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HOUSE OF LORDS

OFFICIAL REPORT

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The following abbreviations are used to show a Member's party affiliation:

Abbreviation	Party/Group
CB	Cross Bench
Con	Conservative
DUP	Democratic Unionist Party
GP	Green Party
Ind Lab	Independent Labour
Ind SD	Independent Social Democrat
Ind UU	Independent Ulster Unionist
Lab	Labour
Lab Co-op	Labour and Co-operative Party
LD	Liberal Democrat
Non-afl	Non-affiliated
PC	Plaid Cymru
UKIP	UK Independence Party
UUP	Ulster Unionist Party

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House of Lords

Friday 22 October 2021

10 am

Prayers—read by the Lord Bishop of Durham.

Arrangement of Business

Announcement

10.08 am

Lord Ashton of Hyde (Con): My Lords, before we start on this important Private Member's Bill, I point out that, if Members stick to the advisory speaking time—I am aware that it is advisory—we should conclude our business at about 5.30 pm. It is difficult to strike the right balance on speaking times: many Members wanted more and many wanted less, so I hope that all noble Lords can be equally unhappy with me. I therefore urge all noble Lords to do their best to speak within the advisory speaking time.

Assisted Dying Bill [HL]

Second Reading

10.09 am

Moved by **Baroness Meacher**

That the Bill be now read a second time.

Relevant document: 9th Report from the Delegated Powers Committee

Baroness Meacher (CB): My Lords, I declare my interest as the unpaid chair of Dignity in Dying. My Bill has three informal co-sponsors: the noble Baroness, Lady Davidson of Lundin Links, who will make her maiden speech today; the noble and learned Lord, Lord Falconer of Thoroton; and the noble Baroness, Lady Brinton. I thank them for their support. Indeed, I thank every noble Lord in the Chamber.

Today, in England and Wales, assisted dying is prohibited by the Suicide Act 1961. Anyone who assists a person to end their life is liable to prosecution and imprisonment for up to 14 years. It turns compassionate friends and family into criminals and causes thousands of dying people to attempt to take their own lives alone in order to safeguard their relatives.

How many of us fear that we may be one of the unlucky small minority—I emphasise “small minority”—of people who suffer a traumatic dying process in which our precious palliative care services cannot relieve our suffering and cannot enable us to have a dignified death? Some 52% of the population report that they have witnessed a loved one suffer unbearably at the end of their life. Assisted dying will reduce those fears of dying so that we can live better. Then, when we are given a terminal diagnosis, the legal right to an assisted death will give us and our families great comfort and reassurance, knowing that we will have a choice and some control over how long we can tolerate our suffering.

The benefits of the Bill to dying people and their families will be huge, yet this is a truly modest Bill based on tried-and-tested laws from overseas. It is an overwhelmingly popular Bill in society. We know that 84% of the population at large support assisted dying, including 80% of people who declare themselves religious and 86% of disabled people. That is not surprising, because the sole aim of this Bill is to reduce unnecessary and unbearable suffering.

What do I mean by intolerable or unbearable suffering? There are forms of suffering that even the best palliative care cannot alleviate. A small but significant minority of dying people will experience intolerable symptoms. Let me give some examples. One is constant nausea and vomiting, night and day, which, because of an allergy to antiemetics, cannot be alleviated by palliative care services. Another is fungating wounds from a cancer protruding through the skin, perhaps in the cheek; I have a friend who suffered that recently. Such wounds exude pungent and deeply unpleasant odours described by doctors as “ward-clearing” because all the other patients have to leave due to the odour. However, the dying person can never leave, can they? That is, unless they are given the opportunity to take their own life.

Motor neurone disease is totally different but, day by day, week by week, it eventually deprives the person of every possibility of moving a muscle anywhere in their body. Some of those people will end up unable to speak, to swallow, to eat or to drink. How many of us want to go through that? Should we not have the right to avoid the very end of all that suffering? Often the loved ones of these people go through years and years of nightmares and panic attacks, thinking back and remembering the pain and suffering that their nearest and dearest went through. This Bill could end that suffering.

