particularly when people talk about their experience of talking to people who have lost loved ones or who are themselves terminally ill—this has been said to me on a number of occasions—that if we had seen someone suffering, we would agree with the Bill. I have seen someone suffering. Earlier this year, my closest friend died painfully of oesophageal cancer, and I was with him in the final weeks of his life.

I come at this from a position neither of faith, nor of ignorance, and I hope that the House will take those factors into consideration when I say what I am about to say.

Jim Shannon (Strangford) (DUP): On the TV last night, they did a survey of GPs. The relationship between a GP and a patient is incredibly close. When our children and grandchildren come into the world, our GP is involved. When a GP has to deliver a diagnosis of terminal illness, there is fear not just in the eyes of the patient but in the eyes of the GP—the doctor, the friend we all have. Does the right hon. Gentleman recognise the importance of today's debate and vote? It will change forever that relationship of trust between the GP and the patient; it will do so in a negative way and it will never change ever again.

Sir James Cleverly: I will refer to the hon. Gentleman's point later in my speech. I will try not to take too many interventions, because many people have not had the chance to speak in the debate and I want to give them the chance to do so.

On Second Reading I made the point that we need to think about the detail of the Bill and not just vote in accordance with the broad principles. I made the point that, because it is a private Member's Bill, the opportunity to change it fundamentally is limited, and so we have an enhanced duty to get it right first time. We were told on Second Reading that a lot of the concerns, worries and detailed questions would be resolved in Committee. We were promised the gold standard: a judicially underpinned set of protections and safeguards. Those protections did not make it through Committee. I have also heard people say, where there are still problems, issues and concerns, that the Lords will do that work. But none of us should think that it is right to subcontract our job to the other place.

We are making an incredibly important and fundamental change, as the hon. Member for Strangford (Jim Shannon) highlighted, in the relationship between medical professionals and those they serve. If we make that change, we will introduce a small but permanent question mark in the minds of every patient, particularly a patient who is discussing a serious illness or terminal diagnosis: "What is this medical professional expecting of me? What are they thinking? Where is their head?" Whereas, with the situation we have at the moment, the patient knows that the medical professional is dutybound to do no harm, and to preserve life and dignity wherever possible.

Dame Siobhain McDonagh: Next Tuesday will be the second anniversary of my sister's death. Three weeks prior to her death, we took her to hospital because she had a blood infection. Despite agreeing to allow her into intensive care to sort out that blood infection, the consultant then decided that she should not go, because she had a brain tumour and was going to die. She was going to die, but not at that moment. I am sure, Mr Speaker, that you can understand that a very big row ensued. I won that row: she was made well, she came home, and she died peacefully. What does the right hon. Gentleman think would happen in identical circumstances if this Bill passes?

Sir James Cleverly: The hon. Lady asks me to speculate about a set of circumstances that are personal and painful. I suspect that she and I both know that the outcome could have been very different, and that the moments she had with her sister, just like those I had with my dear friend, might have been lost.

We have to recognise that this is an important moment. While I respect the hon. Member for Spen Valley (Kim Leadbeater), I disagree with her assessment that it is now or never; that it is this Bill or no Bill; and that a vote against it on Third Reading is a vote to maintain the status quo. None of those things is true. There will be plenty of opportunities. Indeed, we are dutybound, stimulated by this debate—which is why I do not criticise the hon. Lady for bringing forward the Bill—to have a serious conversation about palliative care. Many people will say that these are not conflicting or contradictory positions. But—and I will crack on because otherwise you will tell me off, Mr Speaker—we know that there could be circumstances where assisted dying would be on a statutory basis and the provision of palliative care would not.

We also have to address the point that we can all pray in aid individuals and institutions to reinforce our positions on this, but we cannot subcontract our decisions. Yes, we can fish around for people to come up with the perfect quote to reinforce our arguments, but another five minutes on Wikipedia, Google, or with friends of ours in the medical profession will find another voice that opposes that. Yes, it is a mixed picture in the medical professions, but I am struck by the number of professional bodies that are neutral on the topic of assisted dying in general but opposed to the provisions within this Bill in particular. We cannot just say, "They are neutral on assisted dying, and therefore this particular vehicle has to progress."

We carry a responsibility—it is what we are sent here to do—and we need to take it very seriously. We must be rigorous on the specific details in the Bill. Just like the hon. Member for Spen Valley, I do not have time to go through every single argument that was had on Second Reading, in Committee and beyond, but in order to ensure that we are rigorous, there are three fundamental questions that we should ask ourselves—not lean on our friends and colleagues, but ask ourselves—and ensure that we answer fully and honestly.

Florence Eshalomi (Vauxhall and Camberwell Green) (Lab/Co-op): The right hon. Gentleman will remember that, in 2021, he and I worked cross-party on identifying inequalities within certain communities and on getting them to come forward for the covid vaccination. Does he agree that one question we parliamentarians need to ask ourselves is this: how is it right that some communities are denied basic healthcare within the current system; how is it right that some communities do not have access to good palliative care; how is it right that some communities still mistrust the medical profession; and how is it right that we are not listening to their voices?

Sir James Cleverly: The hon. Lady makes an incredibly important point, and I will touch on that briefly in my remarks. I am minded to take no more interventions, because otherwise I will be stealing time from others.

[*Sir James Cleverly*]

There are three questions we need to ask. First, are we happy for this Bill—not for the principle, but for this Bill as drafted—to become law? Many of the elements that I have already discussed are concerning. In the criteria set out, medical professionals do not need to seek deeper motivation. We have said there is not a real choice between palliative care and assisted dying, because one will have a statutory underpinning and the other will not. As I say, the “gold standard” protections were lost in Committee, because a number of professional bodies and—

Ben Maguire (North Cornwall) (LD): Will the right hon. Member give way?

Sir James Cleverly: I need to make progress.

A number of professional bodies have said they do not have the capacity. They do not have enough people to fill the slots that this Bill demands of them.

Secondly, in terms of fundamental changes, are hon. and right hon. Members genuinely happy to write the blank cheque that this Bill demands? It is normal for the Secretary of State of a Government Department to decide when a piece of legislation comes into force, and they make their decision based on the state’s ability to deliver that legislation. Commencement dates matter; they are not just some arbitrary dates on a piece of paper. I understand people’s desire to ensure that this cannot be lost down the back of the sofa when it comes to Government work, but when the people on whom we would rely to deliver this Bill say that they are not ready and that they do not feel that they will be ready—they do not have enough people and they do not have enough capacity, so they will have to take resource from current provisions to move across to this provision, which will be driven by a statutory requirement and a locked-in commencement date—we should listen. If the people who are going to make this work—and work as well as we hope it will, if it becomes legislation—say that they are not confident that they can make it happen, we should be very careful about demanding that they prioritise this. That is what this legislation says: they will prioritise this above any other work that they might otherwise do.

Thirdly—the hon. Member for Spen Valley hinted at this, and I mentioned it in an intervention in an earlier stage of the Bill—on coercion, on the pressure that individuals put on themselves and on medical professionals raising the issue, we know that there are inequalities in health provision already, none of which will be addressed by the Bill. There are certain communities, and certain people in those communities, particularly women, who are overly deferential to men and to men in authority. Can we genuinely say that we have no fear whatsoever about a potentially vulnerable woman sitting in front of a medical professional who raises assisted dying? Even if they do not imply that it is the right thing for her to do, the very fact that they bring it up will have a significant influence on that woman’s thinking. We cannot believe that the effect will be completely neutral across all communities.

Rachel Taylor (North Warwickshire and Bedworth) (Lab): With the safeguards that have been put in the Bill, there will be a panel that looks at those issues and

asks questions like, “Has your doctor persuaded you to do this?” Do we honestly think that a social worker, psychiatrist or lawyer is totally incapable of finding coercion? That is exactly what the panel is there to do, and that is exactly what those safeguards will provide.

Sir James Cleverly: The hon. Lady makes an important point, but I refer her to my second question. Those bodies say that they do not have the people to populate those panels, yet that is what the commencement date demands. The principle of having a person or group of people to protect against coercion is important—I am talking not just about coercion, but about how people perceive people in authority—but royal colleges and social workers have told us that they do not believe they will be ready to put those guardrails in place by the commencement date. We should listen to them.

This is an important debate that has stimulated an important conversation, which demands our full attention, but I do not believe that the Bill is ready to go to the other place. It is interesting that there are both proponents and opponents of the Bill who hope that the Lords will make significant changes to the Bill. That should surely set off alarm bells.

Ultimately, because the Bill is such a fundamental change, we need to ensure that there is an enhanced level of scrutiny of its detail. We all want to avoid and alleviate suffering wherever possible, but I do not believe that we have had the opportunity to get the Bill into the right shape. That is why I will oppose Third Reading, and I encourage others to do likewise.

Mr Speaker: Order. After the two opening speeches, we will now have a five-minute limit, and I hope that Members will restrict themselves to up to five minutes. The Mother of the House will now give us a very good example.

11.13 am

Ms Diane Abbott (Hackney North and Stoke Newington) (Lab): This may be the most fateful Bill that we discuss this Parliament. It is literally a matter of life and death. I have heard talk today of the injustices of the current situation. What could be more unjust than someone losing their life because of poorly drafted legislation?

We hear about panels. The people talking about panels presumably have not had much to do with them. I would not put my life, or the life of anyone dear to me, in the hands of a panel of officials. I stress, right from the beginning, that it is perfectly possible to support assisted dying, as I do, but not be prepared to vote for this Bill. There is so much that is problematic about it.

First, as I believe is widely understood, there has not been enough time to debate the Bill. Secondly, a Bill of this seriousness should be given more time.

Simon Hoare: Does the right hon. Lady find it rather peculiar that the previous Parliament spent 746 hours discussing the death of a fox and about 98 hours discussing the death of fellow humans?

Ms Abbott: There has been a lot of talk about there being no evidence of coercion, but within the family, the most powerful coercion is silence: it is the failure to answer when a question is put. If police cannot spot coercion in domestic violence, how can they be expected to spot coercion in assisted dying?

The Royal College of Pathologists and the former chief coroner have pointed out that without a role for a coroner, the Bill raises the possibility of foul play. When an amendment was tabled in Committee to deal with that, however, it was opposed. The Bill would allow private for-profit contractors to run an assisted dying service with no profit cap and no transparency, but when an amendment was tabled in Committee to deal with that point, it was opposed.

We have heard—and we will hear over and over again in this debate—about choice. This Bill may produce choice for those of us, like almost everybody in this House, who have for the entirety of their adult life been confident in dealing with authority and institutions, but even then, the Bill would need amendments. But what choice does the Bill hold for someone who, all their life, has lacked agency, particularly in a family context, which may be particularly the case in certain cultures and communities? And what choice does the Bill offer to those who lack access to good palliative care?

As the former Prime Minister Gordon Brown has put it, our law should not

“focus on the few who wish for assisted dying and do too little to support the majority of those facing their final days who want—and deserve—access to the best of palliative care.”

What choice is it for those who think that, because their doctor raises it with them at all, they are being guided in that direction? An amendment that might have addressed that issue was rejected in Committee. It is a possibility that proponents of the Bill do not take seriously at all, but anyone who knows how institutions work should be watchful of it.

I came to this House to be a voice for the voiceless—that has not always been favoured by my own leadership, but that is why I came to the House. Who could be more voiceless than somebody who is in their sick bed and believes that they are dying? I ask Members in this debate to speak up for the voiceless one more time. There is no doubt that if the Bill is passed in its current form, there will be people among the most vulnerable and marginalised in our society who lose their lives unnecessarily. I therefore implore the House to reject this Bill—not because I am opposed to assisted dying in principle, but because my concern is for vulnerable and marginalised persons and communities.

Several hon. Members *rose—*

Mr Deputy Speaker (Sir Roger Gale): Order. I reiterate the admonition that Mr Speaker has offered. This is one of the most far-reaching considerations that the House—even those of us who have been here for a very long time—can remember. It is understandable that a lot of Members will wish to take part, from across the House and on both sides of the argument, but looking around, it is quite clear that we cannot accommodate everybody. This means there will inevitably be a considerable number of interventions. All I would say, gently, is that interventions will be taken into account when considering the order of priority in which Members are called.

11.20 am

Mark Garnier (Wyre Forest) (Con): I start off by saying a huge thank you to the hon. Member for Spen Valley (Kim Leadbeater) for the extraordinary amount of work she has done across this whole debate.

This is the first time I have spoken in this debate, and, like many Members whose speeches I have heard, I come to it through personal experience. I have heard many stories of people whose relations have died; in my case, it was my mother who died. In 2012, she was diagnosed with pancreatic cancer. My father-in-law was a consultant, so I phoned him up and asked what that meant, and he said that she had a 90% chance of dying. I was prepared for it, but eventually the time came when I got the call saying that her health had started to deteriorate, so I went down to see her—I spoke to the Whips, and took time off work here—and watched the start of the decline from something as painful and difficult as pancreatic cancer, which, as those who have witnessed it will know, was not a nice moment.

My mother was not frightened of dying at all. She would talk about it; she knew that she was going to die. However, she was terrified of the pain, and on many occasions, she asked me and Caroline, my wife, if we could make it end. We could not, of course. She had very, very good care from the NHS—the nurses came twice a day, she was on a morphine driver, and the GP came to see her, so she was looked after well. However, as she deteriorated, we could see that she was in indignity and a huge amount of pain, until eventually, she died. It was, of course, not one of the happiest moments of my life.

Contrary to that experience, two or three years ago, I found myself going to the memorial service of one of my constituents, who was a truly wonderful person. She, too, had died of pancreatic cancer, but because she had been in Spain at the time—she spent quite a lot of time in Spain with her husband—she had the opportunity to go through the state-provided assisted dying programme that is provided there. I spoke to her widower very briefly, and it was fascinating to talk to him about it: he said it was an extraordinary, incredibly sad thing to have gone through, but that it was something that made her suffering much less. It was almost a sort of quiet Sunday afternoon when it happened.

I saw those two people—my mother, who had the indignity and the pain and the suffering that she was terrified of, and my constituent, who had the opportunity to end it in a dignified way—and when I came to this debate, I was absolutely convinced that this was the right thing to do. I have spent the past six or seven months engaging as hard as I could with those who I hoped would be able to persuade me of a different decision—to try to persuade me that I was wrong in my assumptions. I have spoken to a huge number of people; I have joined in meetings with campaigners; I have read every email that has come in; and I have spoken to doctors and religious leaders, and I have yet to be persuaded that this is a bad thing to do.

There has been a huge amount of debate here—over 100 hours of debate, when we add it all together. There have been loads of amendments, and people on both sides of the debate have been incredibly thoughtful, but are we possibly getting rid of the good in trying to find the perfect? I do not know—I am not the world's greatest legislator—but having listened to these debates, and given what I have seen at first hand, at the end of the day, I can only go through the Aye Lobby to support the hon. Member for Spen Valley in all this extraordinary hard work. The time has come when we need to end

[Mark Garnier]

suffering, where suffering can be put aside, rather than trying to do something super-perfect and allowing too many more people to suffer in the future.

11.25 am

Naz Shah (Bradford West) (Lab): I start by thanking my hon. Friend the Member for Spen Valley (Kim Leadbeater), all the Members who served on the Committee and, indeed, the whole House for the approach that everyone has taken to this Bill.

I want to make it clear that I came to this Bill with an open mind. Like many, I supported it in principle at first glance, but this debate is no longer about the principle of assisted death—that is not the decision before us today; it is not the issue on which we will walk through the Lobby when we decide to vote for or against this Bill. Our responsibility in this place is to make sure that the Bill is safe, workable and effective. That is the test that will lead us to vote for or against the Bill today. As the Bill stands, it presents a public safety issue.

Jim Shannon: I spoke to the hon. Lady beforehand, and I understand her concerns. They are the same concerns I have, on behalf of those who have anorexia, those with mental health conditions, troubled people—those who would be vulnerable when this idea was presented to them. Does she think, like I do, that this Bill does not in any way address the issue of those who are vulnerable, when it comes to assisted dying?

Naz Shah: I thank the hon. Member for his intervention. I think he might have read some of my speech, which I will carry on with.

I will set out why the Bill is not safe, and speak about the two amendments that I tabled: amendment 14, which we have nodded through today, and amendment 38, which we will not get the chance to vote on. Amendment 14 dealt with the issue of voluntarily stopping eating and drinking, or VSED, which has been used as a “bridge” to assisted death in other jurisdictions. I am pleased that my hon. Friend the Member for Spen Valley accepted that amendment, but let me be very clear: this does not close the anorexia loophole—that was the subject of another amendment. Voluntarily stopping eating and drinking is not what happens to people with anorexia. People with anorexia stop eating and drinking because they have a psychiatric illness. Those are two categorically different issues. I must make it absolutely clear that even though amendment 14 has passed today, it does not address concerns about anorexia or close that loophole.

Members in the other place are already raising the concern that, because this is a private Member’s Bill, they do not believe that they can provide all the necessary safeguards if we give a Third Reading today to a Bill that is not safe to be delivered to the public. At least 60 women with anorexia in multiple countries have died by assisted death when they needed treatment, not help to die. Every one of them was assessed to have capacity by two doctors.

Kim Leadbeater: Will my hon. Friend give way?

Naz Shah: I will make some progress.

Hundreds of eating disorder experts, doctors, lawyers, charities, family members and people with lived experience urged Parliament to close this loophole and support amendment 38. As a Committee, we failed to heed their warning. We have now learned that the one remaining amendment that could protect people with eating disorders will not even be voted on.

Our responsibility is to make the Bill safe. We know what happens when politicians think they know better than the experts. Let us make it clear: the Royal College of Psychiatrists, the Royal College of Physicians, the Royal College of Pathologists, palliative care doctors, the British Geriatrics Society, almost every eating disorder charity and almost every disabled people’s group do not support this Bill. That is not because they do not believe in the principle; they are warning us about the dangers of this Bill, and of getting this wrong.

Our job is not to be activists—to fight until our last breath for the principle, whatever shape or form it is delivered in. Of course we believe in causes—that is why each and every one of us is in Parliament—but we legislators must listen to the experts, heed the evidence, scrutinise and debate the ideas that are before us, and deliver for our constituents laws that are safe, workable and effective. We have a proud history; the likes of Florence Nightingale—the lady with the lamp—broke every barrier possible to heal the wounded, provide care for the vulnerable and reduce the chance of death. Those are the principles that our great NHS was founded on. We must ask ourselves whether those fundamental principles will still be intact if the Bill passes. Will they be there to protect those who face a postcode lottery in healthcare and palliative care, the most vulnerable, and those who have faced the greatest hardships in life and feel like a burden? Will those principles be there to protect those who feel like giving up, but whom we could help back up and push towards a better life? Instead, we will be giving them a way to give up, even if they could have survived.

This is the question for all Members: what is the margin of error that we are willing to risk today when it comes to something as serious as death? I urge Members to vote against this Bill.

11.31 am

Josh Babarinde (Eastbourne) (LD): The Mother of the House, the right hon. Member for Hackney North and Stoke Newington (Ms Abbott), is absolutely right to stress the importance of giving a voice to the voiceless. That is a role that many Members in this House take deeply seriously, including proponents of this Bill. No one is more voiceless in this debate than those terminally ill adults who suffered painful, traumatic and undignified deaths under the current system, as well as their families. Nothing that I could say makes the case for this Bill—not just the principle, but this Bill—more powerfully than this letter from my constituent, which is adapted to protect her anonymity:

“Following a diagnosis of an aggressive tumour, my partner’s final days were agony. He struggled to breathe and swallow and lost his ability to speak. He was incontinent & developed painful bedsores. He repeatedly asked for help to end his life. I entered his room to see that he had stuffed yards of his top sheet into his mouth in an attempt to suffocate. It was the most distressing sight and one I will never forget. I live with this image and cannot share it with our children. This could have been avoided with an assisted dying law.”

Daniel Francis (Bexleyheath and Crayford) (Lab): I agree with the hon. Member that people in those circumstances should be able to seek an assisted death. However, the Bill allows someone to say to a doctor on a panel, “I want to go because I do not want to be a burden,” even if they are not suffering at that point in time. It also allows them to say, “I want to go now, so that my family have a larger inheritance.” Why should we support a Bill this afternoon that allows those things?

Josh Babarinde: The hon. Member will be aware that the Bill creates a criminal offence that would punish those who would coerce a relative in such a way. [HON. MEMBERS: “Self-coerce.”] There are folks who talk about the concept of self-coercion, but others would frame such a decision as a choice. Self-coercion is a choice.

My constituent said,

“This could have been avoided with an assisted dying law. My partner was from a jurisdiction where such a law exists. A relative used that law. They were able to gather their family, say a proper goodbye and die in peace and with dignity before losing all physical and mental capacity.”

Jim Shannon: Will the hon. Member give way on that point?

Josh Babarinde: I will not, to give others the chance to speak after me.

My constituent went on to say,

“The procedure to enable this was protracted and had several safeguards which would prevent much of the concerns we hear about by those opposed. I urge you to support this bill”—

the Bill, and not just the principle. I will do so because the status quo is completely unacceptable and must be reformed.

11.35 am

Peter Prinsley (Bury St Edmunds and Stowmarket) (Lab): As a young doctor, I would have found the measures that we are debating completely unconscionable, but now that I am an old doctor, I feel sure that this is an essential change. That is because of what I have seen over 45 years in hospitals. Our patients are at the centre of my thoughts as we consider this profound change.

We must of course invest in palliative care, and we have some of the best palliative care in the world in this country. Some will say that there are no limits to the comfort that expert palliative care can deliver, but that has not been my observation, particularly as I think about some of my patients with advanced, disfiguring head and neck cancers, and about the terrible loss of dignity and autonomy that I have seen. That is what people fear, and that is why I believe that we are right to give people a choice—a final autonomous choice.

I applaud the Bill Committee, and thank the many witnesses who contributed, for this is not easy work. The House has spent hours debating the amendments. The panel of the legal expert, the social worker and the psychiatrist will ensure oversight and scrutiny, and I have no doubt that this is better than a single judge, no matter how distinguished or wise. Family circumstances, free will and mental state will all be considered. I do not think we will see coercion to undergo assisted dying; families are more likely to talk patients out of it.

I call this a Bill to assist people who are dying. The measures are not for people who are not dying. People who are terminally ill may live for a long time. They are not yet dying, and the measures are for them until they are. All of us must make the very best of every day, whether our lives be long or short. Of course, that is especially true for those with a terminal diagnosis.

The vulnerable must be protected, and I believe that the Bill will indeed protect them—people who are disabled, and who have mental health disorders. Profound sadness as our lives are ending is quite normal, and clinical depression should be treated, but my observation is that the patients we are talking about are clear-headed and very rational. The idea that we risk opening a floodgate or some sort of mission creep is quite wrong. People will have a choice, and will make arrangements to be used only if needed. That will give final peace of mind—it is a final insurance policy.

Let me come back to the patients I have treated over my long career, and to the wise words of the nurse who has been my compassionate colleague for many years. She said this was an essential change. There was the matron who recalled the carotid blow-out of her patient as a student many years ago—an image that never left her. There is the absolute sanctity of human life, but we are not dealing with a choice between life and death; we are dealing with death or death. There is also the sanctity of human dignity, and fundamental to that is surely choice. Who are we to deny that to the dying?