What can the dying person do under the current law to avoid such suffering? The options are grim. We can starve ourselves to death—a horrible way to die. We can refuse treatment, with more uncertainty about how much suffering that will cause. We can take our own lives—thousands of people try to do that every year and nine-tenths of them fail with the most appalling consequences. We can poison ourselves with stored up pills and alcohol, alone, to protect our loved ones. I had an aunt who had terminal liver cancer. The tumour was the size of a football. In the middle of the night, all alone, she took all her pills and whisky and the next morning her husband, who knew nothing about it, found her dead. That death left an indelible mark on me and probably explains why I am here today. The law leads dying people who desperately want medical assistance to die to travel to another country, long before they are ready to die. Imagine going to take your life before you really feel that that is what you want to do.

Now I will tell you something that you will find a little surprising. Our colleague, the noble Lord, Lord Field of Birkenhead, who is dying, asked me to read out a short statement:

“I’ve just spent a period in a hospice and am not well enough to participate in today’s debate. If I had been I’d have spoken strongly in favour of the Second Reading. I changed my mind on assisted dying when an MP friend was dying of cancer and wanted to die early before the full horror effects set in, but was denied this opportunity ... A major argument against the Bill is

[BARONESS MEACHER]

unfounded. It is thought by some the culture would change and that people will be pressurised into ending their lives. The number of assisted deaths in the US and Australia remains very low—under 1%—and a former Supreme Court judge in Victoria has concluded about pressure from relatives that ‘it just hasn’t been an issue’. I hope the House will today vote for the Assisted Dying Bill.”

Why are we bringing another Assisted Dying Bill before Parliament? Those who oppose this Bill will remind us that over six years ago such a Bill was defeated overwhelmingly in the House of Commons, but a great deal has changed since then. We have seen a radical shift in the views of doctors. In 2019, the Royal College of Physicians ended its opposition to assisted dying. Last month, the BMA did the same thing following a survey that showed that 50% of its members supported assisted dying and 39% were against. My belief is that, about 10 years ago, maybe 5% of doctors supported assisted dying. The change has been extraordinary. I had a meeting with the Royal College of Surgeons the other day. It is considering reviewing its position. If it does, all the royal colleges will have moved from opposition to neutrality.

In this same period, seven more US states have legalised assisted dying. Now 11 US states have it, as well as five states in Australia. New Zealand is introducing assisted dying; it will be available for people from next month. All those jurisdictions have an Act of Parliament very similar to the Bill that we are discussing today. Other countries have broader models of assisted dying. Canada and Spain are among the latest countries to legalise euthanasia in the past few years, in which a doctor administers a lethal medication. Italy will have a referendum next year. When a country has a referendum, it will introduce a law, because this is an incredibly popular measure. Debates are under way in Portugal, Austria, Germany and Ireland. Perhaps most important is the likelihood that within a few years the Scottish Parliament will legalise assisted dying—there is a majority for it in the Parliament. My challenge to our Prime Minister is: “Boris, do you really want to be upstaged by Scotland on this issue, an issue of such historic proportions?”

This Bill is an attempt to drag our assisted dying legislation out of the 1960s and into the present day. It is not a euthanasia Bill; it would read very differently if it were. What are the main provisions of the Bill? It would give terminally ill, mentally competent people over the age of 18 the right to choose the manner and timing of their death. To be eligible for an assisted death, two independent doctors would have to confirm that the person requesting assistance had a life expectancy of no more than six months. Prognoses are a little unreliable but, in the countries that have this law, people take the medicine only in the last week to two weeks of life and, at that point, the prognosis is much more certain. People must have mental capacity and have reached a clear and settled decision to have an assisted death without pressure or coercion from any person. If at any stage there were doubts over their capacity, either doctor could refer the person to a specialist. The patient’s nearest relatives would be interviewed to check their motivation. Having seen this evidence, the entire process would need to be approved by a judge of the family division of the High Court.