11.38 am

Sarah Olney (Richmond Park) (LD): Many Members present will look forward to the day when it is possible for people in this country to die in peace, with dignity and at a time of their choosing. The opportunity to bring that about is closer than ever before, but it can happen only if Members vote against the Bill today. The express will of the House, as reflected in the Second Reading vote; the momentum generated by the Bill; and the support of the Prime Minister, as we understand it, to change the law have created a moment when it is possible to grasp the chance to bring in assisted dying legislation, but I warn Members that if this Bill passes, the case for assisted dying will be fatally undermined, and it will put back their cause for a generation.

I have sat through Committee and Report, listened to the oral evidence and participated in the debates. This Bill, if it passes, will be challenged in the courts. It will be subject to endless attempts to amend it in Parliament. It will be difficult to implement effectively, and ultimately it will lose the confidence of the public.

It was immensely challenging to properly debate the Bill in Committee, because we frequently found ourselves needing an understanding of medical practice or points of law that MPs are not typically expert in. We spent many hours, for example, debating whether or not the provisions of the Mental Capacity Act 2005 were sufficient for someone who was making the decision to die. Of course, we consulted experts, and some said the provisions were sufficient, some said they were not. I do not believe that this particular decision is one that politicians are best placed to make.

Bradley Thomas (Bromsgrove) (Con): Will the hon. Lady give way?

Sarah Olney: I am sorry, but I will make progress. We would all have been better served by asking a team of experts to evaluate the evidence, draw on their professional experience and come to a settled consensus among themselves on this point about mental capacity and, likewise, the questions we had about how best to approach anorexia within the context of assisted dying and whether the Bill provides a suitable framework for the provision and control of drugs designed for the ending of a life.

These are not political decisions. They have, however, been decided by politicians, and we have approached them in our usual adversarial way, where the right answer is not the one arrived at after careful thought, consideration and consultation, but the one that can muster the most votes. We have therefore reached a most unsatisfactory conclusion.

This legislation imposes duties and responsibilities on professionals who do not think them compatible with their expert practice. It was amended in Committee to require that a panel approve an application for assisted dying, and that the panel include a psychiatrist. The Royal College of Psychiatrists has stated that it opposes this legislation.

Mr Adnan Hussain (Blackburn) (Ind): Will the hon. Lady give way?

Sarah Olney: I will not give way, sorry. Assisted dying under this legislation cannot be implemented without psychiatrists, but they would be acting outside the advice and guidance of their professional body.

Daisy Cooper (St Albans) (LD): Will my hon. Friend give way?

Sarah Olney: I am not giving way. Will there be sufficient psychiatrists prepared to implement the provisions of this legislation, against the advice of their professional body, to ensure that enough panels can be convened for the purpose of facilitating assisted dying? It is hard to see how there could be.

Daisy Cooper: Will my hon. Friend give way?

Sarah Olney: I am not giving way. By contrast, many decisions are expressly reserved for politicians. Should the limited resources of the NHS be used to deliver an assisted dying service, or should it be possible to offer the service as a profit-making enterprise? What information should be collected and reported about assisted dying? Who should oversee and regulate its practitioners? Members of Parliament are to have no say over any of those matters at all. Those are all powers to be reserved to the Secretary of State, to be decided behind closed doors. Once again, this legislation grants these responsibilities to people who do not want them.

Neither the current Health Secretary nor the current Justice Secretary are supporters of this Bill. After today, the House of Commons will be shut out of further decision making on this Bill, even though many of the decisions still to be made are rightfully ours to make. The lack of professional consensus or acceptance of the requirements of this legislation, coupled with a lack of political scrutiny of many of its more important provisions, creates an unstable foundation upon which to build an assisted dying service. For such a service to succeed, it

needs professionals willing to deliver it, who can have confidence that they are acting within the law and will be supported by their professional peers and by society at large. I do not see how this legislation can deliver that.

It is instructive to compare this piece of legislation with the Abortion Act 1967. That, too, was a private Member's Bill, brought to this House by the Liberal MP David Steel, but it was preceded by a medical advisory committee chaired by the president of the Royal College of Obstetricians and Gynaecologists, which approved the Bill. The professionals who would be needed to enact the legislation had indicated their support for the Bill before it reached the Commons. The Bill only delegated one power to the Secretary of State. The legislation was hotly debated then as now, but once it was passed, it came into force within six months.

Remarkably, with the exception of amendments required to bring it into line with successive Human Fertilisation and Embryology Acts and to extend its provisions to Northern Ireland, the provisions that the Abortion Act brought into law have remained almost entirely unchanged in 58 years—until just this week, in fact. The careful consideration of the issues that took place before the legislation came to the Commons, combined with the fact that all its provisions were included within the primary legislation to be debated and voted on in one go, has enabled a settled consensus to develop around abortion provision in this country, in contrast to other jurisdictions. It has enabled vulnerable women to seek the help they need and given healthcare workers the confidence and support they require to meet those needs. That is what we need, if we want to deliver a successful assisted dying service, and this legislation cannot deliver that.

If Members want assisted dying, vote against this Bill and make the most of the moment to press for a better approach that can deliver a sustainable framework, accepted and supported by the medical profession, and in which the public can have confidence. If people's lives are going to be ended prematurely as a result of this legislation that we pass, we cannot take risks. We cannot afford to pass this Bill.

11.44 am

Vicky Foxcroft (Lewisham North) (Lab): This is my first speech in this Chamber since the general election, and if I am honest, I wish I was not speaking in this debate, as I wish this legislation was not being put forward. I have not always been opposed to assisted dying. Indeed, in 2015, I voted in favour of the Bill put forward by Rob Marris MP, but that was before I served four years as shadow Minister for disabled people. During that time, I spoke to hundreds of disabled people and the organisations that support them. They were, and remain, extremely fearful of assisted dying.

I took on that role at the start of the covid pandemic. Disabled people were disproportionately affected by the pandemic. Nearly six in every 10 people who died were disabled. Many had "do not resuscitate" notices unilaterally pasted on their medical records, without them being informed. It made them fear for their lives. It made them fear that the authorities thought that their lives were worth less. It also made them fearful of what would happen if assisted dying was brought forward. That is why Disability Rights UK and other disabled

people's organisations have moved from the neutral position they had in 2015 to a position of opposition now.

I do not claim that every disabled person opposes assisted dying, but I do claim that the vast majority of disabled people and their organisations oppose it. They need the health and social care system fixing first. They want us as parliamentarians to assist them to live, not to die.

Disabled people's voices matter in this debate, and yet as I have watched the Bill progress, the absence of disabled people's voices has been astonishing. They have wanted to engage. Indeed, they have been crying out to be included, yet the engagement has been negligible. I believe that only one disabled people's organisation was given the opportunity to provide evidence to the Committee. Furthermore, throughout Committee and at the initial publication stage of the Bill, accessible formats were not available. A large-print version of the Bill was published several weeks after the original, but no other formats, such as easy read and British Sign Language, have been made available. These are basic things that we should be doing when consulting on such important pieces of legislation, making it accessible so that everyone's voices and views can be heard.

Many of those expected to deliver this legislation also do not want it. They believe that it could destroy the doctor-patient relationship. The experts have all been clear. The Royal College of Psychiatrists, the Royal College of Physicians, GPs, disability charities, mental health charities and domestic abuse charities have all warned that the safeguards in the Bill are insufficient and will put vulnerable people in harm's way.

I will finish by saying that I am not opposed to the principle of assisted dying, but until we have a system that supports the right to life, I cannot support it. Until we ensure that all safeguards are in place, I cannot support it. And until the vast majority of disabled people and their organisations support the legislation that is being brought forward, I cannot support it. We are not voting on principles today. This is real and we have to protect those people who are susceptible to coercion, who already feel like society does not value them, who often feel like a burden to the state, society and their family. I urge anyone in this Chamber who has any doubts that this Bill does not protect them, who has any worries and concerns: please do not vote for it today. Let us fix our NHS, social care and wider society first and then consider this topic again in the future, when the time is right.

11.49 am

Sir Iain Duncan Smith (Chingford and Woodford Green) (Con): I have not spoken so far in these debates, but I have listened and attended on pretty much all occasions. I am moved to speak today because I am concerned. This is the point that the hon. Member for Lewisham North (Vicky Foxcroft) made, but what is this debate today about? This debate is not about the principle of what we believe in when it comes to assisted dying—whether we are opposed to it or in favour of it. We had that debate on Second Reading. As the Mother of the House, the right hon. Member for Hackney North and Stoke Newington (Ms Abbott), made very clear—in what I must say was an excellent speech—and as others

have too, today's Third Reading debate is about what we are about to pass on to the House of Lords, which will become law. And the single question we have to ask ourselves is: is this genuinely workable now?

The hon. Member for Spen Valley (Kim Leadbeater), who moved the motion, knows that I have a high regard for her—I have worked with her on other things—but I honestly have to say that I simply cannot see how we in this House can pass this piece of legislation through to the other House, in the vague hope that somehow it will do better than us and make changes such that it will become a workable piece of legislation, and that is because this is a private Member's Bill. If a Government were to introduce a Bill like this, we would see a great deal more input and a huge amount more checking with all those bodies. For example, we were told on Second Reading that the safeguards and protections we were sending to Committee would somehow become the most robust and strongest in the world. In fact, in Committee they got weakened, not strengthened, and that is the problem in all this.

Daisy Cooper: Will the right hon. Gentleman give way on that point?

Sir Iain Duncan Smith: If the hon. Lady will forgive me, I understand that many others want to speak, so I am going to make a bit of progress if she does not mind.

The other important point, when we think about what our vote today is all about, is the behaviour of the professional bodies that have been consulted on this, which have come out for the most part very strongly opposed to this legislation.

Daisy Cooper: Every medical college has retained a neutral position. By my count—[*Interruption.*] I will go on. By my count, two or three medical colleges have said expressly that they welcome specific amendments to the Bill, and all MPs will have received the letter from senior psychiatrists, who include a former president of the college, who said:

"We believe the draft legislation is workable, safe and compassionate."

A number of safeguards have been included in the Bill. Does the right hon. Gentleman recognise that additional safeguards have been included and have been welcomed by various royal colleges?

Sir Iain Duncan Smith: I simply do not agree with the hon. Lady on that reading. The professional bodies are completely divided, and most have come out in opposition to the nature of this legislation. It is all very well for her to say that, and I appreciate her right to say it, and I hope she gets to speak later, but I just do not agree with it.

As was said earlier in the debate, the whole issue of mental capacity is not dealt with properly in the structure of this Bill. The hon. Member for Spen Valley talked about this earlier, and she was absolutely right. Even the amendments that were proposed were not always accepted, and we are left now with some areas that will be deeply troubling. We simply cannot accept that the Lords must make these changes for us, for we have to make them first. That is the key.

The one big important area here—I absolutely agree with my constituency neighbour the Health Secretary on this—is that we talk a lot about choice in dying, but

[Sir Iain Duncan Smith]

how is that choice informed if palliative care in the UK is simply not good enough? Again, the Mother of the House spoke about this, and there are so many people affected: the most vulnerable; the people furthest away from institutions; and the ones who understand least how to work the health service or their local authority, and who rely mostly on us to try and break through. They will be faced with this problem more than almost anybody else, because they look in fear on these institutions.

I helped to set up a children's hospice, which I think was the first in London. There have been many more since, but children's hospices, as we know, are really badly treated by Government spending, pretty much no matter who is in power. They have less than anybody else. Haven House, which I helped to set up and raise money for, has given a very strong quote, which I think represents much of what most of those hospices have said:

"We would fully agree that a change in the law would have very significant consequences for the delivery of palliative care services and would be challenging given the existing resource pressures that we face. The hospice sector is experiencing significant financial pressures and the exceptional palliative care services we provide are not financially sustainable. The introduction of assisted dying would create new and demanding requirements for palliative care services and hospices in particular. It is therefore vital, whether or not the current legislation is passed, that the government takes urgent action to resolve"

this matter.

That is the case today. We cannot just say, "Well, that's not our problem. Palliative care can be changed." The trouble is that we have been unable to make the necessary changes to palliative care because we take such partisan positions. That is the problem we face.

I will end with this. I will vote against the Bill, mostly because I believe it is fundamentally unworkable and will lead to huge problems. We have seen what has happened elsewhere internationally—Canada, Oregon and various other places—where legislation slides and slides again as more and more amendments have to be made because these things are not workable. To those who have any doubt, I simply say this. This is Third Reading; it is not Second Reading—it is not an "in principle" debate. We had that debate, and now we have to decide whether we should send this unworkable piece of legislation to another place, which is unelected, to make the decision for us because we cannot come to a conclusion. We cannot let this go through.

11.56 am

Rachel Hopkins (Luton South and South Bedfordshire) (Lab): I rise to speak in support of the Bill on Third Reading, because at its very heart are terminally ill adults: people who are dying; people who have less than six months to live; people who have tried to stay alive, to beat a terrible disease with expert medical treatment, but to no avail. Now they face the inevitable: that they will die. In fact, that is the only thing any of us know we will ever do, really.

I am sure that most of us think about and desire a peaceful, pain-free death where we slip off in our sleep at a ripe old age, having lived a good life, but the reality is that all of us and all our citizens—those for whom we legislate in this place—could face a painful and undignified

death. That is why I believe that in the 21st century, like a growing number of other countries, we should change the law to permit choice at the end of life—or rather, choice towards the end of death—so that dying people can opt to have a death in the manner of their choosing and have an element of control over those last days.

YouGov polling published yesterday again showed that the public—the citizens we serve—back it too, with 75% supporting assisted dying in principle and 73% supporting the Bill as it stands. As a co-sponsor of the Bill, and having served on the Bill Committee, I am pleased that it is had more scrutiny, challenge and debate than almost any other piece of legislation—over 100 hours, in fact.

Joe Robertson (Isle of Wight East) (Con): Will the hon. Member give way?

Rachel Hopkins: I am sorry, but we are short of time.

The changes that have been made, including many proposed by Members who do not support a change in the law but which have been adopted by the promoter of the Bill, my hon. Friend the Member for Spen Valley (Kim Leadbeater), as well as those proposed during the process she has led in response to evidence submitted during the scrutiny process have led to a better Bill. The Bill has greater safeguards for more vulnerable people, with mandatory training requirements, including in relation to coercion and capacity. The Bill ensures judicial oversight of decision making by a range of experts, including psychiatrists, social workers and senior legal professionals. The Bill will set out statutory protections for those workers who do not wish to take part in the assisted dying process on the basis of conscience, and quite right too.

The Bill will provide for one of the tightest, safest assisted dying laws in the world. Importantly, the Bill has compassion at its core by affording dying people choice at the end of life. I thank every one of my constituents who shared their views with me, whether for or against a change in the law. I particularly thank all those who have disagreed with me, because good democracy and the right to disagree respectfully is hugely important; perhaps it is a debate for another time.

I also thank all those who have shared their personal stories of loved ones' deaths, some brutal, painful and traumatic—a stark reminder that the status quo is simply unacceptable. Others have shared experiences with loved ones who, in other jurisdictions, such as Australia, were able to have a peaceful death, surrounded by loved ones and at a time of their choosing.

As I come to a close, although not everyone would want to choose an assisted death, I believe that everyone should have the opportunity to choose one if they so wish. It really is time that this House takes the important, compassionate and humane step towards making that a reality by voting for the Terminally Ill Adults (End of Life) Bill.

Madam Deputy Speaker (Ms Nusrat Ghani): That was a four-minute speech—thank you very much. I now call the Father of the House.

12 noon

Sir Edward Leigh (Gainsborough) (Con): I have served for many years with the right hon. Member for Hackney North and Stoke Newington (Ms Abbott) and, dare I say it, we have not agreed on everything over the years, but we have published a few articles on this topic. Those articles have always started with the fundamental principle of the NHS. Some of us—maybe myself included—have been rather critical of the NHS over the years, but at least when we go into the NHS, we know that everybody is really trying their best to preserve life. That is the fundamental principle.

The reason why the right hon. Lady and I both oppose the Bill is that, as has been said several times, we are not talking about just a principle here; we are talking about an actual Bill. I know some people will criticise me and say, “Oh, you would oppose this, because of your religious views and all the rest of it.” Actually, I take quite a sensible and, I hope, pragmatic approach to this. I have listened to all these debates, and we have heard so many harrowing stories of people’s last hours. I think we should treat people on both sides of this argument with respect, understand their points of view, and respect the dignity of dying people.

I have always taken the view that we should open up this debate. Actually, I have brought forward a ten-minute rule Bill—which of course will be objected to at half-past 2 this afternoon—saying that we should have a full study, led by the Department of Health and Social Care, by health professionals, to work out how we can help people in their final hours. I have been to many hospices and care homes, and talked to many palliative care specialists who assure me that they have the resources and skills nowadays to make those final hours pain-free and bearable, but we have heard testimony from others saying that that is not possible. If they could convince me that there were some extreme cases where people were dying in agony, totally lacking in dignity in their final hours, then I would listen to those arguments, but I do not think that is the Bill that we have before us today.

I therefore urge Members to remember that we will be voting on a Bill, and I think that the Bill is so riddled through with difficulties and inconsistencies. I think it will be subject to human rights legislation. It is very difficult to argue that we can ask somebody to assist in a person’s death when they are within six months of dying of cancer—although there is no universal testimony or acceptance about how we work out those six months—but not if they are suffering from some appalling degenerative disease or are a quadriplegic or have no quality of life. So I think there is actually an argument that, if we pass this Bill today, we will move in the direction of Canada and we will have death on demand.

I will end on this point. Before voting for this Bill, just pause for a moment and think, “Wouldn’t it be better?” We have heard about the many hours on the abortion Bill, and the universality of clinical acceptance of it. Before we vote for this Bill, do we not think that we should ask the Health Department to have a profound and knowledgeable study, working with the royal colleges, on whether it is possible to have decent palliative care, not just in our wonderful hospices, but in all our hospitals? There is no doubt that in recent years, particularly since Shipman, there has been a fear among many NHS health

professionals about providing that degree of palliative care—that degree of morphine, fentanyl or these hugely effective modern drugs.

So, just pause and think. We are not voting on a principle; we can come back to this, and, at a later date, we can get consensus and we can have a really good Bill that will allow everybody to die in dignity.

12.4 pm

Andy Slaughter (Hammersmith and Chiswick) (Lab): I will speak briefly and cover just three points. I do not expect to persuade those committed to opposing the Bill to change their minds; I hope that I do not persuade those supporting it to change theirs. This is the time to put our concluded thoughts on the record before seeking their lordships’ opinions.

I start where I finished my speech on Second Reading: agency. Since that debate last November, I have continued to meet constituents on both sides of the argument, and answered hundreds of letters and emails—I am sure that other hon. Members have done the same. I have met mainly with groups that oppose the Bill, including faith groups, because they have sought to change my mind. I have not changed my mind. I am still driven by the plight of those suffering unnecessarily at the end of life.

I wholly respect the decision of those who would not want assisted dying for themselves, but I cannot accept their right to deny that choice to those who would, for the most profound reasons, use the provisions of the Bill to end their lives. The pain, suffering, indignity and degradation of a slow, painful, tortured death is something none of us would wish on a friend or relative—on anyone. If that suffering at the end of life, in the narrow circumstances prescribed by the Bill, can be avoided, who are we to deny that?

Anna Dixon (Shipley) (Lab): Will my hon. Friend give way?

Andy Slaughter: I am not going to give way.

The obvious qualification to what should be a clear and personal choice to leave life in a matter and at a time of one’s choosing is the risk of coercion, and that has rightly dominated much of the debate for the past eight months. There are two points to be made here.

First, great effort has been expended, and is reflected in amendments to the Bill, to make the safeguards as comprehensive and watertight as possible, learning from and going beyond practice in other jurisdictions. Compliance with the provisions of the Bill is a rigorous process, but it is also a practical one; it is designed to be transparent and to test the intent of the person seeking an assisted death.

Secondly, some say that that is still not enough, but with what are they comparing it? The answer at best, and in some cases, is the status quo, which may involve an investigation post mortem as to whether assistance has been given—putting a caring loved one at risk of prosecution, but doing nothing to prevent those of malign intent.

Finally, although I have tried to see both sides on every issue, there is one point on which the opponents of the Bill are, in my opinion, just wrong: whether the Bill has, thus far, seen due process. I have been in

[*Andy Slaughter*]

Parliament for a month over 20 years, and I can think of few Bills of this length and scope that have received so much scrutiny and so many hours in Committee, or on which so much evidence has been submitted and comment made.

Members will vote against the Bill for many reasons, even though by doing so they restrict the choice of others. They should compare the regime pre and post legislation and, I hope, decide that the Bill gives greater protection. But I ask them not to vote against it because we have lacked the time or information to make a decision—we have not—or because we do not as a country have the ability to resource the Bill—we do. A great trust and great opportunity have been given to the Members of this Parliament. This is the moment of decision, and we should discharge it to the best of our ability.

12.8 pm

Mike Wood (Kingswinford and South Staffordshire) (Con): Thank you, Madam Deputy Speaker, for calling me to speak for the first time on this Bill; I did not vote on Second Reading in November.

In her opening speech this morning, the hon. Member for Spen Valley (Kim Leadbeater) said that we could choose to vote with our heads or with our hearts, and I have been grappling with that tension and conflict over the past few months. I am afraid that I cannot agree with the Chair of the Justice Committee, the hon. Member for Hammersmith and Chiswick (Andy Slaughter), that the Bill is stronger now than it was on Second Reading.

My sympathy for the principle of assisted dying is as strong as it ever was. The idea of facing a painful death or, worse, watching a loved one in pain at the end of their life frightens me. But if there is one thing that frightens me more than that—that terrifies me—it is the idea that someone I love might choose to accelerate their death imagining it to be one last act of kindness for those of us who care so deeply for them, and take away the opportunity for one last birthday together, one last Christmas shared, or even for something as simple as a picnic.

Shockat Adam (Leicester South) (Ind): The hon. Gentleman is making a powerful point. Can he foresee a circumstance in which a child with anorexia turns 18, decides to get assisted dying, and the first time the family hear about it is after they have died?

Mike Wood: I am afraid that as the father of a 17-year-old daughter, I can identify with that question a bit too directly—although I should add that she does not suffer with anorexia. Of course, it would terrify any parent that that could ever happen.

Daisy Cooper: On that point, will the hon. Gentleman give way?

Mike Wood: No, I must continue—the hon. Lady has intervened multiple times.

The promoter of the Bill, the hon. Member for Spen Valley, has done well with some of the safeguards around coercion, but the arguments around coercion as we normally understand them from a legal point of view miss the point. We are talking not about where

someone with improper aims and motives sets out to cause someone to take a course of action that they would not otherwise take but something much more subliminal. It may be the wish to avoid being a burden, or reading too much into the doctor's suggestion when they raised assisted death as something to consider.