How does this Bill relate to palliative care? All of us who support the Bill—and I mean all of us—are passionate about achieving the best possible palliative care across the country. While we are unable, in this Bill, to include additional financial provision for palliative care, we urge the Government to follow the example of Victoria, in Australia, and elsewhere, where the legalisation for assisted dying has been accompanied by a significant investment in palliative care services. The principles of patient choice are rightly paramount in modern medicine but are drastically curtailed when it comes to the end of life. Patient choice means nothing for the dying unless it includes the patient’s right to decide when they can take no more suffering.

The right to an assisted death, where and when the patient chooses, surrounded by loved ones, is an essential and complementary part of high-quality palliative care. The Oregon Hospice & Palliative Care Association was against assisted dying before legislation was introduced there. Today, it is very much in favour. Why? Because it has improved palliative care; now, their doctors and nurses can have honest, expansive conversations about the wishes and fears of dying people. Palliative care has improved in Oregon over those 22 years, and it would do the same here.

I will touch on the report of the Delegated Powers and Regulatory Reform Committee, of which I am a member, although I should say that I did not attend the meeting to discuss this Bill. The report raises valid points about having the affirmative rather than negative procedure, and I will be talking to doctors and lawyers about some adjustments to the Bill to reflect those recommendations.

In my closing remarks, I will briefly scotch some arguments that are likely to be heard today. Might there be a slippery slope, our opponents suggest—I have just had that debate with a doctor on BBC television news. No, there would not be. Our opponents know that not a single jurisdiction in the world that has legalised assisted dying for people who are terminally ill and mentally competent has expanded it beyond those strict criteria, except Canada. The reform there was led by a Supreme Court judgment that, if somebody is not terminally ill but is suffering unbearably, it is contrary to their human rights to be denied an assisted death. The Parliament decided to have a narrow Bill initially, not dissimilar to ours, and, if that worked, to extend the scope of that Bill. Canada is a very exceptional case because of that. The reform was led by a Supreme Court judgment and the Parliament was a bit nervous about doing it, so people today should not refer to Canada as an example of a slippery slope. The laws in Belgium, the Netherlands, Switzerland, Canada, Spain, Colombia and elsewhere may be raised today. I hope they will not be, as they have always been more broadly based. References to those laws are irrelevant to our debate.

We will also hear much today about vulnerable people, which is absolutely right, but there are no legal safeguards for dying people who decide to end their lives early, whether by starving or, on occasion, shooting themselves. We propose a rigorously safeguarded system that would end these barbarous deaths and protect vulnerable people.

Some say that pain can always be controlled; cancer specialists know better. Some have written to me referring to the terrible suffering of terminally ill cancer patients from physical pain—a small minority, but each and every one of them is important, nevertheless. The Association of Cancer Physicians, in its excellent and balanced book *End of Life Choices for Cancer Patients*—it is careful not to come down on one side or the other—concludes that

“we do not see the comprehensive provision of high quality palliative care and the introduction of assisted dying as alternatives in competition with each other.”

In other words, they work well together when they exist together. The current law is unsafe and results in untold suffering. No civilised society should tolerate such a law. I beg to move.

10.24 am

Amendment to the Motion

Moved by **Lord Winston**

At end insert “but that this House considers that the bill should refer to euthanasia rather than assisted dying.”

Lord Winston (Lab): My Lords, is a great privilege to follow the noble Baroness, Lady Meacher, for whom I have huge respect. In my career delivering babies, I have also seen some of the terrible and moving things she describes. I have great respect for her important speech and her great work in moving this Bill. But many noble Lords have received vast correspondence, and it is clear that there is massive public interest in this debate, as almost never before, and many misunderstandings about its implications, which can be seen from what has been written. It raises the most important moral question and needs clarity without euphemism. “Assisted dying” could equally be applied to palliative care, so the Bill’s title does not represent what is really intended. The word “euthanasia”—from the Greek “eu”, meaning well or good, and “thanatos”, meaning death—is what we are actually talking about.

I met a teenager in a school last week who asked me this question: do you think we should strive for a perfect society? She went on to ask whether that is really desirable. I said that, in an imperfect world, we have to do the best we can, and this is what we are to debate today. I hope that we do so in a respectful and thoughtful manner. I will say no more but will hear what other noble Lords have to say. I beg to move.

10.27 am

Baroness Jenkin of Kennington (Con): My Lords, every possible argument will be rehearsed today by the 140 speakers, and many passionate and eloquent speeches will be made, showing this House at its best. I know both sides will debate and disagree with courtesy, and with an understanding of the importance of our role.

I believe an assisted dying law is needed in the UK to address the unacceptable suffering of dying people and the lack of protections in the current law. The Assisted Dying Bill—supported, as the noble Baroness

said, by 84% of the British public—would enable terminally ill, mentally competent adults in England and Wales to die well and on their own terms, should they choose it. It would provide choice to those who are suffering, even after receiving our world-leading palliative and end-of-life care.

The Bill would place greater protections and upfront safeguards than those that exist in the current law. Laws from around the world, including the United States, Australia and New Zealand, show that choice at the end of life and protection for potentially vulnerable people are not mutually exclusive but key features of a robust assisted dying law.

The current blanket ban on assisted dying does not work well: it thwarts open discussion between dying people, their doctors, and friends and family, forcing some people to suffer unbearably against their wishes or plan other ways to die on their own terms—whether this is an assisted death overseas or a lonely, violent death at home. I know this Bill may go no further today, but I look forward to the day when we have a Bill that does.

10.29 am

The Archbishop of Canterbury: My Lords, I am grateful to the noble Baroness, Lady Meacher, and listened with great attention to her extremely powerful speech. This is an issue on which many of us have personal experiences, often painful and difficult. There is unanimity on these Benches that our current law does not need to be changed, but I know that people of faith hold differing views. No doubt we will hear those today and I look forward to them.

Everyone here shares the best of intentions. We should recognise that in how we listen and respond to each other. I hope no one will seek to divide the House today, but I welcome the amendment from the noble Lord, Lord Winston, because it draws our focus towards our use of language. We need clarity and precision in our terms.

Christ calls his followers to compassion, but compassion must not be drawn too narrowly—a point made indirectly and powerfully by the noble Baroness, Lady Meacher. It must extend beyond those who want the law to provide help to end their lives to the whole of society, especially those who might be put at risk. Our choices affect other people. The common good demands that our choices, rights and freedoms must be balanced with those of others, especially those who may not be so easily heard.

Sadly, I believe this Bill to be unsafe. As a curate and parish priest, I spent time with the dying, the sick and the bereaved. I still do. All of us have personal experience; I have as well. We know that the sad truth is that not all people are perfect, not all families are happy, not everyone is kind and compassionate. No amount of safeguards can perfect the human heart. No amount of regulation can make a relative kinder or a doctor infallible. No amount of reassurance can make a vulnerable or disabled person feel equally safe and equally valued if the law is changed in this way.

All of us here are united in wanting compassion and dignity for those coming to the end of their lives, but it does not serve compassion if, by granting the

[THE ARCHBISHOP OF CANTERBURY] wishes of one closest to me, I expose others to danger, and it does not serve dignity if, in granting the wishes of one closest to me, I devalue the status and safety of others. I hope your Lordships will reflect and, while recognising the good intentions we all share, resist the change the Bill seeks to make.

10.32 am

Baroness Hayman (CB): My Lords, it is a great privilege to follow the most reverend Primate the Archbishop of Canterbury and to be able to support my noble friend Lady Meacher, who I believe has brought forward the best drafted and most effective of the four Bills on this subject that I have been involved in in my time in your Lordships' House.

I was a member of the Select Committee that investigated the Joffe Bill. It was that experience that led me to become a strong supporter of compassionate, structured and safe legislation in this field. I listened—with huge respect of course—to the most reverend Primate, but, when he says that this would not be a kind and infallible system, I have to say that we do not have a kind and infallible system at the moment, and I believe that our legislation would be kinder and less fallible in many areas if we pass this Bill.