A few years ago I was seriously ill; at my most ill, the doctors said that I had a 90% chance of dying within weeks. When I regained consciousness, there was nothing that the doctors suggested to me that I argued over, whether it was a test, an angiogram or any other procedure. In my circumstances, if I had been in a position where assisted dying was a possibility, and the doctor had raised it entirely neutrally, I do not know how I would have interpreted it.

Some Members have spoken of placing a high value on life as if it is some preoccupation of the religiously obsessed. I am a Christian; I am a very middle-of-the-road Anglican. Although I do not take my faith lightly, my Church has never told me how to vote on an issue, and it will certainly not tell me how to vote on this one. I do appreciate, particularly with my own experience, that life is precious. But one does not need to believe in an omniscient and omnipresent God to hold the view that life is precious and that we should take measures to shorten it only very carefully.

As I said at the start, I do not believe that the Bill has got better. There are serious concerns about it. I genuinely do not know whether it is possible to put in adequate safeguards to ensure that assisted dying can be available for the cases where we would like to see it, but that would safeguard those difficult cases—the ones that the Mother of the House, the right hon. Member for Hackney North and Stoke Newington (Ms Abbott), spoke so powerfully about in her very impressive and meaningful speech. What I do know is that if there is a way, this Bill does not do it. That is why I will be voting against it.

12.14 pm

David Smith (North Northumberland) (Lab): On Second Reading in late November, I wanted to express the concerns that I had with the Bill around coercion, commercialisation and the pressure on people who feel that they are a burden. Unfortunately, there was not enough time in that debate, and there is not much time today either.

During that debate, the House was repeatedly reassured by some Members that the Bill was about to undergo a rigorous scrutiny process in Committee. The question on Second Reading that we were most implored to consider was whether we wanted to keep talking about the Bill. Indeed, the right hon. Member for Goole and Pocklington (David Davis), who is not in his place, said it best:

“I say to both the Bill’s sponsors that it has a number of areas that they know I think they have to put right—about a dozen, in truth.”—[*Official Report*, 29 November 2024; Vol. 757, c. 1053.]

While the time for talking is quickly running out, this Bill remains far from ready. Too many concerns remain partially or wholly unaddressed—these things have not been put right.

Let me highlight three of the issues that I was originally concerned about. First, on the issue of coercion, seven months on from Second Reading, the Bill still does not even define “dishonesty”, “coercion” or “pressure”. Let

me say that clearly again—it does not define “coercion”. If we, as legislators, cannot do that, then who will? Further, with the exclusion in the Bill of assisted deaths from the coronial system, a vital opportunity has been missed to include the investigative oversight that would be most likely to spot coercion, even if it was after the fact of assisted dying.

Secondly, the marketisation of assisted dying worries me greatly and I do not believe that it has been properly addressed in the Bill. We already know, from last week’s debate, that there is a loophole in the advertising ban, where future Secretaries of State for Health and Social Care could decide to launch public health information campaigns on television, online or in GP surgeries outlining the options of assisted dying.

Even worse, in my view, is the certain involvement of private commercial interests in assisted dying. When we combine the known costs to the state from the impact assessment and the unknown costs, the limited resources currently available within the NHS and the conscientious objections of large swathes of doctors, which is surely inevitable, we can foresee that assisted dying will be largely privatised. Commercial operators with shareholders and a desire to maximise profit will inevitably be delivering assisted death. In such circumstances, they will find ways to grow their revenue, including through marketing it, however subtly.

Thirdly, on the issue of feeling a burden, on Second Reading my hon. Friend the Member for Cowdenbeath and Kirkcaldy (Melanie Ward) raised the issue of Washington state, where 59% of those going through with an assisted death, in a similar process to the one proposed in the Bill, did so because they feared being a “Burden on family, friends/caregivers.”

There has been no meaningful response to that argument, in my opinion, from those in favour of the Bill.

I ask colleagues in favour of passing the Bill to consider the following scenario. An older relative knows that assisted death is now possible and that their family is struggling to get by, in difficult economic circumstances. They have a health condition, with a prognosis of five months to live, even though studies show that most such prognoses are wrong about 50% of the time. What will stop our parents or grandparents from deciding to seek assisted dying purely to “do the right thing” by their loved ones?

Jonathan Davies (Mid Derbyshire) (Lab): On that point, will my hon. Friend give way?

David Smith: I have nearly finished. For that matter, what will stop relatives anxious to receive their inheritance from subtly pushing the option of assisted death?

To conclude, as legislators the responsibility falls on us, in this place, to create outstanding legislation that provides clarity, certainty and benefits to our constituents and to the country at large, yet all my concerns from the start of the process still remain; indeed, they have only grown. We have repeatedly heard today that there is no alternative to this Bill and that the status quo is the alternative. Well, we have agency in this place—the choice that we are making today is a big change to the status quo, so why can we not do other things? It is not simply

a choice between this Bill and nothing else. Therefore, I will be voting against the Bill and encourage colleagues to do the same.

12.18 pm

Kit Malthouse (North West Hampshire) (Con): Those of us who have come here today to support the Bill do not speak lightly of life and death, as some have accused us: we come here to recognise that this House has a responsibility to draw lines where there are none. Many of us have campaigned for many years, as the Mother of the House, the right hon. Member for Hackney North and Stoke Newington (Ms Abbott), said, to give voice to dying people—not because they want to be rescued, but because time and again they are begging us for mercy.

It is worth reiterating that this Bill is about not choosing death but how to face death when it is already at the door. It is about that final chapter of life—that short chapter. As many of our constituents have told us time and again, it is a chapter that they write in pain, fear and desperation.

We are here today to ask a simple question: in essence, is the law, in those final, often agonising moments, to be a barrier? Are we to be a barrier, or are we here to be a companion, to assist those people to fulfil their dying wishes? I believe in autonomy—I believe in dignity—but, more than that, I believe in compassion governed by care, not chaos. That is what the system lacks.

Right now, friends, as the hon. Member for Spen Valley (Kim Leadbeater) said, we live with the cruel illusion that doing nothing is neutral. It is not. Those who have objected to the Bill are conspicuous in not saying that they accept the status quo for however long the Bill may take to reappear if it fails. We have heard, again and again, stories of people forced to travel abroad to die in lonely circumstances. We see loving spouses prosecuted for holding the hand of someone they have loved for 50 years. We see lonely suicides in quiet suburban bedrooms: lives ended not because of terminal illness, but because of a lack of legal options.

The Bill brings order where there is confusion; it brings safeguards where there is silence; and it replaces secrecy with structure and fear with honesty. Notwithstanding the claims made today and elsewhere, it has been built in the right way. This House has taken its duties seriously, in all its forms of legislation. The Bill has gone through detailed scrutiny in Committee and concerns about coercion, training, eligibility and oversight have been met head on and addressed through carefully considered amendments. The panel model that we have now is shaped by those concerns. To ensure the right expertise, legal oversight and continuous consent checks are in place from beginning to end. This is how Parliament should legislate: carefully, collaboratively and with humility in the face of complexity.

To those who worry about coercion, I would say that the greatest risk of coercion is under the status quo. Today there are no checks, no panels, no oversight. We do not know who is choosing freely because there is no system to ask and no conduct to examine. We have heard the argument about a slippery slope, and I would say this. This law is very tightly drawn. There is no constitutional pathway here for expansion by stealth.

[Kit Malthouse]

Any change would require this House—us—to decide again. It cannot drift. It cannot slide. It is anchored in law and in the authority of this place.

To those who talk about misdiagnosis, I say that the Bill requires two independent doctors, clear clinical criteria and a final check at the point of delivery. Even then, the person must still be mentally competent and willing at every step. The answer can be no, but at the last—at last—there will be the possibility of a choice. To those who ask, often movingly, what if the patient lives longer than expected, I would say, “Good—they live.” This law does not force a single death. It simply allows a dying person to decide when enough is enough.

Madam Deputy Speaker, I will finish with this.

I have sat with dying friends. I have watched the slow unwinding of bodies that once held vigour, humour and pride. I have seen families trying to honour the unspoken wishes of someone too far gone to speak. Finally, I will say this. We do not honour life by prolonging suffering. We honour life by giving it meaning and power. The one thing that dying people ask for in their agonising final moments is control over the disease that is destroying them. The status quo, my friends, is completely unacceptable. Whatever you think of the Bill, it is indisputable that it is an improvement on what we have now, and I urge you to support it.

12.24 pm

Kevin McKenna (Sittingbourne and Sheppey) (Lab): I thank everyone who has contributed to this debate, both inside and outside the House. There has been a great deal of passion, and sometimes that passion flares up while we debate this really intense and personal subject, and obscures the deep and profound compassion that we all feel. How each of us faces death is deeply personal, and the decisions surrounding it must honour every individual’s dignity and choice. Our goal must be to ensure that all patients are protected, while we empower people at their end of their life with greater autonomy and agency to make the choices that are right for them.

Having spent many years as an intensive care nurse in the NHS, I have witnessed the realities of end-of-life care countless times. I have seen patients find peace in their final days, but also patients who have been unconscious or unaware that their death was coming. I have seen others endure pain and anxiety that no palliative intervention—none—would alleviate for them. Those experiences have deeply influenced my perspective on assisted dying. They have reinforced my belief that individuals should have the autonomy to make decisions about such a personal and profound part of their life—the end of their life. That is fundamental to dignity at the end of life.

Consent must always be freely given, fully informed and revocable at any time, as it is right now for anyone who agrees to, or decides not to, undertake onerous, painful treatment that medical and clinical staff say might save or extend their life. Every one of us can refuse treatment. It is so important to understand that, because we have had lots of discussion about coercion. I have to lay it out for the House: there is a lot of coercion in the system currently. Well-meaning families and clinicians provide a degree of coercion. Clinicians, clinical teams and multidisciplinary teams are set up to

try to detect that, and to have conversations with patients to get to the nub of their real wishes. I have a lot of faith in my clinical colleagues, and I have faith that this happens, as a result of collective action by multidisciplinary teams—that is how healthcare works today. I am really pleased that after extensive debate on this Bill, particularly in Committee, we have gone from a judge making the decision to having a panel, because that reflects best practice in clinical work. We now have a multidisciplinary team and a multidisciplinary approach to assessing what the patients wants.

Calum Miller: Will the hon. Member give way?

Kevin McKenna: No, I will not.

Many colleagues have talked about whether this debate has been too short, too long, too complicated or not complicated enough. I have heard questions about whether the Bill is ready to for us to hand on to the House of Lords. To be clear, I believe that it is. It is really important to remember that we have been debating this issue not just during this Parliament; the debate has gone on for decades. I remember being taught by a really strong advocate for palliative care when I was a student nurse; he was dead set against assisted dying. His argument was that if we bring in assisted dying, it will mean that palliative care will never get the funding and resources that it needs—something that so many people have said. That was nearly 30 years ago, and we have not grasped that nettle as a country.

At the end of this debate, I really hope that we can finally bring to fruition the ambition of almost every Member of this House: the ambition to ensure that palliative care works and is accessible to everyone in this country. However, if we do, that is not a reason not to have assisted dying. Assisted dying is the choice of many people in this country, and I want it to be a choice for me. If I get to that point in my life, I want that choice available to me, and that will be true for some other Members. Still others do not want to ever have that choice, but it needs to be there. I want people to think about themselves as well.

Pippa Heylings (South Cambridgeshire) (LD): Will the hon. Member give way?

Kevin McKenna: I will not.

It is important to think about ourselves as well. Sometimes we Members of Parliament think it selfish to think about what we may need, but it is fundamental, because this is about individuals. This is about each of us at the end of life.

The Bill is much stronger than it was at the start, and I was already convinced that it was the right thing to vote for. I really think it is ready for us to hand on to our colleagues in the other place. Many members of the public are behind us, and I commend the Bill in its current form. I will vote for it on Third Reading, and I hope many other people will too.

12.29 pm

Gavin Robinson (Belfast East) (DUP): It is a pleasure to follow the hon. Member for Sittingbourne and Sheppey (Kevin McKenna), though I will reach a slightly different conclusion from him. Although she is not in the Chamber,

may I remark on the principled stand taken by the hon. Member for Lewisham North (Vicky Foxcroft), not only today but in her decision last night? I think it will stand her in good political stead.

My colleagues and I will vote against Third Reading, and that should come as no surprise to Members in this House. We do not do it from a party political perspective, though we will all act as one party, and we do not do it because of a Whip. We will act as one out of our common but personal faith. We are assured that our beliefs will not be a determining factor today. In parliamentary terms, we understand that just because we hold a view, it does not mean that everyone in this Chamber will hold it, and our votes are equal.

The question before us today is not on a principle; it is on this Bill. We heard Members say very clearly and forcefully on Second Reading that they wished to start the parliamentary process to see how the Bill would evolve, how it could be strengthened, and what safeguards could be put in place. We are assured that the Bill is in a worse position today than it was on Second Reading.

We heard 61 Members specify that there should be judicial involvement in the process. Another 20 articulated their support for this legislation on the basis of legal safeguards that have now gone. We have been honourable in listening, but honourably we have to reflect that the Bill is not where it should be; that the assurances offered on Second Reading have been removed; that the balance promised in Committee is not there; and that the protections offered and suggested have been stripped away.

Just yesterday, a constituent told me that when she was diagnosed with cancer for the first time, she approached the matter with a determination that surprised her, and she survived. When she was diagnosed the second time, she approached it with despair, and had this Bill been available to her, she would have availed herself of its measures. She would have satisfied the conditions on the basis of medical advice at the time. She told me this story yesterday, and that diagnosis was in 2012.

The quote I shared on Second Reading is as true today as when it was first said 120 years ago:

“Medicine is a science of uncertainty and an art of probability.”

There is nothing that can be determined to the point of legal certainty—or, from our perspective, moral certainty. I say to colleagues across the House—not those who, like me, have a defined and determined position, and a principled position from which we will not yield, but those who are actively thinking about what to do today—that the parliamentary process has not served us well. Whatever time it takes, the House of Lords will debate and vote on each and every amendment. We were not allowed to, and did not.

To the socialists in this Chamber, I say: you speak proudly of the values of the NHS and the values of welfare, and you want to stand up for those principles, so think about what you do today. To the internationalists, I say: it is not in your tradition to turn the other cheek or walk on the other side of the road. You do not turn your back on the weak and the vulnerable, the oppressed and the burdened, so please do not do it today. This Bill and your say on it will be final, but it will be final in a much more fundamental way for our constituents and our loved ones throughout this United Kingdom. I ask

you to approach this Bill and your perspective on it on the basis of your principles alone.

To the trade unionists, I say: what do the trade unions say? Royal college after royal college has expressed its concerns, fear and trepidation; they have said that they will not stand over their members when it comes to this Bill, but they have concerns. We do not need to think in the abstract. In this Chamber, we voted for medicinal cannabis. How many medicinal practitioners are prescribing it? They are not, because their trade unions and their governing bodies do not support them or insure them in that endeavour.

This Bill is not what has been outlined, not what has been promised, and not as good as this Chamber could make it. I hope that colleagues reflect honourably on what they have said, not only on Second Reading, but to themselves. On the basis of the principles that many colleagues hold dear—principles of socialism, internationalism or trade unionism—I hope that they will do what we will do, and vote for light, hope and life.

Several hon. Members *rose*—

Madam Deputy Speaker (Ms Nusrat Ghani): Order. Colleagues can see how busy the Chamber is, and will understand that not everybody will get in, but if speeches are longer than five minutes, even fewer colleagues will get in. I call Dr Beccy Cooper.

12.35 pm

Dr Beccy Cooper (Worthing West) (Lab): I thank colleagues across the House for bringing thought and sensitivity to the debates here and in Committee. I often think that this place does not show the best of us, but in proceedings on this Bill, I have heard considered debate; people have listened to each other set out both sides of the argument. As a new MP, I reflect on how this place legislates, and how it could evolve and improve, and I think that this Bill brings learnings.

Assisted dying was never going to be an issue without controversy, and there has been much to consider. I will take a few minutes to outline why, as a medical doctor specialising in public health, I am supportive of the Bill. I will include brief reflections on safeguarding and the provision of end-of-life care that have been raised by my constituents.

Jim Dickson (Dartford) (Lab): My hon. Friend speaks of the views of constituents. At a very well attended public meeting of my constituents just before Second Reading, one key question they wanted an answer to was how the Bill could prevent vulnerable people from being coerced into taking a decision to end their life. Does she agree that as the Bill has gone through Parliament, it has been strengthened with safeguards against coercion, and that the impact assessment says that through the Bill, we would have the strongest safeguards of any jurisdiction in the world?

Dr Cooper: I agree with my hon. Friend, and I will come to that point later.

In public health, we focus primarily on prevention care for the population. In other words, we take decisions, using the best available evidence, that have the potential to impact the health of thousands, if not millions, of

[Dr Beccy Cooper]

people. There is almost always a trade-off in these decisions. Quite often, one sees the label of “nanny state” thrown our way. That is because we deal with choice and freedoms on a population level.

When considering this Bill, I asked myself: which population is this legislation for? What are the needs of this population? What freedoms and choices are we being asked to legislate for? As for the people for whom the Bill will be relevant, it is a narrowly defined population who I can clearly see have specific needs. That is to say, it is people coming to the end of their life with a terminal illness. In public health, at this point in our consideration we are often met with—we have already heard about this—the slippery slope argument: “If you legislate for this group of people, it won’t stop there.” However, the criteria for someone to be considered for assisted dying are clear in the Bill. I have heard from constituents who think that the criteria are potentially too narrow, but that is not what is in front of us today, and any change by future Parliaments will have to go through another legislative process.

Looking at the needs of the population for whom the Bill is relevant, numerous concerns have been raised in this area, both from a safeguarding perspective and in the provision of end-of-life care. Constituents and fellow parliamentarians have voiced unease at the thought of coercion in this space—that is, if a person meets the criteria for the Bill but does not wish to access assisted dying, will they be coerced into doing so by a person or persons with malign intent? In public health, we often refer to this balance as the precautionary principle; we are supportive of people having a choice, but we need to be satisfied that the risk of harm is minimised. In the context of assisted dying, this translates into taking extra precaution to ensure that legislation does not lead to unintended consequences and abuse, and there has been much debate on this.

The concerns that have been raised are reasonable and valid, but I think they have been met with reasonable responses in the Bill. Safeguarding measures have been specified, including clinician awareness, support and training; referral mechanisms for any concerns; multidisciplinary board oversight; a specific disability advisory board; independent advocates; and multiple discussions to assure all parties that the person has come to the decision of their own volition.

Turning to the second area—the needs of this population—end-of-life care is a profound professional commitment for the people who provide it. My heartfelt thanks go to the healthcare teams in my constituency who have reached out during this process to tell me extraordinary stories of compassion, joy and hope brought to people in their final days. They have also reinforced the fact that excellent end-of-life care should be a standard offering in our healthcare system, and that this is not currently the case. As with public health, end-of-life care is often seen as a “nice to have”, rather than the essential part of our health system that it actually is.

Josh Fenton-Glynn (Calder Valley) (Lab): I have the pleasure of sitting with my hon. Friend on the Health and Social Care Select Committee. I am well aware, as she is, that palliative care is not where it should be. That is one of the reasons I am voting against this Bill today,

because we know—as my hon. Friend knows from her public health lens—that there are social determinants of health. Surely, we cannot vote for measures today that would lead to a social determinant of an early death.

Dr Cooper: I thank my hon. Friend for his intervention, but this Bill is not about negating end-of-life care. If anything, it is shining a spotlight on it and saying that care, dignity and choice at the end of our lives should be afforded to us all.

That brings me to my final thoughts on legislating for choice—our freedom from and freedom to. Currently, if a person would like to choose assisted dying, that choice is only open to them if they have sufficient financial resources. This is an equity issue: if a person is financially poor, terminally ill and nearing the end of their life, they do not have the freedom to choose assisted dying. That does not mean, of course, that they would, but this legislation will allow an equitable choice for this defined group of people. Much of public health is determined by legislation, and the underpinning premise is that we are creating a safe environment for a population, within which individuals can make their informed choice. I think that this Bill creates those conditions, and therefore as a public health physician, I am satisfied that I can vote for it.

Ultimately, a good death is something that we all want for ourselves, and for those we love and care for. My vote for this Bill is based on the arguments I have laid out today, but my broader vote and voice will always be for compassion, understanding, and continuing constructive dialogue to ensure we do our best to improve the lives of the people we serve until their dying day.

12.41 pm

Tom Tugendhat (Tonbridge) (Con): Many points have been made already today, so I will not cover them all. Briefly, I associate myself with the words of the right hon. Member for Belfast East (Gavin Robinson), whose powerful speech summarised the points that many of us wish to make, and those of the hon. Member for Vauxhall and Camberwell Green (Florence Eshalomi), whose questions have got to the heart of this matter.

This Bill is about many different things, but fundamentally, it is about two: power and trust. It is about the power over life and death, not just over ourselves, because we already have the power to end our own lives—it is called suicide. It is not a crime, and has not been a crime in this country for decades. The Bill is about a different power: the power of the state through its agents to exercise power over life and death. Yes, the exercise of that power will be agreed and approved of in advance, but when the state takes a life, even with consent, that is a huge shift in the relationship between the individual and the state. It is a transformation in the way in which power lies, and we should be fully conscious of what is being done.

That is why this debate, frankly, needs a little more honesty. We have heard the blandishments and the warm words of euphemism; we have heard this called assisted dying, but the truth is that it is not assisted dying. Assisted dying is what a hospice already does today—helping people, caring for them and supporting them. This is assisted killing or assisted suicide, depending on which word we choose. Honesty in language is important.

If we are not even willing to be honest with ourselves in this place, how on earth can we expect the courts to consider the questions we have debated when they have to look at these cases?

I say to all right hon. and hon. Friends—in a debate like this, we are all friends, because we are all seeking the right answer for our country—that this is the last time we are going to talk about these questions. This is the last time that we are going to have actual authority over the words in this Bill, and no matter what interviews we have heard and no matter what assurances we have been given, today or over the past few weeks, the only thing that matters is the words in black and white in the Bill. Those are the words that will be interpreted by judges for years to come.

Paul Waugh (Rochdale) (Lab/Co-op): Will the right hon. Gentleman give way?

Tom Tugendhat: I will not.

Those are the words that will give powers to Ministers and to the Secretary of State to exercise his or her discretion with the most cursory of oversight from this place.

Let us be absolutely clear on what we are choosing to do. Let us be absolutely clear that it is on us—it is our responsibility—to think not just for those who have options and power, and those who will not be intimidated, but for those who will be. We must think of the weak and vulnerable, to whom the Mother of the House referred, and for the communities in our country who already do not trust the health service, reject vaccination, choose not to come early for cancer diagnoses and already have the worst health outcomes. We need to think of them. Choosing to make that gap greater is not just enabling someone to access care, but actively rejecting others in our community who should seek care but will not because of the fear this will raise in their hearts. We need to think really hard about that.

To those who say that there will be no change and that, “This is it; there can be no further change,” I say that the closest legal equivalent to this legislation is the Canadian legislation. The closest legal equivalent to us is the Canadian Parliament. The closest equivalent to the national health service is the Canadian health system. I therefore give you—

Kim Leadbeater: Will the right hon. Gentleman give way?

Tom Tugendhat: I am not giving way. *[Interruption.]* The hon. Lady has spoken for many hours; I am speaking for five minutes.

The experience of Roger Foley, a Canadian living with a degenerative condition, warns us:

“As Canada has expanded its assisted dying law, I have faced neglect, verbal abuse, and denial of essential care. I’ve been told my care needs are too much work, and my life has been devalued. Worse still, I have been approached and told by healthcare staff to consider opting for Medical Aid in Dying. Instead of offering compassionate support to alleviate my suffering, it is suggested...that I should end my life.”

Sadly, this is not the only example we have heard of this; we have also heard of veterans with post-traumatic stress disorder and others with limiting conditions. Today, sadly, we have even said that those who merely feel pressure are allowed to access this service.

Members have a real choice today. When that first 18 or 19-year-old—that first individual—goes and asks for this, it will be we who made that decision. It will be on our consciences. It will be a decision that has fundamentally changed the relationship between the individual and the state in a way that can never be reversed.

12.48 pm

Jen Craft (Thurrock) (Lab): I rise to speak in opposition to the Bill. Today, we are voting not on the principle of assisted dying, but on a piece of legislation. We do not exist in a vacuum; what happens in this House has real-world consequences.

I am all too aware of how unequal our society, our medical system and our institutions are in their treatment of disabled people. My hon. Friend the Member for Lewisham North (Vicky Foxcroft) spoke at length, very movingly, of her journey towards finding that she could not vote for the Bill due to her experience and prolonged engagement with disabled people and disabled people’s organisations.

I know from my own experience that the value our medical establishment places on certain lives is less than on others. When I was given the diagnosis of my daughter’s Down’s syndrome, the first thing the midwife said to me after, “I’m so sorry,” was, “I can book you a termination within 48 hours.” That is a choice that so many women make because they are ignorant of the value of disabled lives. I have had to fight for so many things for my daughter, because the establishment does not see her life as valuable. In this country, someone can terminate a pregnancy up to 39 weeks and six days if they have a condition that is so horrific, such as Down’s syndrome, cleft palate or limb difference, because of the value we place on different lives.

I support the principle of assisted dying, yes, but I cannot support this Bill because we cannot legislate against discrimination and we cannot legislate out inherent bias. What we can do is legislate for safeguards and for safety. We can legislate over those treating the people we love and over those offering assisted dying. We can legislate to make sure that the most vulnerable in society, such as my daughter—people who I know the medical establishment and institutions and society already view as second-class in so many ways—do not have to face a decision after being coerced or given bad advice. As my hon. Friend the Member for Bexleyheath and Crayford (Daniel Francis) has been at pains to point out to me and others, we do not have the adequate safeguards in place.

Melanie Ward: Will my hon. Friend give way?

Jen Craft: I am afraid I will make progress, but I thank her for her interruption. *[Laughter.]* Her intervention, my apologies. We have been told that there are panels that will provide a safeguard and take into account all of someone’s circumstances, and whether they have capacity. However, those panels may in exceptional circumstances—the Bill does not set out what those are—opt not to even meet the person whom they are discussing. We know that the panels do not allow for family members and carers and those who know that person—if they have limited capacity, a learning disability or are unable to make certain decisions themselves—to play a role in that process or have any right of appeal.

[Jen Craft]

My plea to Members across this House, if you have not yet decided or if you think, “I support this in principle, but I am concerned about this, have worries about this or think that might be okay,” is that it is not our role to send a Bill to the other place and out into the world, hoping that others will do our job for us and that it will all just come out in the wash. That is a dereliction of our duty as Members of Parliament. If you have any concerns about this Bill, now is the time to vote against it. You must do that. You must not think that someone else will do your job for you. It is our decision. That is what we are voting on today. I urge all Members of this House to vote against this Bill.

12.52 pm

Luke Taylor (Sutton and Cheam) (LD): It is an honour to speak in this important debate on an issue that exemplifies why I chose to get into politics and come to this place: to be part of big decisions, taken in tune with public opinion, listening to evidence, and with the goal of making our residents better off. I have no doubt that all right hon. and hon. Members here today intend to make their residents better off, but in this case, tragically, better off means suffering less and giving them agency in the most painful moment of their lives.

This Bill addresses a situation where the status quo is utterly unacceptable. I hope that we can all agree in this place that we have heard heartbreaking stories from the families of those who have watched a loved one die in pain or of the fear of someone with a terminal diagnosis facing the prospect of an agonising death. The choice we have with this legislation is whether we choose to do something about that status quo or not. Rejecting this Bill, imperfect as it may be, will continue the pain of those who are let down by the current laws. They are guaranteed victims of a system that is letting them down.

Patricia Ferguson (Glasgow West) (Lab): Will the hon. Member give way?

Luke Taylor: I will make some progress, thank you. I start by making the somewhat unusual case that this issue, for which we are gathered here on a Friday, giving up bake sales and constituency surgeries, is not quite the big deal it has been whipped up to be by both proponents and opponents. I do not believe that we are considering a fundamental change in the relationship between doctor and patient, or seeking to change the relationship between the state and the individual. I do not believe that we are stepping on to a slippery slope or unpicking the very purpose of the NHS, as some have suggested. We are here simply to give those who already face terrible decisions—doctors, patients and their families—a real choice of how to face those decisions, and protection in law for choices that are already being made today.

Josh Fenton-Glynn: Will the hon. Member give way?

Luke Taylor: I will make some further progress.

This Bill would simply give the choice to those who will die—and those eligible will die soon—on the manner and timing of their death, and it would protect doctors

and families from legal repercussions at such a tragic time. This is not a Bill about the choice between life and death; it is about the choice, should we want it, of how and when we will die. This is the ultimate choice. We speak sometimes of the right to choose, of the right to decide how one might bring life into this world, a debate about which on Tuesday this Chamber showed that there is a huge majority in favour of the right of the individual. We have a chance to neatly bookend the week by establishing the existential right of the individual, when given a terminal diagnosis, to choose how one might exit this earthly realm.

Tom Hayes (Bournemouth East) (Lab): Will the hon. Member give way?

Luke Taylor: I will make some progress.

Today, due to the extraordinary courage of the hon. Member for Spen Valley (Kim Leadbeater), who has given us a once-in-a-generation opportunity for this place to catch up with public opinion, I truly believe that we can take one more step forward towards regaining public trust and confidence in the system. When public polling shows overwhelmingly time and again that the public back the change—between 70% and 75% in the latest polls released—I implore those on the fence to at least listen to public opinion, if not my words.

Tim Farron (Westmorland and Lonsdale) (LD): Will my hon. Friend give way?

Luke Taylor: I will continue.

Nothing I say, however, is intended to simplify the issue, and I acknowledge the fears of many that the palliative care sector is not funded sufficiently for there to be a rational and viable choice between managed care at the end of life and the choice to end one's own life. I therefore welcome the inclusion of amendment 21, which matches my priority of the improvement of palliative care.

Madam Deputy Speaker (Ms Nusrat Ghani): Ahem.

Luke Taylor: In conclusion, in the heart-wrenching words of Decca Aitkenhead, who wrote in *The Times* last week, and which I found particularly moving:

“critics of the bill have begun to frame the debate as if leaving the law as it stands does not hurt anyone. It does.”

She said that opponents

“worry about speculative, hypothetical victims—but the status quo creates indisputable, real life victims”.

Pippa Heylings: Will my hon. Friend give way?

Luke Taylor: I will not, sorry—I am close to closing. She went on to say:

“The bill's opponents portray it as cruel, heartless and macabre. I wish they could have sat at”

—her friend—

“Charlotte's bedside, heard her groan, “Let ... me ... die”, and seen what cruel, heartless and macabre actually looks like.”

This Bill is the right thing to do. It has been scrutinised, amended and debated. This Bill is ready. Please vote in favour today to give our residents a choice.

Madam Deputy Speaker: If colleagues do not want me coughing at the end of their speech, it is best to keep them under five minutes.

12.57 pm

Maureen Burke (Glasgow North East) (Lab): This House has heard many personal stories over the course of the Bill. Seeing a loved one die a long, protracted death is not an experience that I would wish on anybody, but once it has happened to you, the memory never fades. There are many important technical, legal and medical aspects of the Bill that are essential to ensure that it operates in the safest way possible, but supporting the principle of personal agency over a dignified death comes from the heart and from the personal experiences of each and every one of us.

I am aware that the Scottish Parliament has its own legislation in progress on this very difficult issue, but I wish to share my own story with the House to help in the decision that it must take. My brother David was 52 years old when he arrived at work one day and the manager on the shop floor told him that he looked pale. He had worked a tough, physical job for 30 years and was a strong, full-of-life man. His manager was so concerned at David's pallor that he took him straight to the hospital. After two weeks in hospital, he was given the devastating diagnosis of an advanced stage of pancreatic cancer.

Over the next 18 months, David tried everything he could to stay alive. However, after an unsuccessful operation to try and remove the cancer, and taking part in trials for new drugs, he slowly began to lose mobility. The last few months of his life were lived at home in a hospital bed. The strength and resilience of his wife, Jackie, to take care of him day in, day out remains an inspiration to me.

As David's health declined, his painkillers were increased further and further. His painkillers became so strong that he could no longer speak, and we did not know if he could hear us. His body became skeletal and his speech gradually disappeared. In one of the last times when he still was able to speak, he called out to me from his bed and told me that if there was a pill that he could take to end his life, he would very much like to take it.

David would suffer in silent pain for a further three weeks. He could never have known that I would ever have the opportunity to stand in this place and ask colleagues to make sure that others do not go through what he went through. I have done right by my brother by speaking here today. What David needed was a humane, safe and trusting process available to him at home that would give him agency over his last weeks and months. That is what this Bill offers. That is the choice that this House is finally today in a position to give to those suffering from a terminal illness, and I commend the Bill to the House.

1.1 pm

Sir Jeremy Wright (Kenilworth and Southam) (Con): It is a privilege to follow the hon. Member for Glasgow North East (Maureen Burke) and many others who have given brave testimony of their own personal experience in this matter. I join the tributes to the hon. Member for Spenn Valley (Kim Leadbeater), who I think has conducted herself with decency, dignity and compassion throughout

this process. But I have heard her and others say that the decision we have to make today is whether or not we are in favour of the status quo, and I respectfully disagree. Our job as legislators is to consider rigorously the proposed legislation before us, and those who propose it bear the burden of persuading us that this is the right change to make, and not a change that may bring problems as big or bigger than those we are trying to solve.

I have spent nearly 30 years in this place that makes our laws and practising in the courts that administer them. I have had ministerial responsibility for sentencing and for the Crown Prosecution Service. I have faith in our system of laws, but I have also seen the limitations on our ability to avoid the negative consequences of the laws we make, however hard we try.

So very often the legislative decisions we take are about a balance of risks. In this case, the risk of not changing the law is that we leave some of our constituents in pain where it could be avoided, and expose their loved ones to the fear of prosecution for acts of love and mercy. I acknowledge that risk, and I have felt the anguish and desperation of those who want this Bill to pass for the very best of motives. But good people can come to different conclusions on the balance of risks here, and I think that we take a bigger risk in changing the law. That is because of the signal we send in the legislation we pass.

Signals sent by changes in the law matter. When Parliament changes the law, it brings consequences for those who break the new law, but it also intends to change behaviour. Creating new criminal offences, increasing maximum sentences or even strengthening regulations are acts that we hope everyone will take notice of and behave differently as a result, because they recognise that Parliament, on behalf of society as a whole, is signalling its disapproval of certain actions or practices. If that is true for legislation that makes unlawful what was previously lawful, why should the same not be true for legislation that makes lawful something that was previously unlawful? We are sending a signal there too: that society, through Parliament, believes that something we used to think was unacceptable is now acceptable—in this case, that assisting someone to die is now something of which we approve. I believe that is bound to have an impact on those who, in great distress at the end of their lives, may already be thinking that it would be better if they were out of the way.

I do not want to live in a society in which anyone, including the terminally ill, is encouraged in the belief that their life is not valuable and valued to their very last moment. Though it is not its intent, I fear that the Bill brings such a society closer. That is why I cannot support it.

1.4 pm

Preet Kaur Gill (Birmingham Edgbaston) (Lab/Co-op): As we consider whether to put the Bill into law, we must reflect on our solemn duties, as legislators, to protect the wellbeing of our communities and safeguard them from harm. There has been much debate about giving people choice, about what happens in other jurisdictions, and about matters of faith and principle. I have heard from nearly 1,000 constituents, the vast majority of whom oppose the Bill for a range of reasons.

[Preet Kaur Gill]

I, too, opposed the Bill on Second Reading, and I set out my concerns, including those of principle, as well as major concerns about safeguarding. As a former children's services manager with more than 18 years of frontline experience, I believe that, far from issues of safeguarding being improved in Committee, many of the provisions have actually been weakened.

My concerns are similar to those of the right hon. Member for Chingford and Woodford Green (Sir Iain Duncan Smith): the High Court-stage safeguard was removed from the Bill—fundamentally altering the basis on which Members voted on Second Reading—and the panels that replace the Court's approval and the voluntary assisted dying commissioner who would oversee them are new and untested concepts. They would not have the powers or functions of a court or tribunal, they would not be required to question witnesses and they could not compel them to attend. The doctors who would assess people's capacity and freedom to choose an assisted death would not give evidence under oath, and nobody would cross-examine them.

The new assisted dying commissioner would run the assisted dying system and, at the time, be responsible for monitoring, investigating and reporting on its work, replacing the role previously given to the independent chief medical officers. The very definition of "terminal illness" has proved to be seriously flawed, because it would allow people with anorexia to qualify once their physical condition deteriorates.

Amendments were tabled in Committee to introduce an enhanced test of a person's mental capacity to make the choice to die. On Second Reading, hon. Members were assured that the existing law, in the Mental Capacity Act 2005, was tried and tested, yet in February the chief medical officer wrote to the Committee to clarify that there is no enhanced test for life and death decisions under this Act.

The Committee also voted to allow a future Health Secretary to change at will the Act of Parliament that established the founding principles of our NHS—the language that first passed into law in 1946. The NHS was established

"to secure...the physical and mental health of the people of England...and the prevention, diagnosis and treatment of illness."

However, because that does not include assisting people to take their own lives, the Bill, as amended, now contains a power for those foundational words to be changed by secondary legislation.

Following the Committee stage, I chaired a session titled "Committee of the Unheard" to hear from experts who had not been invited to give oral evidence in Committee. We discussed the impact of excluding family and loved ones, as is this Bill's position. Importantly, the committee allowed us to explore issues around people with disabilities, people from other jurisdictions—specifically Canada—and black, Asian and minority ethnic communities. Had the Committee received that oral evidence, it may well have come to different conclusions.

Finally, the Bill has highlighted the promise of choice. For choice to be real, there must be genuine options to choose from, but what has been highlighted is that palliative care provision is woefully inadequate, and that the worst served are also the most disadvantaged,

from the most deprived communities. Worse, should the Bill come into force, the provision of palliative care is likely to be compromised if hospices have no legal right to opt out of assisted dying. No such opt-out is proposed in the Bill.

That brings me back to our role as legislators. The question for us now is this: after all the consideration, can we be satisfied that our duties to protect people's wellbeing and safeguard them from harm will be fulfilled if we pass the Bill? From everything that I have seen, heard and read, the answer must be no.

1.9 pm

Mr Peter Bedford (Mid Leicestershire) (Con): On Second Reading I spoke in support of the principle of the Bill, because I believe that freedom of choice, especially at the end of life, should always rest with the individual; that it is the individual with a terminal diagnosis who is best placed to decide when it is their time to slip away.

As a society, we do not talk about death enough—it is one of those subjects that we shy away from—but thousands of our fellow citizens each year must come to terms with terminal diagnoses, their medical treatment and their final days. I put on record my thanks to the hon. Member for Spen Valley (Kim Leadbeater) for the way that she has conducted the debate. I know that it has been difficult at times, particularly with the criticism coming from outside this place.

Voting for the status quo—voting against the Bill—will not solve the problem. Indeed, with the advance of medical techniques that prolong life but not necessarily the quality of life, the case for the compassionate ending to one's life will continue to grow. At least one Brit every week is taking the stressful and too often lonely journey to Switzerland for an assisted death at the cost of £12,000. To decide the time of one's own death is an option only available to those who have the wealth.

Mr Lee Dillon (Newbury) (LD): Will the hon. Gentleman give way?

Mr Bedford: I am not giving way. As a supporter of the Bill, I have listened to the debate closely and I agree that we need better palliative care across the UK. My own grandparents were both superbly supported by amazing Macmillan nurses in their final weeks battling incurable cancers. But I recognise that this support is not universal across the country, and that more needs to be done to improve this important service. The blunt truth of the matter is this: if someone is dying from an incurable condition, they could have the best palliative care possible, but ultimately they are still dying.

In her final weeks, my nan told me that it was her time to go, that she had made peace with her God, and that she did not want to endure the next few weeks of decline in her physical and mental health. Days before her death, she was hallucinating from the high dose of medication to treat her pain, telling me vividly how she was flying a spaceship. That was not how she wanted to spend her final weeks, and I know that because she told me so. She, like so many others, had been denied her final wish.

The legislation has received far more scrutiny than much of what we vote on in this place—and rightly so. The 28 Public Bill Committee meetings interviewed

40 witnesses, and divided 110 times on proposed amendments. As a country we have been debating this subject for over 20 years. I can recall as a 16-year-old law student discussing the case of Diane Pretty, and her campaign back then to change the law. I believe the Bill as presented is narrowly defined, with the necessary safeguards to ensure that those with a terminal condition can freely choose the time of their own passing.

There are those in this House, often through religious beliefs or otherwise, who could never support a Bill of this kind. That is their right and I respect that. But that right should not extend to denying the choice to other people. There are those who argue for what they see as even greater safeguards, but we should remember that legislation must be balanced and workable in the real world beyond this Chamber. The Bill is not about shortening life; it is about shortening death. I ask all hon. Members across the House to support it.

1.12 pm

Dame Chi Onwurah (Newcastle upon Tyne Central and West) (Lab): In general, this debate has shown Parliament at its best: informed, considered and passionate. I have not spoken in it before; I have listened, reflected, read, and sought to understand the intention and the impact of the Bill, particularly on the most vulnerable. I will now take five minutes to say four things.

First, I was brought up on the right to die. My mother, who was disabled, often in great pain and a cancer survivor, was a member of the Voluntary Euthanasia Society and Exit, as Dignity in Dying was previously called. I can honestly say that Newcastle United, feminism, and the right to die were mother's milk to me. My position is not based on ideological, cultural or religious reasons.

I urge colleagues not to vote for the Bill, because it is without the rigour or scrutiny necessary to make assisted dying work in practice. I have a great deal of respect for my hon. Friend the Member for Spen Valley (Kim Leadbeater) and the Minister for Care, my hon. Friend the Member for Aberafan Maesteg (Stephen Kinnock). They have said that the Bill has received more scrutiny than most Government Bills. But this is not your average Bill. It fundamentally changes the relationship between state and citizen. It allows the state to take the life of a citizen. Yes, it is on request, but that is still a huge change.

We say that it is the first duty of any Government to keep our citizens secure. But now the state will also be able to kill them. Our NHS was set up to secure improvement in physical and mental health, and as my hon. Friend the Member for Mitcham and Morden (Dame Siobhain McDonagh) has so powerfully argued, the Bill could change the founding principles of the NHS. Clinicians are trained to save lives; now, they will also be able to kill people. The job of our police and armed forces is to protect life and liberty; now, they will also protect those who take people's lives.

Because this marks a fundamental change in the relationship between state and citizen, it requires much more public and parliamentary debate. We have not even begun to interrogate all the social implications of this change. All of human life is here. It will change the ethos of the NHS. It will enable private companies to kill private citizens. There will be an information campaign so that everyone is aware that the state is able to kill them.

Paula Barker (Liverpool Wavertree) (Lab): Will my hon. Friend give way?

Dame Chi Onwurah: No, I will not take any interventions, thank you.

I particularly fear the impact on the most vulnerable and disadvantaged—those without the social capital of so many arguing for the Bill. There seems to be an assumption that those who have been most unequal in life will suddenly be rendered equal in death, but the least valued by society are often those who value themselves the least. We know that the last year of life is so often the most expensive for the NHS and the most distressing for friends and family; why not save everyone the trouble of being a burden? This Bill lacks the safeguards, which we must have, to deal with the reality that there are powerful economic and personal incentives for both the state and family members to encourage the vulnerable into taking their own lives.

We should specifically consider the impact on ethnic communities: we know the prism of racist assumptions through which healthcare has too often been administered—the huge inequalities in maternal health and mental health, to name just two examples. There is nothing in this Bill to protect the vulnerable and those whose experience of life and death has already been biased.

Finally, to vote against this Bill is not to accept the status quo. It is not our job now to propose a better Bill—that was on Report and at Committee stage—it is our job to judge the Bill as it is, and that is why I say to hon. Members, please, do not vote for this Bill.

1.17 pm

Nigel Huddleston (Droitwich and Evesham) (Con): It is always an honour to follow the hon. Member for Newcastle upon Tyne Central and West (Dame Chi Onwurah). Like many hon. and right hon. Members in this House, I have genuinely agonised over which way to vote on this issue, because I have changed my mind over the years, largely influenced by constituents coming into surgeries or informing me about their own deeply personal experiences. That includes horrific stories of seeing loved ones in their final days, but I also recall a lady whose mother did go to Dignitas. She said that it was a decision that she thought was absolutely right at the time, yet, since then, she has regretted helping her mother with that every single day of her life, and believes that she helped contribute towards her death. Therefore, these are very complex and deeply personal issues. I also respect the more than 1,000 constituents who have contacted me about this issue over the last few weeks.

I would also like to acknowledge the contributions of two people who I greatly admire: Dame Esther Rantzen and Tanni Grey-Thompson. I got to know Dame Esther Rantzen in unusual circumstances, when we stood against each other in Luton South in the 2010 general election. Well, it did not end well for either of us. Tanni Grey-Thompson, of course, I got to know very well as the sports Minister. They are on different sides of this debate, but I appreciate their contributions, which show that people can productively use their profiles and personalities in order to contribute to debates. However, I am afraid, Esther Rantzen, I do love you, but I respectfully disagree with you on this issue.

[Nigel Huddleston]

I know that every MP wants to do the right thing on this issue today. No one side has a monopoly on compassion. All of us want to make the right decision, and this is not an easy choice. Every now and again in this place, we have the awesome responsibility of making decisions that we know could ease suffering or could cost or save lives. This is one such decision—this is one such vote. If I am making such a choice—making a decision that will inevitably lead to the shortening of life—I want to be absolutely confident that I am doing so for the right reasons and that the risks and unintended consequences are minimised, and I am afraid that this Bill does not meet that high confidence bar.

Imran Hussain (Bradford East) (Lab): Will the hon. Gentleman give way?

Nigel Huddleston: I will not, out of respect for everybody else who wishes to speak.