I have a specific point on kindness. One of the reasons I became so strongly committed was the experience of going to Oregon and seeing its legislation in place. What struck me most was the number of people who entered the system and got a prescription but never cashed it—the number of people who, because they had the security, the insurance policy and the peace of mind about what would happen if things became intolerable, actually did not need to avail themselves. I think it is 35% of the Oregon cohort that does not follow through. I believe that there are penumbras here: not just the people who go into the system but the people given a terminal diagnosis and know that, if things become unbearable, there is a way out. I believe that comfort goes far wider than the people who actually enter the system.

I have one last point. The most reverend Primate accepted that there is no unanimity of view among people of faith, doctors, lawyers and members of my Select Committee. There is not; there are differences of opinion and they are compassionately and ethically held. But the public know what they think on this issue. They have been consistent on the issue, and I believe we should respect that and support the Bill.

10.35 am

Lord Purvis of Tweed (LD): My Lords, it is a privilege for me to follow the noble Baroness. I commend the noble Baroness, Lady Meacher, for her Bill and I too look forward to the maiden speech of the noble Baroness, Lady Davidson, with another Scottish perspective—because it is 17 years since my Bill in the Scottish Parliament to change the law in Scotland to allow a terminally ill patient greater power to determine the place, manner and precise time of their death.

During that time, much has changed, but some things have remained. As the noble Baroness said, 11 jurisdictions in the United States, New Zealand, five Australian

states, Austria and Spain have changed their laws. Like the noble Baroness, Lady Hayman, I have visited Oregon. I did it then and I have studied the annual report on its legislation closely every year since. The well-managed, careful legislation, with suitable transparent oversight and mature discussion of its operation among the population, will have its 25th anniversary next year.

What has remained? In the absence of a clearly regulated, transparent legislative framework with judicial oversight here, we maintain the position that, if you have been given a prognosis that your life now has a limited time, you have the legal right to ask medical staff to deliberately withhold food and hydration until you starve to death. Patients might be pressurised, either by family members or by feeling that they are a burden, and they ask for medication, food or hydration to be halted and to be permanently sedated until they die. There is no legal test about mental capacity or whether financial pressure is being brought to bear on them in these last moments of their life.

Doctors may decide themselves, without consultation or recourse to legal approval, to provide lethal medication under the morally ambiguous doctrine of double effect, or place the person into continuous deep sedation. An extensive and comprehensive review in 2008 found the prevalence of patients dying under continuous deep sedation at 17% of all deaths—the highest in Europe.

I respectfully disagree with those who will argue today to continue a system that lacks transparency and accountability, with limited judicial oversight and scarce public reporting. Every Member of this House will have been touched by the care, the professionalism and, in many cases, the love of those who work in our care sector and NHS, including in my family right now in the current situation—but we cannot carry on with a system that gives the balance of rights to others at the end of their life, not the person themselves.

One of the most respected Members of the Scottish Parliament, a Deputy Presiding Officer and the MSP for Orkney, Liam McArthur, is carefully and consensually bringing forward a coalition that will likely now bring a majority for legislative change in Scotland. This will allow the people of the nation where I live the legal protections, rights and dignity of control which, for far too long over these 17 years, has been denied them. I support the Bill.

10.38 am

Baroness Bakewell (Lab): My Lords, I support the Bill so eloquently proposed by the noble Baroness, Lady Meacher. I am, like her, a member of the All-Party Parliamentary Humanist Group, which gives support to all those seeking the freedom to make choices about their own death. It is the mark of a humane and enlightened society that this should be so.

The group supported Paul Lamb, left paralysed and in daily pain after a car accident, who, with his fellow activist Tony Nicklinson, spearheaded the 2012 legal bid to change the law on assisted dying. In its landmark judgment on that case in 2014, a majority on the Supreme Court ruled that they were indeed open to changing the law on assisted dying, but they felt that Parliament should first debate the matter. That is where we are today.

Today I speak to assisted dying for the terminally ill. The last time such legislation was proposed, by my noble and learned friend Lord Falconer, I arranged a play reading in the House of Lords. The play, “Cancer Tales”, was by Nell Dunn, the famous author of the TV plays “Cathy Come Home” and “Up the Junction”, both of which informed public attitudes to the subjects they dealt with. The discussion that followed the performance showed that both sides of the debate had much in common. I think that will be seen today.