At some point in the future, a Bill with different words, stronger safeguards and a more robust impact assessment, perhaps brought forward through a different parliamentary route, might pass that confidence test. This Bill does not. But it may well pass, and I have joined others in arguing and voting for enhancements to safeguards, particularly for the disabled, those with eating disorders or mental health problems, those who may feel that they are a burden and, of course, the vulnerable, who are exposed to the risk of coercion. I believe that some improvements have been made to the Bill, but not enough. I continue to have significant concerns about the potential for assisted dying to be abused and to be extended way beyond the originally intended scope.

Finally, I must mention one area of disappointment, in what has otherwise been an extremely respectful debate, and that is about the tone of some of the discussions and the somewhat dismissive attitude that has been expressed towards those with religious beliefs, as though such beliefs are not valid in this debate. They absolutely are. Those who express a belief in God and the sanctity of life should be respected, not sneered at. It is perfectly legitimate for religious beliefs to influence one's views on assisted dying. Otherwise, this debate has been largely respectful and has indeed shown the House at its best. Again, I would like to thank all my constituents who have contacted me. While I know that some will disagree with the decision and the vote I will cast today, I hope they recognise that I have tried to exercise my judgment carefully and in good faith, as indeed has every colleague in this House.

1.21 pm

David Burton-Sampson (Southend West and Leigh) (Lab): This is my first time speaking to the Bill, so I want to start by thanking my hon. Friend the Member for Spen Valley (Kim Leadbeater) for having the courage to bring forward such a significant piece of legislation. I thank all hon. and right hon. Members who have been part of the debate and who have worked on the Bill so far for their thoughtful contributions.

Until this week, I have remained open-minded and undecided on this Bill. My starting point in the debate was my own personal views. I am personally against assisted dying, because of my Christian faith, and for

selfish reasons also, as I am a little bit scared of losing people and being there at the end of people's lives. But, like all of us, I have received a significant amount of communication on this matter, so I, too, decided to launch my own local survey, in which I asked my constituents for their stance on the Bill: for, against or undecided. What became increasingly clear is that people are split on this issue. Fifty-five per cent of people were against, 42% were for and the remainder were unsure. That "for" figure is not insignificant.

I promised my very close friend Emma that I would share the story of her mum Cheryl, who was diagnosed with terminal stage 4 cancer just over two and a half years ago. Emma wanted to cherish every last minute of her mum's life, and she was outstanding at creating those special memories with her in the last year or so. Emma was against assisted dying at the time and wanted to do everything to keep her mum with her for as long as possible. Cheryl sadly died last year. Emma told me:

"I think if something like this was legal it would stop people having to go through what mam went through on those last few weeks of her life. She could have had a dignified, pain free death. Instead, all her dignity was stripped from her and she was in so much pain, despite the strong pain meds. I will never be able to forget the screams. I hope this does get passed to give people like mam the choice and to be in control."

Like, I am sure, everyone else, I have received similar comments from constituents about watching relatives fade away in pain and agony, suffering a lingering death and begging for it to stop.

Johanna Baxter (Paisley and Renfrewshire South) (Lab): Will my hon. Friend give way?

David Burton-Sampson: I will not, because I want other Members to be able to speak.

I supported the Bill on Second Reading, to allow the debate to move forward and with the hope of satisfying my concerns—the main two being the definition of mental capacity and how it can be interpreted, and the safeguards in place to ensure that an individual is not coerced. I also wanted assurances that the Bill is strong enough to avoid the slippery-slope scenario that we have seen in other countries. After listening to the debate on Report and absorbing the vast amount of information I have received from Members and various lobbying organisations on both sides of the debate, and after meeting people on both sides, including my hon. Friend the Member for Spen Valley, I am satisfied that my concerns have been addressed.

In my view, the Bill now has more controls than when we looked at it on Second Reading, not fewer. I also reject the suggestion that the Bill has not received sufficient scrutiny. The debate on assisted dying has been ongoing for many years. A significant amount of analysis, reports and information is available. The Bill has gone through hours of scrutiny in Committee and on Report, and it will, of course, go through the same in the other place.

I have spent time looking at all the information, and I am sure other Members have, too. I believe in choice. Although at this stage in my life, I believe that assisted dying is not for me, there are many who feel otherwise. They should be able to make this deeply personal choice, just as they can make choices about so many other elements of their life, such as whether to follow a religion, marry, have children or get divorced. These are

life choices, usually made by somebody of sound mind and with considerable thought. We should be able to make the same choices about our death.

After much consideration, I am minded to support the Bill on Third Reading. I will listen to the rest of the debate, but I must say that if Third Reading is not agreed to, we cannot allow the debate to disappear for another decade. The country needs this option. My constituents tell me that we need to find an acceptable way to legislate as soon as is practicable.

1.26 pm

Wendy Morton (Aldridge-Brownhills) (Con): This is the first time I have spoken in the debate, Madam Deputy Speaker, and I assure you that I will keep my comments short and respectful, and respectful of others. I am also conscious that none of us in this place underestimates the enormity of the decision that we face today. I do not believe it is a heart or a head decision; that over-simplifies a very complex matter.

I have no doubt at all about the sincerity of the intentions of the hon. Member for Spen Valley (Kim Leadbeater) in bringing forward this Bill, but I would just gently say that in this place, good intentions do not always yield the good results that we might all strive for. As I have monitored the progress of the Bill, I have continued to struggle with it, and nothing in it has changed my mind. The importance of these debates is monumental; that is underpinned by the literally thousands of comments and emails I have had from my constituents in Aldridge, Brownhills. Some have been writing to me on this matter since before the first debate at the end of November.

As the Bill has proceeded through this place, I have also struggled with the way that it has been likened to previous moral and ethical legislation; I would argue that the process is very different from that which went before. Hon. Members are correct that some of the most pioneering social legislation of the post-war period was introduced via private Members' Bills, most notably the Abortion Act 1967 and the Sexual Offences Act 1967, which decriminalised homosexuality. It would be remiss of me not to point out that both those Bills went through an extensive, Government-led public inquiry, which paved the way for legislation. A medical advisory committee, under the chairmanship of Sir John Peel, considered the Abortion Bill, and the Wolfenden committee considered the laws on homosexuality. I am afraid that advice is sadly lacking for this Bill. The Government have set up a wide range of policy reviews, and it would have been totally appropriate for such a review to have been sought on this matter.

Much has also been made in this debate of the idea that the Bill is a slippery slope, and that in the future the Bill will be extended and extended; that point is made because of what we see in other countries. As a modern society, we must come to terms with having a conversation and a debate on death. I do not believe that today has to be the end of that conversation, but I genuinely do not believe that the Bill is in the right place to go forward to the House of Lords, and I will therefore vote against it.

1.29 pm

John McDonnell (Hayes and Harlington) (Ind): Briefly, to those who are saying that our attitude is, "We'll debate the issues, but we'll send the Bill off to the other

place, for it to do our job," I say that is not what I am here for. I believe that we are here to debate this Bill. In fact, I want to abolish the other place.

Ten years ago, when the issue was debated before—I could not give my speech but my position was repeated by many Members—I agreed with assisted dying in principle, but thought that we did not have the safeguards available. However, today I will support the Bill, because measures relating to many of the issues raised in that debate have been built into this Bill—measures on how the assessments would be done, and measures to ensure that the panel includes psychiatrists, clinicians and others. Ten years ago, I did not argue for a judicial review, as I do not have the confidence in the judiciary that some hon. Members have. I wanted more experts, but at that time, the experts were split. They have always been split on the issue, and there will never be unanimity across the professions on the subject.

One issue to which I have paid careful attention was mentioned by my hon. Friend the Member for Lewisham North (Vicky Foxcroft). May I just say that I am so proud that she resigned over the benefits cuts? I know how difficult that was for her; she was my Whip—she was the nicest Whip I have ever had. She is right that the majority of the disability organisations—particularly the campaigning ones—are opposed to the legislation. That is why I tried to ensure that some of the issues that they have raised have been translated into the Bill. It was a huge breakthrough for this House to build in the disability advisory group, with representatives from a whole range of disability groups—including, I hope, Disabled People Against the Cuts, the radical group—that will advise on the implementation of the Bill.

Another issue raised was about whether the NHS is ready for the legislation. As I said 10 years ago, it will take years to build up that capacity, which is why the four-year implementation schedule is so important to me.

The choice is not between palliative care and assisted dying. We want the opportunity to have good palliative care. One of my closest friends died two weeks ago in Hillingdon hospital, and I want to thank the staff for the palliative care that they gave him so wonderfully. At the same time, I know others who have suffered greatly and wanted to go, but what have they been forced to do? Hide away the drugs over a period of time, send their families away, and then take the drugs and die a lonely death. Recently, another person starved themselves to death because there was no other option. I cannot stand by and allow that to happen any more.

The right hon. Member for North West Hampshire (Kit Malthouse) said that what is most important at the end of life is control, but it is also dignity. Through this legislation, I want to provide that dignity for those who have decided that the time has come.

1.33 pm

Munira Wilson (Twickenham) (LD): Much of the debate on this Bill has focused on dignity, control and choice. Over the past six weeks, I have had to confront those concepts head-on while watching a very close family member unexpectedly lose most physical capacity overnight. It is difficult when someone you love deeply, who has been a proud, strong and independent person, is unable to perform the most basic of human functions

[Munira Wilson]

without help. The mental impact of that physical incapacity is utterly devastating for them, and for their nearest and dearest. That indignity and loss of control have felt unmanageable on days when the care has been poor, and so much more manageable when the nurses and healthcare assistants caring for my loved one have not been totally overstretched and coping without breaks; when they have been able to ensure that pain is well managed; and when the basic personal care that gives us dignity and boosts our wellbeing can be provided.

That brings me to the heart of the conundrum we face today. Many of us in this place want to give people choice and autonomy over how they leave this world, but the reality—I have seen it up close and personal these past six weeks—is that our NHS and care system is nowhere near up to giving people that choice. It is creaking at the seams.

I am very grateful that my amendment has been accepted, but a report on its own is not going to improve our palliative and end-of-life care, and we have had no commitment from Ministers yet that they will do so. The result will be either people choosing to end their life before they want to, or those who already have a huge distrust of the system—particularly those in minority and disadvantaged communities, whose voices have been heard the least in this debate—choosing not to access the care that they need, and dying an even more traumatic death. I do not believe that supporters of this Bill want either of those things to happen.

Today, we parliamentarians have to cast possibly one of the most consequential votes of our time in this place. On such a complex and sensitive issue as assisted dying, it is only right that we turn to experts, and make evidence-based decisions. The Royal College of Psychiatrists and the Royal College of Physicians, which are both officially neutral on assisted dying, have said plainly that they cannot support this Bill, not least for reasons to do with the most fundamental principle of mental capacity, which sits at the heart of this Bill. I therefore say to colleagues across the House: it is not too late to think again. The very people who will be tasked with delivering the service we are legislating for today—and, by the way, we still have no idea what that service will look like, or how it will be funded—say it is not safe. How many lives taken in error is too many? One? One in 10? One in 100?

This House clearly supports the principle of an assisted death, as do the public, but not at any cost. This Bill is not fit for purpose, and the experts have told us that the safeguards in it will not adequately protect those who most need—indeed, expect—us legislators to protect them. I implore colleagues today to vote it down, and I say to Ministers on the Front Bench: it is your responsibility to go back and do better.

1.37 pm

Jess Asato (Lowestoft) (Lab): I did not start this process opposed to the idea of assisted dying, but having worked in the field of domestic abuse, I found myself increasingly concerned about how this Bill would impact on those who are most vulnerable to coercion and abuse. As a Labour MP, I reflected on why I joined the Labour party. It was because of our commitment to

protecting the vulnerable and fighting for equality, suspicious of individualism and narrow notions of choice that turn a blind eye to the impact of that choice on others.

If I could legislate to create a Bill just for me, I would be tempted by these measures, but I believe my role as an MP is to legislate in the best interests of those who have no voice, whose choices are often limited by poverty, the patriarchy, racism, trauma, ill health, and state and societal failure. We must recognise that if we advance this Bill yet further today, there will be unintended and undesirable consequences, and it is the Bill in front of us that we are voting on today—not the principle, or a distant promise that the other place might fix the holes, but what we know is in, and not in, this legislation.

I would like to briefly illustrate the reasons why I believe this Bill will create harm for families across our country. Imagine the scenario of your mother. You were there when Dad used to belittle her. In public, it was jokes putting her down, but in the house, you would hear him say that she was worthless and ugly and would be better off dead. You got out of there as soon as you could, but she would never leave—she loved him, and could not see a life for herself outside of his control. You could see her health deteriorating, but he often stopped her from going to the doctor or reaching out to friends. One day, you get a call from your dad to say, “She’s dead. She got an assisted death.” You worry that she took her life, not because of her illness, but because it was the only way out from the abuse. You fear that your dad made her do it, but there was no chance for you to tell anyone about your concerns, and there is no automatic requirement for an investigation by a coroner. Would you ever be able to prove his malign control now that she is gone?

Imagine that you have a brother who has struggled with an eating disorder ever since he entered secondary school. He was sexually abused by a family friend and never received any real support for what he went through, and court backlogs mean that the criminal case is still ongoing. He spends longer and longer watching social media influencers paid by assisted dying companies to advocate for what they call a peaceful end to life. He begins to starve, and doctors withdraw treatment because they claim nothing more can be done. You get a call only a few months after his 18th birthday to tell you that your brother has opted for an assisted death.

Catherine Atkinson (Derby North) (Lab): Will my hon. Friend give way?

Jess Asato: No, thank you. I am sorry, but we have to make time for others.

We know from other jurisdictions that it is disproportionately older and disabled people who would access assisted dying. These are two of the groups most vulnerable to abuse or coercion, particularly by strangers through financial abuse and cuckooing. Coercion is not just a risk with this legislation, but a certainty. There are 2.3 million victims of domestic abuse in the UK. Even if this Bill implemented gold-standard training—we do not know that it will—professionals will not be able to identify everyone. It is sadly inevitable that if the Bill passes, it is the most vulnerable people in our society who will experience wrongful deaths. A prominent campaigner in favour of this Bill said:

“Even if a few grannies get bullied into it, isn’t that a price worth paying for all the people who could die with dignity?”

Please, we must not settle for this. In a system designed to end life, there can be no room for doubt or human error. Coercion and abuse are real—they happen all around us all the time, whether or not we want to see them, as does feeling like a burden. Perceiving yourself as a burden is a common phenomenon associated with having a terminal illness, one that often leads to a desire to die. This Bill allows that feeling of being a burden—to those closest to you, and to society more broadly—to be acted on, rather than treated.

Research has found that doctors wrongly predict how long terminally ill people have to live in over half of cases. There is so much life left to live after a terminal diagnosis. We should not relinquish our bonds, duties and responsibilities towards each other as fellow human beings. I urge colleagues to reject this Bill.

1.43 pm

Sarah Green (Chesham and Amersham) (LD): I rise to speak in favour of this Bill. First, though, I thank the hon. Member for Spen Valley (Kim Leadbeater) for the way in which she has approached the Bill, and for having engaged with Members across the House on both sides of the argument on their various amendments. I voted in favour of the Bill on Second Reading on principle, but also because of something a constituent said to me about the status quo. She said, “It is cruel”, and I cannot disagree with her. It was definitely cruel for my constituent Ann, who was interviewed by the police for supporting her husband in going to Dignitas. For weeks afterwards, in her grief, she faced the uncertainty of a police investigation.

For me, the current system is unsatisfactory, and it was a real privilege to join others to scrutinise this Bill in Committee. It is my belief that it is stronger for having gone through that process. There is one change in particular I would like to speak to, which is the inclusion of social workers on the panel. People in that profession deal with complex, challenging, and sometimes dark family dynamics on a daily basis, and I believe that including them on the panel is the right thing to do. For those reasons, I will be supporting this Bill today, and I hope others will too.

1.44 pm

Paula Barker (Liverpool Wavertree) (Lab): I am proud to support my hon. Friend the Member for Spen Valley (Kim Leadbeater) as a co-sponsor of this Bill. Through her leadership, compassion and dignity, she has been a beacon of hope for so many. I thank the many hundreds of constituents who have written to me or had face-to-face appointments with me to discuss this complex and emotive issue.

There are strongly held beliefs on both sides of the debate both inside and outside the House. I absolutely respect those with views different from mine, and hope that they will respect my views. After all, it is possible for all of us in this place to disagree well. People on both sides of the debate have accepted that we can and must do better for dying people and their loved ones—that has been clear throughout this debate. Too many of us have witnessed the devastation caused when we are denied choice at the end of life. Until the law changes,

dying people in Britain will continue to suffer unbearably in their final weeks and days, with many trying to scrape together the funds for an assisted death abroad or taking their own lives behind closed doors. I urge right hon. and hon. Members to keep such experiences in the front of their minds when they go through the Lobby later.

At the heart of it, this Bill is about choice: those who wish to exercise their choice can do so, and those who do not wish to do so simply do not have to. The Bill introduces practical measures to assess eligibility, guard against coercion, and ensure rigorous medical oversight and robust monitoring of the process. Dying people have none of those protections under the current law. The status quo is failing people each and every day.

I pay tribute to colleagues from across the House who served on the Public Bill Committee, regardless of what side of the debate they were on. They strengthened the Bill by accepting key amendments, including the establishment of a judge-led multidisciplinary panel to oversee every application, with oversight from psychiatrists, social workers and lawyers; the requirement that assisted dying can only be discussed with patients in the context of all their end-of-life care and treatment options; mandatory training for doctors and panel members on detecting coercion; and the creation of a disability programme board. The Bill requires that patients be informed about all care options to ensure that everyone has access to the best possible pain relief, emotional support and hospice care. This will ensure that choosing an assisted death is never a result of ignorance or lack of care.

I am pleased that the Bill has brought about a long-overdue discussion about palliative care. If we are honest, very few people in this place and outside were shouting about it from the rooftops beforehand. I sincerely hope that after the passage of this Bill, we will continue to discuss how we can improve palliative care, because it should not be an either/or. By having robust palliative care and the option of assisted dying, we will truly have options that will meet individual needs and the values of each patient.

Finally, the momentum for law change is spreading across the British Isles and beyond. Last month, MSPs voted by a clear majority to pass Liam McArthur’s assisted dying Bill. The Isle of Man’s Bill is awaiting Royal Assent, and will potentially be available for terminally ill residents from 2027. The direction of travel is to give dying people true choice at the end of life. We cannot leave dying people in England and Wales behind.

Several hon. Members rose—

Mr Speaker: Order. It will help others if Members can keep to four minutes.

1.48 pm

Dr Ben Spencer (Runnymede and Weybridge) (Con): It is often said that Parliament is the conscience of the nation, but I believe that it is also its safeguard. There are people who will benefit from physician-assisted suicide, as implemented in this Bill, but there are also people who will be harmed: those with mental illness, those in care homes, those who feel a burden, those who are made to feel a burden, and those who are abused.

[Dr Ben Spencer]

The Bill's safeguards are inadequate. The Royal College of Psychiatrists, the Royal College of Physicians—of which I am a member—and the Royal College of Pathologists, and countless doctors, professionals and charities, have all been ignored in pursuit of absolutist principle above understanding. It is a facile interpretation of autonomy to give it no bounds or to ignore its prerequisites.

We must hear the concerns and act accordingly today, for who are we if not the champions of the vulnerable and the voice of the voiceless? The question before us today is this: do we believe that this harm to the vulnerable is worth it? I say it is not. I say we vote down this Bill.

1.50 pm

Matthew Patrick (Wirral West) (Lab): Today we are faced with a defining choice. We have debated assisted dying for months, and in some ways we could never have enough time for this. I wish there had been more opportunity to debate the amendments, but I can also say, based on my time in these debates, that hon. Members have approached these issues with great dignity and care.

My hon. Friend the Member for Spen Valley (Kim Leadbeater), who is a friend of mine and who I am very proud of, has led this debate with characteristic humanity, decency and honour. I am sure all of us have found that whenever we have approached her with our concerns or those of others, she has had a willing ear and an open heart. I pay tribute to her.

Opponents of the Bill have also worked tirelessly to understand and voice people's concerns, and like my hon. Friend the Member for Spen Valley, they brought that expertise so that all voices could be heard today. My office has been approached more than 1,000 times by people in Wirral West regarding this issue, and that has shown that people are guided by all faiths and none. As others have said, that deserves great respect. I think back to a meeting I held to discuss this matter in Melrose Hall in Hoylake with more than 50 constituents. With candour and respect, people shared their personal stories. They disagreed wholeheartedly, but they did so with compassion and dignity. They are the best of us.

Standing here, I recognise that however today ends up, we will let people down—whether the Bill passes and people who would otherwise not choose to have an assisted death go through with one, or whether the Bill falls and people who I believe should have the choice to end their illness on their own terms are denied that opportunity. I am conscious of that, yet the vote before us is not on the harrowing stories we have heard but on a system, and it is that system that I worry about, as it would have implications that go beyond individual cases. The consequences of getting this wrong are severe, and the risks of getting it wrong with an NHS still in recovery are too high.

Iqbal Mohamed (Dewsbury and Batley) (Ind): Will the hon. Member give way?

Matthew Patrick: I will not take interventions.

The hon. Member for Twickenham (Munira Wilson) tabled an important amendment about palliative care that has opened a door to an important conversation, and I thank her for that. If our NHS is not able to deliver the highest quality of care at the end of a person's life

now, would assisted dying improve that, or could it end up creating a one-sided choice? I know that hon. Members will be concerned that there will never be a good time for the NHS to introduce this—that it will never quite be ready for assisted dying. I hear that, but I sincerely do not believe that it is ready to bear the weight of the system we are voting on today.

I am not settled on the issue of coercion either. We have heard from experts across the House; my hon. Friend the Member for Bexleyheath and Crayford (Daniel Francis) and the hon. Member for Richmond Park (Sarah Olney) have spoken about mental health issues and learning disabilities, and my hon. Friend the Member for Lowestoft (Jess Asato) talked about issues of domestic abuse and how they could intersect with this. My hon. Friend the Member for Vauxhall and Camberwell Green (Florence Eshalomi), my right hon. Friend the Member for Hackney North and Stoke Newington (Ms Abbott) and the right hon. Member for Braintree (Sir James Cleverly) spoke about how ethnic minority communities could be impacted by the Bill, and about the trust in the health system and the dynamics that could lead to someone taking their life.

I worry about the quiet, imperceptible and unspoken coercion that could emerge if we go ahead with this system. I worry about vulnerable people who would feel a duty to die, and I am not satisfied that the Bill has enough safeguards against that. For that reason, I am voting against the Bill, and I call on others to do the same. I say to those watching at home that I hope they share my confidence that whichever Lobby colleagues walk through today, they have reached their decision with great care and consideration. To weigh up the consequences—good and bad—of this vote is the burden of duty that such a Bill brings. I share that burden with others today.

1.54 pm

Christine Jardine (Edinburgh West) (LD): We all, I believe, come to this place every day determined to improve not just our society, but the lives of those who live in it—our constituents. We want to give them more choice and opportunity, but we also have a responsibility to protect the vulnerable and alleviate suffering. I do not believe that that responsibility has ever weighed more heavily on any of us, or been more present in our thoughts and our debate than it has today.

We have debated this a number of times, and the Bill has been through the scrutiny of Committee. I thank the hon. Member for Spen Valley (Kim Leadbeater) for all her work, and the Committee for its work, in coming back with a Bill that I firmly believe will provide the choice that those people who are suffering at the end of life not only deserve but are calling out for us to give them.

I would like to reassure all of those in the disabled community and those perhaps suffering from an eating disorder or a mental health issue that they are not in any way put at risk by the Bill. The Committee went to extreme lengths to ensure safeguards, and those people will not be eligible for an assisted death because they do not have a terminal illness.

This has been a difficult road for all of us. We have shared personal experiences and those of our constituents. I do not think that any of us will go through the Lobby

without having had some doubts, and without having examined our own conscience and our own responsibility, but I believe that the Committee and the House have come up with a Bill that does what the people of this country want. It offers choice to adults with a terminal illness, with the safeguards that we need. I ask all Members to support the Bill.

1.57 pm

Lewis Atkinson (Sunderland Central) (Lab): It strikes me that the judgment before us today is this: would permitting some terminally ill adults to choose an assisted death reduce suffering without inadvertently creating undue risks to others? I am clear, having worked in the NHS for 19 years, that the Bill absolutely can do that.

I know the lengths that the NHS and our hospice movement go to when providing care at the end of life—the beloved pet coming in for the last cuddle, or the compassionate conversation in the middle of the night that calms fears. Some have suggested that our health service could not safely introduce assisted dying for patients who are already in regular contact with the health service because, by definition, they are terminally ill. I know not just the professionalism of NHS staff; I have also seen the thoroughness with which other medico-legal routes—for example, Mental Health Act tribunals, which in many ways are analogous to the provisions of the Bill—are implemented. The NHS has shown over decades that it can safely implement social and legislative changes passed by this Parliament. The Abortion Act 1967 was implemented safely by the NHS, as was the regulation and provision of in vitro fertilisation under the Human Embryology and Fertilisation Act 1990.

The Bill has rightly been amended to allow up to four years for commencement to allow all the necessary preparations to take place. The chief medical officer reminded us that the NHS deals with life and death decisions every day. While the processes in the Bill are new, crucially they build on a solid foundation of existing practice. Currently, under the Mental Capacity Act 2005, as others have said, a person with a terminal illness receiving critical care can say, “Doctor, I want to die. Turn off this machine.” We use a simple test under the Act to permit that. Under this Bill, there are rightly further safeguards, but the decision when someone says, “Doctor, I want to die; give me something to drink” is essentially the same. This is absolutely not about the state killing people—these people are dying at the moment.

The CMO also gave us evidence, and he stressed that the secondary legislation powers are necessary to permit ongoing safe regulation. Those powers not only require the Secretary of State to ensure that codes of practice and regulation are in place; they also give him the opportunity to react post implementation should there be any concerning cases.

It is right that we are thorough in our roles as legislators. I have seen at first hand my hon. Friend the Member for Spen Valley (Kim Leadbeater) sitting with officials from the Department of Health and Social Care and the Ministry of Justice to ensure the workability and safety of these provisions. That is not the case for the status quo, with people dying lonely deaths of suicide or going to Dignitas. For those people, there are no checks on capacity or coercion; there is only trauma. I therefore commend the Bill to the House.

2 pm

Dr Neil Hudson (Epping Forest) (Con): I fully appreciate and respect the differing views on both sides of this debate, and I thank the huge number of constituents in Epping Forest who have contacted me about the Bill.

This legislation to permit assisted dying or suicide leaves me with many concerns. I fear that some frail and vulnerable people may start to feel a burden to their families and may feel some pressure to proceed down this path. I also worry that the legislation will fundamentally change the doctor-patient relationship, and that it will be a foundational change in what our precious NHS is and stands for.

I am concerned about the possible pressure that the Bill will place on medical practitioners when it comes to diagnosis and prognostication, which we know is not an exact science. Furthermore, although our palliative care sector provides high-quality, compassionate and dignified care at its best, access to palliative care across the country is, sadly, not at a uniform level for all people who need it at the end of life. Sadly, in terms of funding and delivery, the majority of palliative care is left to the charitable sector. That is in no way intended as a criticism of the amazing charities and hospices involved in the delivery of that care, but it is not right that the state will fund how someone comes into this life—with obstetrics, maternal care, neonatology and paediatrics—but not how they leave it. Our priority should be addressing the palliative care situation before we go anywhere near bringing in assisted dying legislation.

Finally, I want to make some remarks as a veterinary surgeon.

Iqbal Mohamed: Will the hon. Gentleman give way?

Dr Hudson: I will not.

I preface these remarks by saying that I am in no way equating the passing of an animal with the passing of a human, which is of a completely different order of magnitude, but the end of an animal's life has sometimes been drawn into the discussion of human assisted dying. Many of the protocols and drugs are similar to those being discussed for humans. As a veterinary surgeon, I have been involved in helping countless animals, large and small, pass away, for many reasons. Each decision with the owner is very difficult—often heartbreaking—but the final act is not always routine and does not always go smoothly or according to plan.

Apart from a couple of powerful speeches from hon. Members last week, we have not really addressed the issue of medical procedures and complications in this human debate. I shudder to think of the implications for the patient, their loved ones and the co-ordinating doctor if things do not go smoothly and peacefully. That must surely give us all pause for thought. For those and many other reasons, I will again be voting against the Bill.

Mr Speaker: For the final speech before I call the Front Benchers, I call Lola McEvoy.

2.3 pm

Lola McEvoy (Darlington) (Lab): I thank my hon. Friend the Member for Spen Valley (Kim Leadbeater) and celebrate her courage and kindness throughout this whole process.

[Lola McEvoy]

I agree with many in the House that the status quo is unacceptable—that is why most of us are here—and I urge colleagues who, like me, are in favour of the principle of choice at the end of life to vote today not on the principle, but on how the Bill will work in practice. This is not an opinion poll, and there are very real trade-offs. Without palliative care parity across the UK, this new way to die offers a replacement, not a real choice. I am pleased to have the support of the former Prime Minister, the right hon. Gordon Brown, as well as a huge number of medical professionals, on these arguments.

I was brought up around death, and I am still smiling. I know about good palliative care because my dad would take me to the hospice to meet his patients that he had grown to love. As a child, I remember him getting promoted to a new nurse consultant role. They were experts in their field of nursing and were promoted to fill the gap in expertise in making decisions on crucial palliative care and pain relief. My dad's positional and relational power to give confidence around decision making and to support less experienced but more senior staff in essential decisions around life and death meant that those decisions could ease a lot of people's passing. When decisions are delayed, the patient suffers unnecessarily, and we have heard that happen in the stories and many cases of poor palliative care that have shaped this debate today.

In the interests of time, I will skip to my final point. The practical reality of what we see today is that, without radical improvements to palliative care, a joined-up digital system, and clear recorded centralised data on when and how we talk to patients about the treatment they are getting, and about what that means—not just for the length of their life, but for the quality of their life—we will continue to have a postcode lottery. With a finite number of experts in our NHS, this decision to bring in this new way of dying will simply deprioritise addressing the gaps in the provision of good-quality palliative care, which will affect most of us, in favour of offering a new option to the minority of people who will be eligible. That is not in line with my values, and that is why I cannot vote for it.

Mr Speaker: I call the shadow Minister.

2.7 pm

Dr Kieran Mullan (Bexhill and Battle) (Con): May I begin by first thanking the Clerks for the considerable work they have undertaken to support Members across this House in preparing amendments across so many different elements of this complex issue? I know that you, Mr Speaker, gave a great deal of thought to which of those we voted on. I also know that you had a difficult balancing exercise in giving time to this Bill versus the limited time available for Friday sittings.

I say again to the Government that I am deeply disappointed that they chose not to assist you, Mr Speaker, and all Members, by providing further time on the Floor of the House so that every single Member who simply wanted to speak could do so. Telling Members how many hours were spent in Committee, when so few Members can participate in that, is of little comfort to

those Members who have been unable to put their views on the record on the Floor of the House. But we are where we are.

I join others in acknowledging the very hard work and sincerity of the sponsoring Member, the hon. Member for Spen Valley (Kim Leadbeater). Now is the moment for us vote on her Bill in what we have to assume is its final form. There might be changes made in the other place, but there might not be. If Members vote for the Bill today, they must do so happy that this is the version that will come into law.

As we conclude, I return to what I said on Second Reading. No one on either side of this debate can claim that only their side is motivated by care and compassion for others. We have heard powerful speeches motivated by concern for others, both from those in favour and from those against this Bill. We heard powerful examples from the Mother of the House, the right hon. Member for Hackney North and Stoke Newington (Ms Abbott), my right hon. Friend the Member for North West Hampshire (Kit Malthouse) and the hon. Member for Glasgow North East (Maureen Burke), who served the memory of her brother well.

On either side of the debate, we should resist the temptation to give ourselves false comfort. Those supporting the Bill, and I am sure even the sponsoring Member herself, will accept that there is no such thing as a perfect law, and certainly not in an area like this. No one can be certain that the concerns raised by opponents of the Bill will never transpire in any case. Members supporting the Bill should vote with an understanding that there may be unintended consequences. Similarly, those opposing the Bill should do so, accepting that they cannot rule out that some people of sound mind, without undue pressure from others, would want to access assisted dying.

We have heard about the very real suffering that people at the end of their life can experience. How much that suffering can be relieved by palliative care has been a point of real contention, but the most powerful medications for relieving pain have equally powerful side effects, and that should weigh heavily with Members considering voting against. While opponents of assisted dying may prefer an improvement in palliative care instead, they cannot guarantee it will happen.

I do not think it is fair to say that those who ultimately vote no to the Bill are, as some have described, actively happy with the status quo. I am sure that all of us at some point have seen a problem of human suffering of one form or another, but opposed a plan to alleviate it, because we thought it might make things worse in some other respect. That does not mean we are happy with the problem that still remains.

Taking all that into account, Members have to undertake a difficult balancing exercise. I want to end my remarks with the words we started the day with—words that are heard in the Chamber every time we sit. I am not religious, but the meaning our daily Prayers conveys is, I think, of universal assistance. We are encouraged to lay aside “all private interests and prejudices”,

and to keep in mind our

“responsibility to seek to improve the condition of all mankind”.

Saying those words is easy. If only it was as easy to have the necessary wisdom to always know what exactly it means to improve the condition just of our constituents, let alone all mankind. The daily Prayers cannot help us

with that, unfortunately, and today we do not even have the help of the party line. All of us at one time or another have railed against the Whip and its encouragement to vote for something we think is unwise, but if we are honest, that encouragement can be a great help a lot of the time.

The extent to which the debate covered the views of professionals and representative organisations reflected Members trying to find help of another form in place of the Whip. Most of us are not experts, yet we have to make a decision that even experts disagree on. But let us welcome the fact that here today, as we wrestle with this decision, we are truly doing exactly what we were sent here to do, more than on most other days. Even if we might be uncertain about our vote, we can be absolutely certain about that.

2.10 pm

The Minister for Care (Stephen Kinnock): I stand at the Dispatch Box alongside the Minister of State, Ministry of Justice, my hon. and learned Friend the Member for Finchley and Golders Green (Sarah Sackman), not as the MP for Aberafan Maesteg, representing the views of my constituents—although I thank each and every one of them who took the time to contact me with their considered opinions—but as the Minister responsible for ensuring that the Bill, if passed, is effective, legally robust and workable.

I thank Members across the House, on both sides of the debate, for their consideration of this legislation through its parliamentary stages and for their thoughtful contributions. I particularly thank the members of the Public Bill Committee for their detailed scrutiny over more than 29 sittings and 80 hours. This Bill has received more parliamentary time than most Government and private Members' Bills, and the debate has been respectful and well considered throughout.

It is worth noting, of course, that the subject has received extensive and detailed consideration over a number of decades, both in this House and the other place, as well as beyond Parliament. Many Members will recall that the Bill before us today follows many years of examination and analysis, including reports such as the inquiry of the Health and Social Care Committee in 2023 and the accumulation of evidence from other jurisdictions. I would like to pay tribute to colleagues and campaigners on both sides of the argument for their contributions to this profoundly important conversation.

I will make some brief comments about the most significant alterations to the Bill since its introduction, from the perspective of their importance to the technical and legal workability of the legislation. The scheme set out in the Bill now includes assisted dying review panels. Multidisciplinary panels would grant a certificate of eligibility if they were satisfied that all the relevant requirements had been met. The panel would have to hear from the person seeking assistance, at least one of the doctors, and any other relevant persons. They would be responsible for monitoring and reporting on the operation of the Act, a role that was previously assigned to the chief medical officer. The commissioner would also appoint a dedicated board to advise on the impact of the Bill on disabled people.

The Bill's commencement clause has been amended so that any provisions that have not yet come into force will automatically do so four years after the Bill is passed. Specific training requirements for doctors playing a formal assessing role under the Bill have been added. There is now provision for an independent advocate to support qualifying persons to understand their options for end-of-life care and the process under the Bill.

In terms of employment protections, amendments that have been made on Report mean that no one is under any duty to participate in the provision of assistance in accordance with the Bill. There are also now employment protections to protect employees and other workers from being subject to any detriment from opting in or opting out of providing assistance under the Bill, and to protect employees from dismissal.

It just falls to me to thank all hon. Members once again for their extremely valuable contributions to this sensitive debate, and to reiterate that should it be the will of Parliament for this legislation to pass, the Government will ensure the safe and effective implementation of this service.

Kit Malthouse: *claimed to move the closure (Standing Order No. 36).*

Question put forthwith, That the Question be now put.

Question agreed to.

Question put accordingly, That the Bill be now read the Third time.

The House divided: Ayes 314, Noes 291.

Division No. 245]

[2.14 pm

AYES

Abbott, Jack	Brewer, Alex
Akehurst, Luke	Brickell, Phil
Aldridge, Dan	Bryant, Chris
Alexander, rh Mr Douglas	Buckley, Julia
Alexander, rh Heidi	Burke, Maureen
Al-Hassan, Sadik	Burton-Sampson, David
Anderson, Callum	Cadbury, Ruth
Antoniazzi, Tonia	Campbell, rh Sir Alan
Aquarone, Steff	Campbell, Irene
Athwal, Jas	Cane, Charlotte
Atkins, rh Victoria	Carling, Sam
Atkinson, Lewis	Carmichael, rh Mr Alistair
Babarinde, Josh	Carns, Al
Bailey, Mr Calvin	Cartlidge, James
Ballinger, Alex	Chadwick, David
Barker, Paula	Chamberlain, Wendy
Barron, Lee	Chambers, Dr Danny
Barros-Curtis, Mr Alex	Champion, Sarah
Beales, Danny	Charters, Mr Luke
Beavers, Lorraine	Chowns, Ellie
Bedford, Mr Peter	Coghlan, Chris
Bell, Torsten	Collier, Jacob
Benn, rh Hilary	Collinge, Lizzi
Bennett, Alison	Collins, Victoria
Berry, Siân	Coombes, Sarah
Betts, Mr Clive	Cooper, Andrew
Bishop, Matt	Cooper, Dr Beccy
Blake, Olivia	Cooper, Daisy
Blake, Rachel	Cooper, rh Yvette
Bloore, Chris	Costigan, Deirdre
Bonavia, Kevin	Cox, Pam
Botterill, Jade	Creasy, Ms Stella
Brandreth, Aphra	Curtis, Chris
Brash, Mr Jonathan	Daby, Janet

Dakin, Sir Nicholas
 Dance, Adam
 Darlington, Emily
 Davies, Paul
 Davies, Shaun
 Davies-Jones, Alex
 Davis, rh David
 Dean, Bobby
 Dean, Josh
 Dearden, Kate
 Denyer, Carla
 Dickson, Jim
 Dillon, Mr Lee
 Dixon, Samantha
 Dollimore, Helena
 Dowden, rh Sir Oliver
 Downie, Graeme
 Duncan-Jordan, Neil
 Dyke, Sarah
 Eagle, Dame Angela
 Eagle, rh Maria
 Eastwood, Colum
 Eccles, Cat
 Edwards, Lauren
 Edwards, Sarah
 Egan, Damien
 Elmore, Chris
 Evans, Dr Luke
 Fahnbulleh, Miatta
 Falconer, Mr Hamish
 Farnsworth, Linsey
 Ferguson, Mark
 Fleet, Natalie
 Foody, Emma
 Fookes, Catherine
 Foord, Richard
 Forster, Mr Will
 Fox, Sir Ashley
 Franklin, Zöe
 Garnier, Mark
 Gelderd, Anna
 Gemmell, Alan
 George, Andrew
 German, Gill
 Gibson, Sarah (*Proxy vote cast by Anna Sabine*)
 Gilbert, Tracy
 Gilmour, Rachel
 Gittins, Becky
 Glover, Olly
 Goldman, Marie
 Gordon, Tom
 Gosling, Jodie
 Gould, Georgia
 Green, Sarah
 Greenwood, Lilian
 Haigh, rh Louise
 Hall, Sarah
 Hatton, Lloyd
 Hayes, Tom
 Hazelgrove, Claire
 Healey, rh John
 Heylings, Pippa
 Hobhouse, Wera
 Hollinrake, Kevin
 Hopkins, Rachel
 Hughes, Claire
 Hume, Alison
 Hunt, rh Sir Jeremy
 Ingham, Leigh
 Irons, Natasha
 Jardine, Christine

Jarvis, Dan
 Jarvis, Liz
 Jermy, Terry
 Johnson, rh Dame Diana
 Johnson, Kim
 Jones, Clive
 Jones, Gerald
 Jones, Louise
 Jones, Sarah
 Juss, Warinder
 Kane, Chris
 Kearns, Alicia (*Proxy vote cast by Kit Malthouse*)
 Kendall, rh Liz
 Kinnock, Stephen
 Kirkham, Jayne
 Kitchen, Gen
 Kumar, Sonia
 Kyle, rh Peter
 Kyrke-Smith, Laura
 Lake, Ben
 Law, Noah
 Leadbeater, Kim
 Lewin, Andrew
 Lewis, Clive
 Lightwood, Simon
 MacAlister, Josh
 MacCleary, James
 Macdonald, Alice
 MacNae, Andy
 Maguire, Ben
 Malthouse, rh Kit
 Martin, Amanda
 Martin, Mike
 Mather, Keir
 Mayer, Alex
 Maynard, Charlie
 McCarthy, Kerry
 McDonnell, rh John
 McFadden, rh Pat
 McGovern, Alison
 McKenna, Kevin
 McMorris, Anna
 McNeill, Kirsty
 Medi, Llinos
 van Mierlo, Freddie
 Miliband, rh Ed
 Milne, John
 Mishra, Navendu
 Mitchell, rh Sir Andrew
 Moon, Perran
 Moran, Layla (*Proxy vote cast by Zöe Franklin*)
 Morden, Jessica
 Morello, Edward
 Morgan, Helen
 Morgan, Stephen
 Morris, Joe
 Munt, Tessa
 Murphy, Luke
 Murray, Chris
 Murray, rh Ian (*Proxy vote cast by Chris Elmore*)
 Murray, James
 Murray, Susan
 Myer, Luke
 Naismith, Connor
 Nash, Pamela
 Niblett, Samantha
 Nichols, Charlotte
 Norris, Alex

Norris, Dan (*Proxy vote cast by Chris Elmore*)
 Onn, Melanie
 Opher, Dr Simon
 Osborne, Kate
 Osborne, Tristan
 Payne, Michael
 Pearce, Jon
 Pennycook, Matthew
 Perkins, Mr Toby
 Perteghella, Manuela
 Phillips, Jess
 Philp, rh Chris
 Pitcher, Lee
 Platt, Jo
 Pochin, Sarah
 Powell, Joe
 Powell, rh Lucy
 Poynton, Gregor
 Prinsley, Peter
 Race, Steve
 Ramsay, Adrian
 Rand, Mr Connor
 Ranger, Andrew
 Reed, rh Steve
 Reeves, rh Ellie
 Reeves, rh Rachel
 Reid, Joani
 Reynolds, Emma
 Reynolds, Mr Joshua
 Richards, Jake
 Riddell-Carpenter, Jenny
 Rigby, Lucy
 Robertson, Dave
 Roca, Tim
 Roome, Ian
 Russell, Sarah
 Rutland, Tom
 Ryan, Oliver
 Sabine, Anna
 Sackman, Sarah
 Sandher, Dr Jeevun
 Savage, Dr Roz
 Saville Roberts, rh Liz
 Seward, Mark
 Shastri-Hurst, Dr Neil
 Siddiq, Tulip
 Simons, Josh
 Slade, Vikki
 Slaughter, Andy
 Slinger, John
 Smart, Lisa
 Smith, Cat
 Smith, Jeff
 Smith, Nick
 Smyth, Karin

Snell, Gareth
 Sollom, Ian
 Stainbank, Euan
 Starmer, rh Keir
 Stevens, rh Jo
 Stewart, Elaine
 Stone, Will
 Strathern, Alistair
 Stride, rh Sir Mel
 Sunak, rh Rishi
 Swallow, Peter
 Tami, rh Sir Mark
 Tapp, Mike
 Taylor, David
 Taylor, Luke
 Taylor, Rachel
 Thomas, Cameron
 Thomas, Fred
 Thomas, Gareth
 Thompson, Adam
 Thornberry, rh Emily
 Tice, Richard
 Tidball, Dr Marie
 Toale, Jessica
 Trott, rh Laura
 Tufnell, Henry
 Turley, Anna
 Turmaine, Matt
 Uppal, Harpreet
 Vaughan, Tony
 Vince, Chris
 Voaden, Caroline
 Wakeford, Christian
 Ward, Chris
 Webb, Chris
 Welsh, Michelle
 Western, Andrew
 Western, Matt
 Wheeler, Michael
 Whitby, John
 White, Jo
 White, Katie
 Whittome, Nadia
 Wild, James
 Wilkinson, Max
 Witherden, Steve
 Wrighting, Rosie
 Wrigley, Martin
 Yemm, Steve
 Young, Claire
 Zeichner, Daniel

Tellers for the Ayes:
 Sarah Owen and
 Bambos Charalambous

NOES

Abbott, rh Ms Diane (*Proxy vote cast by Bell Ribeiro-Addy*)
 Abrahams, Debbie
 Adam, Shockat
 Ahmed, Dr Zubir
 Alaba, Mr Bayo
 Ali, Rushanara
 Ali, Tahir
 Allin-Khan, Dr Rosena
 Allister, Jim
 Amos, Gideon
 Anderson, Fleur

Anderson, Lee
 Anderson, Stuart
 Andrew, rh Stuart
 Argar, rh Edward
 Arthur, Dr Scott
 Asato, Jess
 Asser, James
 Atkinson, Catherine
 Bacon, Gareth
 Badenoch, rh Mrs Kemi
 Bailey, Olivia
 Baines, David
 Baker, Alex