Since then I have witnessed deaths. I sat beside someone who was dying in great pain. I called on the palliative care nurse, who examined the patient and then slightly increased the morphine drip to reduce their suffering. On another occasion, I was present when a family member of a dying patient beseeched the attending nurse to help relieve the awful suffering. The nurse paused, said “This can have significant effects”, and then increased the morphine drip. On both occasions, the final moments of life passed in peace and compassion. Easeful death is a gift the compassionate should legally bestow on patients in their dying days. As expressed in this Bill, this depends on agreed consent, mental capacity and the declared wish of the dying.

The Bill does not threaten the disabled. They are not ill and they are not dying in agony. It does not threaten people who feel they are a burden to those around them. They are not ill or dying in agony. The safeguards are many. The involvement of responsible people is mandatory. This is a measure of great humanity ringed around with practical and moral constraints. It deserves our support.

10.41 am

Lord Blair of Boughton (CB): My Lords, I remind the House that I was a member of the Commission on Assisted Dying chaired by the noble and learned Lord, Lord Falconer. The word we should hold in front of us is “choice”. This is a choice for a patient facing fear of a very bad death. It is a choice for medical practitioners: as in the case of abortion, while having to accept that assisted dying is an option, they do not have to take part in any such procedure. Even if it is granted, it is still a choice whether the patient takes advantage of the option, as in the Oregon case we have just heard about. However, it is not a choice between palliative care and assisted dying. They sit side by side; they can grow side by side.

Finally, assisting another person’s suicide is an offence which carries a maximum penalty of 14 years in prison. If a suicide happens at home, that home becomes a crime scene, with a forensic tent and computers and last messages being seized. Even assisting someone getting on a plane to Dignitas opens people up to unavoidable police investigation. There can be a convention on no prosecution, but there cannot be a convention of no investigation. A good death is one of the last great liberal causes. I support the Bill.

10.43 am

Lord Gold (Con): My Lords, this is a dangerous Bill and should be rejected. The key issues I will concentrate on are hidden persuasion coming from the family and the burden placed on the judge having to decide whether to make an assisted dying order.

The Bill requires that the High Court must be satisfied that the applicant is terminally ill and wants to end their life. The evidence supporting this must come from two doctors, one of whom may be the applicant’s GP and the other an independent doctor. Beyond requiring that those two doctors have examined the patient and read the medical records, there is no stipulation about the time they must spend with the patient or the extent of the examination that must be undertaken. Not only must they certify that the patient is terminally ill and reasonably expected to die within six months—something that experts say is incredibly difficult truly to predict—but they must certify that the applicant has voluntarily reached a clear and settled intention to end their own life without any coercion or duress. How do they do that? It is simply by talking to the patient? Perhaps the medics talk to the patient’s relatives. We all know how overburdened general practices are. It is a rare luxury to see the same doctor twice, let alone regularly. Of course there are medical records, but how can a busy GP be expected fully to understand the mental capacity of a patient by simply relying on records and, if lucky, a 10-minute appointment, which nowadays is likely to be a telephone or video call?

Perhaps a private doctor is appointed, no doubt by the family. If the medics speak to the family, how do they know that they are not motivated by their own financial interests, especially where weekly payments to a care home are eating into their future inheritance? Hidden persuasion is the risk that by words or conduct the patient is made to feel guilty that they continue to live, that they are a burden and an expense on the family, and that it would be better for everyone if they were no more. How does one determine whether such hidden persuasion has occurred?

The Bill provides no safeguards. This makes it really hard for the judge. The Bill is silent on whether the court will appoint an *amicus curiae* to argue the case or whether the judge is to act in an inquisitorial capacity, himself quizzing the applicant’s counsel and perhaps the doctors. The intention might be that the application will simply be on paper, with no opportunity for the court to challenge the evidence or quiz the doctors unless something looks suspicious. This is wholly unfair on the judge and, more significantly, on the unwell applicant, whose interests and well-being are paramount. We should reject this flawed Bill.