Baker, Richard
 Baldwin, Dame Harriett
 Bance, Antonia
 Barclay, rh Steve
 Baxter, Johanna
 Begum, Apsana (*Proxy vote cast by Zarah Sultana*)
 Bhatti, Saqib
 Billington, Ms Polly
 Blackman, Bob
 Blundell, Mrs Elsie
 Bool, Sarah
 Bowie, Andrew
 Brackenridge, Mrs Sureena
 Braverman, rh Suella
 Brown-Fuller, Jess
 Burghart, Alex
 Burgon, Richard
 Butler, Dawn
 Byrne, Ian
 Byrne, rh Liam
 Caliskan, Nesil
 Campbell, Mr Gregory
 Campbell, Juliet
 Campbell-Savours, Markus
 Carden, Dan
 Chamberlain, Wendy
 Chope, Sir Christopher
 Clark, Feryal
 Cleverly, rh Sir James
 Clifton-Brown, Sir Geoffrey
 Cocking, Lewis
 Coleman, Ben
 Collins, Tom
 Conlon, Liam
 Cooper, John
 Corbyn, rh Jeremy
 Costa, Alberto
 Coutinho, rh Claire (*Proxy vote cast by Danny Kruger*)
 Cox, rh Sir Geoffrey
 Coyle, Neil
 Craft, Jen
 Creagh, Mary
 Crichton, Torcuil
 Cross, Harriet
 Dalton, Ashley
 Darling, Steve
 Davies, Ann
 Davies, Gareth
 Davies, Jonathan
 Davies, Mims
 De Cordova, Marsha
 Dewhurst, Charlie
 Dhesi, Mr Tanmanjeet Singh
 Dixon, Anna
 Dodds, rh Anneliese
 Doughty, Stephen
 Duffield, Rosie
 Duncan Smith, rh Sir Iain
 Easton, Alex
 Eastwood, Sorcha
 Ellis, Maya
 Eshalomi, Florence
 Evans, Chris
 Farage, Nigel
 Farron, Tim
 Fenton-Glynn, Josh
 Ferguson, Patricia
 Fortune, Peter
 Foster, Mr Paul
 Foxcroft, Vicky

Foy, Mary Kelly
 Francis, Daniel
 French, Mr Louie
 Frith, Mr James
 Fuller, Richard
 Furniss, Gill
 Gardiner, Barry
 Gardner, Dr Allison
 Gill, Preet Kaur
 Glen, rh John
 Glindon, Mary
 Goldsborough, Ben
 Grady, John
 Grant, Helen
 Griffith, Andrew
 Griffith, Dame Nia
 Griffiths, Alison
 Gwynne, Andrew (*Proxy vote cast by Chris Elmore*)
 Hack, Amanda
 Hamilton, Paulette
 Harding, Monica
 Hardy, Emma
 Harris, Rebecca
 Hayes, Helen
 Hayes, rh Sir John
 Hendrick, Sir Mark (*Proxy vote cast by Chris Elmore*)
 Hillier, Dame Meg
 Hinchliff, Chris
 Hinder, Jonathan
 Hinds, rh Damian
 Hoare, Simon
 Holden, rh Mr Richard
 Holmes, Paul
 Huddleston, Nigel
 Hudson, Dr Neil
 Huq, Dr Rupa
 Hurley, Patrick
 Hussain, Mr Adnan
 Hussain, Imran
 Jameson, Sally
 Jenkin, Sir Bernard
 Jenrick, rh Robert
 Jogee, Adam
 Johnson, Dr Caroline
 Jones, rh Darren
 Jones, Lillian
 Jopp, Lincoln
 Josan, Gurinder Singh
 Joseph, Sojan
 Kane, Mike
 Kaur, Satvir (*Proxy vote cast by Darren Paffey*)
 Khan, Afzal
 Khan, Ayoub
 Khan, Naushabah
 Kohler, Mr Paul
 Kruger, Danny
 Kumaran, Uma
 Lam, Katie
 Lamb, Peter
 Lamont, John
 Lavery, Ian
 Leigh, rh Sir Edward
 Leishman, Brian
 Lewell, Emma
 Lewis, rh Sir Julian
 Lockhart, Carla
 Long Bailey, Rebecca
 Lopez, Julia
 Lowe, Rupert

MacDonald, Mr Angus
 Madders, Justin
 Mahmood, rh Shabana
 Mak, Alan
 Malhotra, Seema
 Maskell, Rachael
 Mathew, Brian
 Mayhew, Jerome
 McAllister, Douglas
 McCluskey, Martin
 McDonagh, Dame Siobhain
 McDonald, Andy
 McDonald, Chris
 McDougall, Blair
 McEvoy, Lola
 McIntyre, Alex
 McKee, Gordon
 McKinnell, Catherine
 McMahon, Jim
 McMurdock, James
 McNally, Frank
 Midgley, Anneliese
 Miller, Calum
 Mohamed, Abtisam
 Mohamed, Iqbal
 Mohindra, Mr Gagan
 Moore, Robbie
 Morris, Grahame
 Morrison, Mr Tom
 Morrissey, Joy
 Morton, rh Wendy
 Mullan, Dr Kieran
 Mullane, Margaret
 Mundell, rh David
 Murray, Katrina
 Murrison, rh Dr Andrew
 Naish, James
 Narayan, Kanishka
 Newbury, Josh
 Norman, rh Jesse
 Obese-Jecty, Ben
 O'Brien, Neil
 Olney, Sarah
 Onwurah, Dame Chi
 Oppong-Asare, Ms Abena
 Osamor, Kate
 Owatemi, Taiwo
 Paffey, Darren
 Pakes, Andrew
 Patel, rh Priti
 Patrick, Matthew
 Paul, Rebecca
 Peacock, Stephanie
 Phillipson, rh Bridget
 Pinkerton, Dr Al
 Pinto-Duschinsky, David
 Pritchard, rh Mark
 Quigley, Mr Richard
 Qureshi, Yasmin
 Raja, Shivani (*Proxy vote cast by Mr Mohindra*)
 Rankin, Jack
 Rayner, rh Angela
 Reader, Mike
 Reed, David
 Reynolds, rh Jonathan
 Rhodes, Martin

Ribeiro-Addy, Bell
 Rimmer, Ms Marie
 Robertson, Joe
 Robinson, rh Gavin
 Rodda, Matt
 Rosindell, Andrew
 Rushworth, Sam
 Scrogham, Michelle
 Shah, Naz
 Shanks, Michael
 Shannon, Jim
 Shelbrooke, rh Sir Alec
 Simmonds, David
 Smith, David
 Smith, Greg
 Smith, rh Sir Julian
 Smith, Rebecca
 Smith, Sarah
 Snowden, Mr Andrew
 Spencer, Dr Ben
 Spencer, Patrick (*Proxy vote cast by Danny Kruger*)
 Stafford, Gregory
 Stephenson, Blake
 Stevenson, Kenneth
 Stone, Jamie
 Streeting, rh Wes
 Strickland, Alan
 Stringer, Graham
 Stuart, rh Graham
 Sullivan, Kirsteen
 Sullivan, Dr Lauren
 Sultana, Zarah
 Swann, Robin
 Swayne, rh Sir Desmond
 Taylor, Alison
 Thomas, Bradley
 Thomas-Symonds, rh Nick
 Timms, rh Sir Stephen
 Timothy, Nick
 Tomlinson, Dan
 Trickett, Jon
 Tugendhat, rh Tom
 Turner, Laurence
 Twigg, Derek
 Twist, Liz
 Vaz, rh Valerie
 Vickers, Martin
 Vickers, Matt
 Walker, Imogen
 Ward, Melanie
 Waugh, Paul
 Whately, Helen
 Whittingdale, rh Sir John
 Williams, David
 Williamson, rh Sir Gavin
 Wilson, Munira
 Wilson, rh Sammy
 Wood, Mike
 Woodcock, Sean
 Wright, rh Sir Jeremy
 Yang, Yuan
 Yasin, Mohammad

Tellers for the Noes:
 Dame Karen Bradley and
 Ruth Jones

Question accordingly agreed to.

Bill read the Third time and passed.

Business without Debate

SHORT-TERM LET ACCOMMODATION BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 July.

HEALTH INSURANCE (EXEMPTION FROM INSURANCE PREMIUM TAX) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

GREEN BELT (PROTECTION) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

DOMESTIC ABUSE (SAFE LEAVE) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 July.

GREEN SPACES BILL

*Resumption of adjourned debate on Question (7 March),
That the Bill be now read a Second time.*

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

FIREWORKS BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 July.

FOOTBALL (GENDER INEQUALITY) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 July.

HERITAGE PUBLIC HOUSES BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 July.

CHALK STREAMS (PROTECTION) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 July.

EXEMPTION FROM VALUE ADDED TAX (PUBLIC ELECTRIC VEHICLE CHARGING POINTS) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

PUBLIC SECTOR EXIT PAYMENTS (LIMITATION) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

MEAT (INFORMATION ABOUT METHOD OF KILLING) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

EXEMPTION FROM VALUE ADDED TAX (LISTED PLACES OF WORSHIP) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

EXEMPTION FROM VALUE ADDED TAX (MISCELLANEOUS PROVISIONS) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

CARAVAN SITE LICENSING (EXEMPTIONS OF MOTOR HOMES) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

ARM'S-LENGTH BODIES (REVIEW) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

PUBLIC HEALTH (CONTROL OF DISEASE) ACT 1984 (AMENDMENT) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**STATUTORY INSTRUMENTS ACT 1946
(AMENDMENT) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**DANGEROUS DOGS ACT 1991
(AMENDMENT) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**DOMESTIC ENERGY
(VALUE ADDED TAX) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**BBC LICENCE FEE NON-PAYMENT
(DECriminalISATION FOR OVER-75S) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

COVID-19 VACCINE DAMAGE PAYMENTS BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

ANONYMITY OF SUSPECTS BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**CHILDREN'S CLOTHING
(VALUE ADDED TAX) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

HIGHWAYS ACT 1980 (AMENDMENT) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**BRITISH BROADCASTING CORPORATION
(PRIVATISATION) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

ILLEGAL IMMIGRATION (OFFENCES) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**VACCINE DAMAGE PAYMENTS ACT
(REVIEW) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**NHS ENGLAND (ALTERNATIVE
TREATMENT) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

COVID-19 VACCINE DAMAGE BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**MOBILE HOMES ACT 1983
(AMENDMENT) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**ARM'S LENGTH BODIES (ACCOUNTABILITY
TO PARLIAMENT) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

BAILIFFS (WARRANTS OF POSSESSION) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**NATIONAL HEALTH SERVICE CO-FUNDING
AND CO-PAYMENT BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**INTERPERSONAL ABUSE AND VIOLENCE
AGAINST MEN AND BOYS (STRATEGY) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 July.

PETS (MICROCHIPS) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

TERMINAL ILLNESS (RELIEF OF PAIN) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 July.

IMMIGRATION AND VISAS BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**BRITISH INDIAN OCEAN TERRITORY
(SOVEREIGNTY AND CONSTITUTIONAL
ARRANGEMENTS) BILL**

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 July.

**Green-belt Development:
Rayleigh and Wickford**

Motion made, and Question proposed, That this House do now adjourn.—(Taiwo Owatemi.)

2.38 pm

Mr Mark Francois (Rayleigh and Wickford) (Con): I am grateful for this opportunity to raise the important matter of the potential development of the green belt in my Rayleigh and Wickford constituency. In addition, I am sure the Minister responding to the debate has many pressing demands from his constituency diary on a Friday, so I am personally grateful to him for being here in the House of Commons this afternoon to respond on behalf of the Government.

To add context, I will briefly explain to the Minister a bit about the geography of my constituency and how that is pertinent in relation to future development. In essence, south-east Essex is something of a peninsula, bordered to the south by the River Thames, to the east by the North sea, and to the north by the River Crouch and the River Roach, which run inland from the North sea as far west as the village of Battlesbridge.

There are two principal east-west arteries that run from London into south Essex, namely the A127, the Southend arterial road, and the A13, which runs broadly parallel to the A127, but further south, closer to the Thames. Both roads are already extremely busy during the morning and evening peaks. I am sure the Minister is familiar with the concept of heat maps, whereby the busier the road, the darker the shade of red they appear on the map. Both roads are effectively glowing bright scarlet during peak periods, because they are already at between 98% and 99% capacity in the morning and evening rush hours. In simple English, these roads are already maxed out, despite a number of junctions being upgraded along both roads in recent years. In simple English, these roads are already maxed out, despite a number of junctions being upgraded along both roads in recent years.

When we look at medical infrastructure, the theme of a system creaking at the seams is unfortunately repeated. Both Southend and Basildon university hospitals are part of the Mid and South Essex NHS Foundation Trust, along with Broomfield hospital at Chelmsford. The three hospitals were merged some years ago, admittedly under a Conservative Government, and it is fair to say that the merger has not been a great success. In the case of Southend hospital, according to the senior trust management, last autumn, prior to so-called winter pressures, the hospital was already at 98% to 99% bed capacity. Once winter pressures were added in, it went well beyond 100%, and unfortunately there were frequent incidents of patients on trolleys in corridors. The situation is similar at Basildon hospital, slightly further west. I have raised Basildon hospital with the Minister before. In addition, GP surgeries in south Essex have patient lists above the national average, and are under tremendous pressure too. For brevity, our education infrastructure is also under considerable pressure, especially with regard to places in special educational needs schools.

I have tried the Minister's patience by mentioning all of this in order to try and explain as frankly as I can the serious infrastructure pressures that residents in my

constituency, and right across south Essex, are already experiencing. Given these, it is absolutely critical that any future development should incorporate large-scale infrastructure investment to be provided well in advance of the tens of thousands of extra houses that Labour is seeking to build in south Essex, as part of their desire to create an additional 1.5 million homes over the course of the Parliament.

For the avoidance of doubt, I accept that there does have to be some additional house building. Clearly, young people cannot live at home with their parents forever. But any such construction has to be done sensibly, at a pace that the local infrastructure can realistically accommodate in an environmentally sustainable way, so as not to adversely damage the natural habitat nor degrade the quality of life of the people who already live in the area—they have rights too.

When it comes to housing targets, I am afraid that the Minister and I have a very basic philosophical difference. I admit that under a previous Conservative Government we did at one time have a system of mandatory housing targets, whereby officials in Whitehall could set targets for house building for each local authority, and then left it up to the local authority via its local plan to decide where that arbitrary number of dwellings should be built.

I was one of a number of Conservative Back Benchers who lobbied very hard to have that procedure changed to a system of advisory targets, whereby Whitehall could set a benchmark, but local authorities with special circumstances—for instance, a large proportion of green belt—were at the very least given the opportunity to argue back, and make a case for reducing such arbitrary targets if they threatened to be realistically undeliverable in practice. I very much regret that the incoming Labour Government immediately reverted to a system of mandatory targets, made worse by their overreliance on a computer algorithm in order to calculate the number of dwellings supposedly required in each local council area.

The prospect of so-called devolution and local government reform, about which I am deeply sceptical, has only threatened to make this already complex situation even more confused. In short, I believe it is highly unlikely that Labour will achieve its 1.5 million target, not least because it now incorporates a policy of making 50% of all new dwellings affordable. That was exactly the same policy that was operated for years by the Labour Mayor of London, Sadiq Khan. It is a matter of record that Mr Khan never gets anywhere near his housing targets. Indeed, they have now been reduced at the expense of increasing targets in the home counties, including in my home county of Essex.

The 50% affordable policy deterred many house builders from building anything at all. As it failed in London, I believe it will now fail elsewhere across the country. As one example, Phillip Barnes, group land director at Barratt Developments, which has a £5 billion per year turnover, raised concerns about the policy in a blog in August 2024. He warned that existing sites within the green belt in draft local plan applications for housing,

“will not be able to provide 50% affordable housing”.

He went on to say that since the draft NPPF—as it then was—Barratt

“has already pulled four in-flight planning applications on draft allocated sites because the spectre of 50% renders the scheme unviable due to the unacceptably reduced (or removed) land value for the landowner”.

Nevertheless, Labour’s doctrinaire adherence to the 1.5 million figure means that they are giving local authorities targets that are so high as to be realistically completely undeliverable—short of massive infrastructure investment, which the Government are clearly not in a financial position to provide. Last month alone, borrowing was £17 billion.

I will now raise with the Minister some specific examples of where his Government’s policy is already beginning to cause threats of unsustainable development in the green belt. Some months ago, Labour-led Basildon borough council published their regulation 18 draft local plan. The proposals anticipate building an incredible 27,000 dwellings across the borough council area during the planning period out to about 2043, 4,200 of which are anticipated to be built in and around the town of Wickford in my constituency. For the reasons I have already articulated, there is absolutely no way that the infrastructure in and around Basildon, Billericay and Wickford can possibly cope with massive house building on that scale, not least because about half of the sites are in the current metropolitan green belt.

Basildon borough council has published a number of documents supposedly related to infrastructure, but they are incredibly thin in actual content. For instance, the supplementary document on health and medical infrastructure says absolutely nothing in detail about the expansion of capacity at Basildon hospital at the heart of the borough. That is despite the fact that according to the NHS’s own metrics each new dwelling could represent an additional 2.4 patients for the hospital, producing an overall total just shy of 60,000 new patients for a hospital where they are, metaphorically, already coming out of the windows as it is.

All Basildon’s extremely limp document on health says on the subject is that it will all be sorted out by the integrated care board. I have double-checked that with the leadership of the Mid and South Essex ICB, which is itself now in the course of a reorganisation into a countywide ICB. I was assured that there have been absolutely no discussions between Basildon borough council and the integrated care board about the expansion of capacity at Basildon hospital. Basildon’s reg 18 plans should be found unsound on those grounds alone.

Moving on to the Rochford district council side of my constituency, we can already see how the Government’s targets are having an adverse effect there, too. As one example, Taylor Wimpey recently began a consultation on plans to build up to 350 houses in the metropolitan green belt, in an area of land between Mount Bovers Lane and Gusted Hall Lane in Hawkwell. The local community are up in arms about that, and if the Minister had the time to drive down Main Road in Hawkwell, he would see protest posters in almost every window against this completely unsustainable development in the environmentally sensitive upper Roach valley.

The site is wholly inappropriate for development, and indeed it is specifically excluded within the current Rochford district council local plan. Policy ELA3 states:

“The Core Strategy states that the Upper Roach Valley will be protected from development which would undermine the area’s role as a green space, providing informal recreational opportunities.”

[Mr Mark Francois]

Moreover, policy URV1, which relates specifically to the upper Roach valley, says:

“Policy URV1 seeks to protect the Upper Roche Valley from development so that it can become a ‘vast’ area for informal recreational opportunities.”

The policy goes on:

“The Council will strive to see the Upper Roach valley become a vast ‘green lung’ providing informal recreation opportunities for local residents. The Council will protect the area from development that would undermine this aim and will continue the approach of creating the right conditions for flora and fauna to flourish, with the minimum of interference.”

I should explain to the Minister I am firmly opposed to the proposed Taylor Wimpey development, which is completely contrary to two very specific policies in the excellent Rochford district council local plan, as I have just emphasised.

There are absolutely no “very special circumstances” that would justify house building on this scale in this part of the green belt, which is extremely popular with my constituents for leisure purposes, jogging and dog walking, all of which contribute to their wellbeing. However, this is by no means the only example of where inappropriate development is now being proposed in my constituency. When I was seeking re-election last year, Mr Speaker, my final leaflet was headed, “Give me a mandate to fight Dollymans Farm”. In short, this is another site in the metropolitan green belt, slap bang between the two largest towns in my constituency, namely Raleigh and Wickford.

During the 2024 general election campaign, I warned about Bloor Homes, which has a reputation as a highly aggressive developer and, it must be said, treated my former constituents appallingly in a proposed development of some 660 homes at Ashingdon, which is now on the eastern fringe of my constituency. That development was rightly opposed by Rochford district council, but Bloor subsequently won at appeal, where—among other things—Rochford district council’s hired transport consultant mysteriously changed sides the night before the public inquiry commenced.

As part of its proposals, Bloor offered a number of section 106 commitments, including a new doctor’s surgery on the site. Some two years later, not one brick has been laid to that end. Despite my attempts to raise this matter with the integrated care board on several occasions prior to the boundary changes, there is no sign whatsoever of Bloor undertaking any proactive activity to keep its word about the GP surgery. To me, that sounds a powerful warning regarding its proposals at Dollymans farm.

In essence, Bloor now envisions initially building 1,300 dwellings on the Dollymans farm site. Its proposals for Dollymans farm are a Trojan horse. The site is firmly within the metropolitan green belt and would represent completely inappropriate urban sprawl. I remind the Minister that paragraph 142 of the national planning policy framework—the so-called planning bible, which I am sure he now knows off by heart—states:

“The fundamental aim of Green Belt policy is to prevent urban sprawl by keeping land permanently open”.

To allow development at Dollymans farm would be utterly contrary to that fundamental tenet of the NPPF.

The 1,300 homes initially proposed take up only a fraction of the land on the whole Dollymans farm site, as was confirmed at a recent public consultation exercise that the company held at Rawreth village hall and that I attended. One need only take a single glance at the proposed site plan to see that this proposal is a Trojan horse, and that if the 1,300 dwellings are approved, further applications for thousands more on the same site will no doubt follow. We simply do not possess the transport, medical or educational infrastructure to cope with urban sprawl on this scale, about half a mile from the Wick. As the local MP, I intend to fight these totally unsustainable proposals tooth and nail.

Because of so-called devolution, the Labour Government have cancelled the local elections in Essex. However, there is a by-election in the Wickford Park ward on Thursday 26 June, and those Wickford residents who are lucky enough to have a vote can use it on Thursday to protest against Bloor Homes’ completely unsustainable proposals to build so many homes in such an inappropriate location. I therefore urge my constituents—whatever their personal politics might be—to vote for the Conservative candidate, Lewis Hooper, on Thursday in order to demonstrate to Bloor Homes that we really mean business, and we do not want its development at Dollymans farm.

Perhaps the most egregious example of attempts to overdevelop my constituency relates to the proposed new town on the border between Southend and Rochford, in the area around Bournes Green. In essence, the proposal is for around 10,000 dwellings, 5,000 on either side of the Rochford-Southend border. In answer to a question to the Deputy Prime Minister on Monday 7 April 2025, she confirmed to me in the Commons that those dwellings on the Rochford side would be, in her words, “above and beyond” the mandatory housing target—which is already over 10,000 dwellings—that Rochford district residents are being threatened with by this current Labour Government. For the record, I am completely opposed to these proposals as well.

However, I particularly wish to draw to the Minister’s attention the fact that there appear to have been some serious irregularities in how all of this was proposed, and I would be grateful for his close attention to them. When the original expression of interest was sent in some months ago, Rochford district council was something of a rainbow coalition, but led by the Liberal Democrat group. It transpires that the expression of interest that was sent to the Department—the new towns taskforce—was never approved by any committee of the council, let alone by the full council itself. There is even some confusion about whether or not the leader of the council, who was then Councillor James Newport, actively endorsed the proposal. In short, the whole initiative appears to have been effectively officer-led and officer-dominated.

Since then, the leadership of Rochford district council has changed hands, as the Liberal Democrat group effectively collapsed and is now divided into various factions, some of whom no longer identify as Liberal Democrats. I shall not try the Minister’s patience with all the twists and turns in this process, but none the less, suffice to say that at times it has been like something out of Gilbert and Sullivan.

The new Conservative-led administration, working with Rochford District Residents and several others, is attempting to bring stability to the council. At a meeting

of the planning policy committee on 11 June, the council formally decided to withdraw its support for the expression of interest as submitted to the new towns taskforce. In other words, Rochford has withdrawn from the proposed new town—a decision that I wholeheartedly support, as we just do not have the infrastructure to cope with it. Moreover, in her speech to that committee, the redoubtable Councillor Danielle Belton said the following about how the EOI was submitted in the first place:

“This is about transparency and doing right by the communities we serve. So finally, I should add that as the incoming Leader of Rochford District Council, I’m very concerned about what appears to have happened here—but I think it is important to establish the facts and learn from them. So, for that purpose, I will shortly be establishing an independent, externally-led investigation, to get to the bottom of all this and how, exactly, this submission came to be sent in the first place. We will then report the findings of that investigation to Full Council—and via them to our residents—in due course.”

Given that an external investigation has now been initiated, I am sure the Minister will agree that it would not be appropriate for me to comment further in detail; suffice to say at this stage that something appears to have gone seriously wrong in how the expression of interest was submitted, which is even more reason for the council rightfully to withdraw from the whole process.

Before leaving this topic, I should perhaps add in passing that there are emerging rumours that Brentwood borough council—which shares the same chief executive as Rochford, Mr Jonathan Stephenson—has also submitted an EOI for a new town, but for far larger numbers than were envisaged for the Rochford-Southend equivalent. I merely observe that there appears to be a bit of a pattern here. I will leave that for my hon. Friend the Member for Brentwood and Ongar (Alex Burghart)—he is in his place in the Chamber, listening to this news about his constituency—to pursue with Brentwood borough council, and no doubt eventually with the Minister on a separate occasion.

To summarise, 24 years’ experience as a constituency MP has taught me that there is such a thing as good development, but that works only if it is something that is done with people, rather than to people. My genuine fear—I hope the Minister will appreciate what I am saying—is that Labour’s top-down approach, from both central Government and Labour-led Basildon council, very much appears to be doing things to people, rather than with them.

I was elected to Parliament to represent my constituents, and I can assure the Minister that Essex people are not slow in putting across their point of view, as my email inbox regularly testifies.

Alex Burghart (Brentwood and Ongar) (Con) *indicated assent.*

Mr Francois: My hon. Friend the Member for Brentwood and Ongar is nodding his assent.

We do accept there has to be some new house building in our county, but not on the scale that the Government propose in order to meet a random ideological target of 1.5 million homes, even at the risk of materially undermining the quality of life of people who live in Essex already.

Finally, even if the Minister does not agree with me today, having known him for some time, I hope that he will at least respect that my concerns are genuine, and I

hope that he will take at least some notice of the points that I have made this afternoon on behalf of the constituents who kindly re-elected me recently.

2.59 pm

The Minister for Housing and Planning (Matthew Pennycook): Let me begin by congratulating the right hon. Member for Rayleigh and Wickford (Mr Francois) on securing this debate. While I may disagree with a number of the arguments he made, for reasons I will expand upon in due course, I know that he speaks with genuine conviction on behalf of those he represents, and no one can doubt his commitment to his constituency.

In the time available to me, I intend to touch on all the substantive issues that the right hon. Gentleman raised, although I will not go into individual planning applications, for reasons that he will understand. I start by reminding the House about the problem that the Government are working to resolve. It is not, I believe, in doubt that England is in the grip of an acute and entrenched housing crisis. To ensure that we have a planning system that is geared towards meeting housing need in full, the Government introduced a new standard method for assessing local housing need as part of the revised national planning policy framework we published in December, and we made that standard method mandatory.

That standard method now relies on a baseline, set at a percentage of existing housing stock levels, to better reflect housing pressures across the country, and uses a stronger affordability multiplier to focus additional growth on those places facing the biggest affordability challenges—south-east Essex would be one of those. We have been entirely open that that will mean that all parts of the country, including Essex, must play their part. I appreciate that some right hon. and hon. Members simply do not want to see housing growth in their constituencies—I do not name the right hon. Gentleman in this respect—and some may even question whether housing need exists on the scale that it does, and that the Government are clear that it does. However, the Government are clear that we must have ambitious targets to begin fixing the housing crisis afflicting our country, and that decisions made locally should be about how to meet housing needs, not whether to do so at all.

Turning briefly to local plans, the plan-led approach is and must remain the cornerstone of our planning system. As I know the right hon. Gentleman understands, due to the Secretary of State’s quasi-judicial role in the planning system, I am unable to comment on the details of his, or any other, specific local plan. However, I want to underline that the best way of allowing communities to shape development in their area is to have an up-to-date local plan that ensures the provision of supporting infrastructure, so that development proceeds in a sustainable manner. In the absence of an up-to-date plan, there is a high likelihood that development will come forward on a piecemeal and speculative basis, with reduced public engagement and fewer guarantees that it will make the most of an area’s potential.

Having failed to adopt a plan since 1998, Basildon now has one of oldest local plans in the country, a state of affairs that is—I put this as diplomatically as I possibly can—detrimental to the residents of Rayleigh and

[Matthew Pennycook]

Wickford. So I am pleased that the new leadership at Basildon council is seeking to address the failures of its predecessors by bringing forward a new local plan, premised on meeting housing need. I want to make it clear that I expect their neighbours at Rochford to progress their local plan, and consult later this year, in line with the updated plan timetable.

To support local planning authorities in their efforts, the Government are awarding £28 million of new funding. As part of that, Rochford and Basildon councils were each awarded approximately £228,000 for local plan delivery, and £70,000 for support with the costs of undertaking a green-belt review. It is now each authority's responsibility to ensure that their plans unlock growth and secure the housing, jobs and infrastructure their local people deserve.

Turning next to the process of plan making, which is important in regard to some of the issues that the right hon. Gentleman raised, national planning policy is clear that the standard method should be used by local authorities to inform the preparation of their local plans. Once local housing need has been assessed, authorities should make an assessment of the number of new homes that can be provided in their area. This should be justified on the basis of evidence of land availability and constraints on development—for example, in national landscapes—and any other relevant matters. Planning inspectors will consider those issues if they are raised when the plan is submitted to them.

We expect local authorities to explore all options to deliver the homes that their communities need, including maximising the use of brownfield land, working with neighbouring authorities and, where necessary, reviewing green-belt land. When allocating land, the first port of call must be previously developed land. I put on record again that this Government are fully committed to a brownfield-first approach to development. That is why we made changes to the revised national planning policy framework last year to place an even stronger emphasis on the value of brownfield land development.

As the right hon. Gentleman will know, in September last year we published a working paper on a brownfield passport to explore how further to prioritise and accelerate development on brownfield land and ensure that the default answer to suitable proposals on such land is a simple and straightforward “yes”.

Just last month, we published a working paper exploring ways that we can speed up the build-out of consented sites, including brownfield sites, so they are delivered as quickly as possible. On the right hon. Gentleman's point about the existing developer contribution system, we are committed to strengthening that to ensure that councils are able to negotiate properly on what public gain can come through the developer contribution system, and to hold developers to account for the commitments they make. However, we know that there is simply not enough brownfield land in the country to deliver the volume of homes that working people need, let alone enough sites that are viable and in the right location. That brings me to the green belt.

The Government are committed to preserving green belts, which have served England's towns and cities well over many decades, not least in checking the unrestricted

sprawl of large, built-up areas, and in preventing neighbouring towns from merging into one another. We have not changed the five purposes of the green belt that are set out in paragraph 143 of the national planning policy framework, and we do not propose to alter its general extent. Instead, our reforms replace a haphazard approach with a strategic and targeted approach to green-belt land designation and release. As a result of our changes, the national policy now includes a clear direction that where development on the green belt is necessary, it should be directed towards the least valuable parts of the green belt: previously developed or low-quality grey-belt land.

The sustainability of sites must be prioritised, and local authorities must pay particular attention to transport connections when considering whether grey-belt land is sustainably located. Because we recognise the value that the public place on the green belt, we have taken steps to ensure that any necessary development on land released from it must deliver high levels of affordable housing; the provision of new—or improvements to—existing green spaces that are accessible to the public; and the necessary improvements to local infrastructure to ensure that residents benefit. Those new golden rules, which are the mechanism by which we will deliver that public gain, will apply where a major housing development is proposed on green-belt land, but I should be clear that the requirement for a high level of affordable housing is for green-belt land specifically, regardless of whether it is released through plan-making or subject to a planning application.

Mr Francois: Am I right to say that the Minister described sustainability, particularly for green-belt developments, as a golden rule? I understand that the Planning Inspectorate is beginning to take that approach too. Could he quickly confirm that I heard that correctly?

Matthew Pennycook: In judging particular applications, particularly when local authorities seek to release land as grey-belt land, they do have to have sustainability as a concern. When cases go to the Planning Inspectorate—for example, on appeal—all these matters will be considered, but the right hon. Gentleman can find the definition of what needs to be considered in the NPPF. I am more than happy to point him to that.

I turn very briefly to nature, because the right hon. Gentleman did mention the environment. Our reforms will help to deliver the homes and development that our country needs, but we have been very clear that these must not come at the expense of the natural environment or rural communities. We are clear that policies and decisions should recognise the intrinsic character of the countryside, and we are maintaining the strong protections for the best and most versatile agricultural land. We have preserved protections for high-quality green-belt land, and for land safeguarded for environmental reasons, such as national landscapes. As I have said, we are ensuring that major new developments in the green belt deliver more accessible green space and support nature recovery.

I thank the right hon. Gentleman once again for sharing his concerns on this matter with the House. While I appreciate that there is a principled and strongly felt difference of opinion between him and me on these

matters, I trust that I have clearly laid out the Government's position. As ever, I would be more than happy to speak to him outside the Chamber, and to discuss any issues of local concern.

Question put and agreed to.

3.7 pm

House adjourned.

Written Statements

Friday 20 June 2025

BUSINESS AND TRADE

British Steel

The Minister for Industry (Sarah Jones): The Government committed to updating Parliament on British Steel every four weeks for the duration of the period of special measures being applied under the Steel Industry (Special Measures) Act 2025.

As the Chancellor set out at spending review on 11 June, this Government faced a choice in April: to let British Steel collapse, or to intervene. We were not prepared to tolerate a situation in which Britain's steel capacity was critically undermined, or to see another community with a deep industrial heritage lose the pride, prosperity and dignity that industry provides. We are proud of our decision to intervene to save British Steel in Scunthorpe, and the jobs that come with it.

Since my last written ministerial statement on British Steel on 20 May, I have written to several Members to respond to further questions. Work continues to develop an impact assessment and bring forward regulations under section 7 of the Act, which allow the Secretary of State to introduce a compensation scheme for steel undertakings that have received a notice under the Act. We are committed to facilitating ongoing scrutiny of the Government's use of these powers and, to that end, the Secretary of State has replied to correspondence from the Chair of the Business and Trade Committee, and Baroness Jones will shortly write to the Lords Constitution Committee in response to their report entitled "Fast-track legislation and the Steel Industry (Special Measures) Act 2025", published on 8 May.

Our intervention in British Steel under the Act has enabled the company to continue to operate two blast furnaces in Scunthorpe, and we have secured sufficient supplies of raw materials to maintain this asset configuration for the coming months. As hon. Members are aware, the redundancy consultation initiated by British Steel's owners, Jingye, was cancelled shortly after the Government's legislative intervention, removing the immediate risk to 2,700 jobs, and I am pleased to confirm that British Steel is now seeking to enrol its first apprentices in over 3 years. More than 200 people have applied to become British Steel apprentices as the business seeks to develop its next generation of engineers and technical experts, all based in Scunthorpe.

I am also delighted that British Steel, the UK's only manufacturer of rail, has secured a new £500 million long-term supply contract with Network Rail. The 5-year agreement has an option to extend for a further 3 years and ensures that British Steel retains its position as principal supplier to Network Rail, the organisation which operates and maintains Britain's rail infrastructure. British Steel will deliver between 70,000 and 80,000 tonnes of rail a year, all manufactured at Scunthorpe.

Government officials continue to work onsite in Scunthorpe, supporting British Steel's management team. Our priorities remain continuing production, stabilising operations and remedying critical health and safety issues. Since the Government took control of operations, significant progress has been made to improve safety standards.

We recognise the ongoing interest from Members across both Houses regarding the funding that will be required for the Scunthorpe site. The position remains that all funding will be drawn from existing budgets, within the spending envelope set out by the Government at spring statement 2025. As the Prime Minister and the Chancellor have made clear, the UK's fiscal rules are non-negotiable.

To date, we have provided approximately £100 million for working capital. This covers items such as raw materials, salaries, and addressing unpaid bills, including for SMEs in the supply chain. This does not take into account future revenue. As previously confirmed, the Department for Business and Trade's accounts for 2025-26 will reflect the financial support that the Department has given to British Steel.

As spending review 2025 has highlighted, this Government are investing for the long-term future of UK steel—from £500 million for Tata Steel in Port Talbot to new nuclear-grade capacity at Sheffield Forgemasters—and we will invest in Scunthorpe's long-term future. However, we have been clear that there also needs to be private investment to modernise British Steel. Work continues at pace to develop the optimal policy and strategy approach, and we are working closely with Jingye to inform that process.

[HCWS723]

CULTURE, MEDIA AND SPORT

Government Funding for Sport

The Secretary of State for Culture, Media and Sport (Lisa Nandy): Sport plays an integral part in our national identity—it brings communities together through physical activity, provides moments of national unity and celebration, and supports growth through investment in our cities, towns and villages. In short, sport and physical activity allow us to showcase the best of our country on a global stage. That is why this Government are committing over £900 million of investment into major sporting events and grassroots facilities over this spending review period, supporting our plan for change.

This funding will provide investment in events that captivate global audiences, strengthen the UK's position as a world leader in sport, and support our mission to kick-start economic growth by creating jobs, driving regional prosperity and encouraging visitors to the UK. The investment in grassroots facilities will ensure that everyone who wants to participate in sport and physical activity will have the opportunity to be active—ensuring a healthier nation, reducing barriers to opportunity and bringing communities together. It will see more than £500 million committed to supporting the delivery of a host of world-class sporting events being held in the UK over the coming years, including:

The men's and women's Tour de France Grand Départ in 2027
The men's 2028 UEFA European Football Championship—
alongside Ireland

The European Athletics Championships 2026 in Birmingham.

These events will deliver significant economic benefits, with Euro 2028 alone projected to generate up to £2.4 billion in socioeconomic value across all parts of the UK.

Work is also continuing with the home nation football associations and devolved Governments to develop the bid for the UK to host the FIFA women's world cup in 2035.

Alongside this investment in major sporting events, at least £400 million will be invested in new and upgraded grassroots sport facilities across the UK that support and improve access to better health, active lifestyles, wellbeing and community cohesion. We will prioritise underserved places, working closely with sporting bodies, devolved Government and local leaders to establish what each community needs, and then set out further plans. This will include a stronger focus on removing the barriers for groups such as women and girls, people with disabilities, ethnic minority communities and those in the most deprived neighbourhoods.

This investment will build on the Government funding being delivered this year, which is already helping local clubs and communities build new pitches and changing rooms, and install floodlights, solar panels and goalposts—enabling people of all backgrounds to play a wide range of sports, in communities across every part of the United Kingdom.

This funding demonstrates the Government's belief in the power of sport—from global events to local facilities—to unite, inspire and improve lives across the country.

[HCWS722]

HOUSING, COMMUNITIES AND LOCAL GOVERNMENT

Fair Funding Review 2.0 and Administration of Council Tax

The Minister for Local Government and English Devolution (Jim McMahon): This Government were elected on a manifesto to fix the foundations local government so that taxpayers can once again rely on strong and reliable local services. After 14 years of service cuts and managed decline by the previous Government, councils across the country were on their knees. We are committed to delivering ambitious funding reform for local government based on need, alongside a renewed focus on prevention to get ahead of overwhelming pressures in adult social care, children's services and temporary accommodation. We will work closely with the sector to reset local government so that it is fit, legal and decent and can once again reliably deliver for our communities. Today, we take the next step in our plan to ensure that local leaders have the systems and resources they need to deliver for their residents.

Too many areas have felt the combined impact of reducing Government support and low historical tax bases from which to raise income, coupled with high levels of need driving up demand for services. It is not fair that people in these places too often see hikes in

council tax bills while neighbourhood services, which make areas clean, safe and decent, have felt the brunt of reductions. The current funding system is a decade old and reinforces the divide between deprived places and the rest of the country, and that is why we are taking action where previous Government failed. But this is not just about making the overall funding system fairer, this is also about making everyday life fairer for taxpayers too. This is a new settlement for councils and council taxpayers alike.

We took our first steps to reform local government funding through the local government finance settlement 2025-26, and today we are publishing a consultation on the next stage of our plans. As part of this, the formulae used to assess local authorities' current needs, which are a decade out of date, will be updated to target money where it needs to go and ensure those places that have been overlooked get their fair share.

We will simplify the system and give security with multi-year settlements, reduce the vast range of small grants into simplified larger consolidated pots—scrapping bureaucracy and unnecessary reporting—and radically scale back wasteful competitive bidding. This will make funding more efficient, deliver better value for money for taxpayers and provide certainty to councils, turning the tide on micro-management from the centre, so that councils can spend their time and resources on services for local people, not filling out forms to satisfy central Government.

We will take decisive action to modernise the council tax system. This Government recognise that the administration of council tax has been left largely unchanged since 1993. This is why we are, in parallel, launching a consultation seeking views on changes to the administration of council tax which will support taxpayers with their bills and improve taxpayer experiences of the system—particularly for vulnerable groups.

We know we are facing huge financial challenges as a country. There is no magic wand, and fixing the foundations of local government requires tough decisions, on all sides. But with this bold action we can stem the tide of councils in financial crisis and allow the most disadvantaged places to reinvest in visible neighbourhood services and support for the vulnerable. It will take time and dedication to achieve this, and I urge everyone, inside and outside the sector, to share their thoughts on these proposals.

Fair funding review 2.0

Today's consultation on fairer funding reform follows the fair funding review launched in 2016 by the previous Administration but abandoned in 2022. We are finally following through where previous Governments failed. We launched a consultation in December, which sought views on the principles and objectives underpinning funding reform. Respondents were clear that reform is needed.

We will work with councils to fix what is broken, moving around £2 billion of funding to the places and communities that need it most and modernising council tax administration. We have made a start, beginning with the £600 million recovery grant in the 2025-26 settlement which started to correct the unfairness in the system by targeting money to areas with greater need and demand for services and less ability to raise income locally, and beginning the process of consolidating grants into the settlement. In this year's spending review, we

have taken decisive action to allow councils to reliably deliver for their residents by confirming an additional £3.4 billion of grant funding for local authorities over the spending review period. This is above and beyond additional funding for services provided outside of the settlement.

The last time that funding was allocated to local authorities using an updated set of funding formulae that sought to account for local authority differences in demand, costs and council tax raising ability was in 2013-14. This failure to update since then and the subsequent mismatch between funding and need has manifested in unequal outcomes for people and places.

Our up-to-date system will use the best available evidence to take account of the different needs and costs faced by councils in urban and rural areas, and the ability of individual local authorities to raise council tax. This means no one will suffer from deteriorating services just because they live in an area with low house prices or high demand for social care, or in a rural part of the country. We are also inviting views on resetting the business rates retention system to restore the balance between rewarding business rates growth and aligning funding with need. After the consultation and once finalised, the changes will be implemented over three years, beginning in 2026-27 through the first multi-year settlement in a decade.

As part of this, we are inviting views on a package of transitional arrangements to enable councils to deliver service transformation and efficiencies. We recognise that there is a balance to strike between directing funding where it is most needed and allowing authorities time to plan for changes.

We are also moving away from wasteful competitive bidding pots and restrictive reporting requirements to give local leaders the flexibility they need to deliver. We intend to deliver at least four consolidated grants through the settlement which bring together funding to support prevention and service reform, including a homelessness and rough sleeping grant, a public health grant, a crisis and resilience grant and a children, families and youth grant. We want to update the new burdens doctrine, allowing local authorities to plan more effectively. Building 1.5 million homes is a cornerstone of our plan for change, but we also have heard clearly that the new homes bonus is an ineffective incentive for new house building. We are therefore proposing to end the new homes bonus, and return the funding to the core settlement, to be allocated where it is needed most.

The consultation brings together opportunities and interactions across funding reform and devolution, local government reorganisation, and reforming local government burdens. We invite views on the role the settlement could play in funding strategic authorities, the treatment of reorganised authorities and reducing unnecessary burdens on local government. Additionally, we are inviting views on where it might be appropriate to update some sales, fees and charges, to support the financial sustainability of key services without placing an unreasonable burden on service users.

Consultation on modernising and improving the administration of council tax

Today's council tax consultation explores opportunities to modernise and improve the administration of council tax to deliver a fairer and more efficient system for taxpayers and local authorities.

Council tax is vital in ensuring councils have the funding they need to deliver essential public services. It is therefore right that council tax avoidance is not tolerated, and councils have reasonable powers to recover unpaid council tax. However, it is also right that households are not subject to disproportionate enforcement action and that they can access support they are eligible for. While many councils have shown strong leadership in this area, we know that this balance has not always been struck, and there are too many cases of vulnerable taxpayers bearing the brunt of heavy-handed collection by councils and their contractors.

We believe we can be both firm on deliberate tax avoidance, and fair to those needing support. Therefore, this consultation explores proposals to end unacceptable, aggressive collection practices that have seen vulnerable people who miss payments subjected to unmanageable lump sum payments and liability orders, which can lead to bailiffs being sent in, without the offer of a payment plan or a welfare check. These practices do not benefit councils, who can incur costs seeking punitive measures without recovering the tax in question, nor residents, who do not see improved services as a result of attempts at this sort of recovery. Put simply it is self-defeating and lacks common sense.

The consultation also looks more broadly at wider opportunities to make improvements to local government efficiency in the collection and administration. It also looks to make changes to support taxpayers with their bills and enhance their experience with the system. This includes proposals to spread council tax payments over 12 monthly instalments by default, saving the average band D household £38 a month by spreading the total cost across more instalments. Councils will still have the flexibility to offer taxpayers, on request, the option of retaining the current default of 10 monthly instalments. We will also make changes to help taxpayers better hold councils accountable for how their taxes are spent. It also considers the outdated nature of the "severely mentally impaired" council tax disregard, seeking to bring its name and definition in line with modern parlance to reduce the stigma around accessing the support it offers. We are issuing a call for evidence on people's wider experiences with existing support in the system, including views on the effectiveness of council tax disregards for carers and apprentices, wider support with council tax bills Government might consider, and potential future changes to the process of appealing a home's council tax band.

We know these issues are complex, and we are ready to make difficult decisions where they are the right decisions. We therefore particularly urge residents as well as the local government sector to share their views on this consultation on the administration of council tax.

Conclusion

The consultation on the fair funding review 2.0 will be open for eight weeks, closing on 15 August 2025. The consultation on council tax modernisation is open for twelve weeks, closing on 12 September 2025. We encourage views from the sector and beyond on each of these consultations.

This written ministerial statement covers England only.

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