10.47 am

Baroness Cavendish of Little Venice (CB): My Lords, like many others in this Chamber I have been overwhelmed by the number of letters I have received from the public on this issue, not just now but over many years as a journalist. We all know that this is an issue of huge importance to the public, but we also know that there are very few votes in it and it is therefore extremely easy for the other place to ignore it.

One thing that has changed in the past six years is that there used to be a much clearer split between the medical profession and the rest, and most of us now cannot count the number of letters and submissions we have had from doctors, nurses and palliative care specialists, who, as others have said, admit that palliative care, although marvellous, is not perfect, and can fail at the end of life.

[BARONESS CAVENDISH OF LITTLE VENICE]

One of the other age-old splits is between the religious and the secular, but it is not quite that simple, and I welcome the remarks made by the most reverend Primate, who put his finger so eloquently on the central issue here: we all in this Chamber care about compassion and dignity.

One thing that has changed since my grandfather was a vicar in the Church of England ministering to people at the end of their lives is that medicine allows us to keep people alive in intolerable conditions for much longer than when my grandfather did that job, and people are living much longer. That is why it is right for us to look at this again and consider what compassion means in today's society. Among the many submissions we all get from the public, there is a question that is easy to dismiss but which is important to keep in our mind, which is: why do we treat our pets with so much more care and compassion at the end than we do humans? Unless we can answer that question we should be very careful about doing nothing.

The most reverend Primate quite rightly said that compassion must not be drawn too narrowly and that we must include the whole of society when we consider this issue. I draw his attention to the many arguments that have already been made about Oregon. I, too, have studied Oregon. I, too, became much more convinced that my noble friend Lady Meacher's stance is correct, as a result of having seen how much the legislation in Oregon gives people and their families peace of mind that they do not necessarily take advantage of.

I believe that the remarks that the noble Baroness, Lady Meacher, quoted from the noble Lord, Lord Field, my long-time friend for whom I have enormous respect, are really vital. For the noble Lord, Lord Field, to have changed his mind on this issue and made those remarks is really very important.

I finish with one point. The easiest thing to do when faced with complex moral issues such as this is nothing, but let us think about what doing nothing means. To do nothing in this context is to consign more people to slow, agonising deaths; to force relatives to risk a jail sentence if they help; and to leave some people going to Switzerland earlier than they wish to, if they are lucky enough to have that option, or in other cases starving themselves to death. I believe the Bill is very limited in scope but would be huge in impact, and therefore I support it.

10.51 am

Lord Hunt of Kings Heath (Lab): My Lords, confronted with the death of my own mother this year, I have had to think long and hard about the Bill. She celebrated her 99th birthday, then had a stroke and a very distressing end to her life that lasted far too long. As I sat with her, the argument for dying people to be given a choice of their own death was not far from my mind. I wondered whether it was fair for a loved one to continue to experience such poor quality of life.

Yet, like the most reverend Primate, I remain concerned about the unintended consequences of people feeling pressurised into ending their own lives, either because of fear that they might be a burden or because relatives might seek to gain through the accelerated death of a relative. We know that those who care for seriously ill

people are often frightened of what the future will bring or worried about the impact of their illness on their families, and often veer between hope and despair. I wonder how doctors could really understand the pressure they are under when asked to countersign an application, as laid out in the Bill.

In the UK, financial abuse by family members has typically been the most common abuse reported to the Hourglass helpline. This charity, dedicated to ending the harm, abuse and exploitation of older people, reports that a staggering 1 million people over 65 are victims of abuse every year. We debated this extensively on the Domestic Abuse Act. I question whether we can take the risk inherent in the Bill.

The noble Baroness, Lady Meacher, whom I greatly respect, said it was a modest measure containing many safeguards, not a slippery slope. I accept what she says, of course. None the less, modest though the Bill is, it is a foundation for further changes in legislation, which—as night follows day—would surely follow if this were enacted into law. We should be very, very, very wary of the Bill.

10.53 am

Lord Rees of Ludlow (CB): My Lords, very few people consider maximal extension of life, irrespective of its quality, to be a moral imperative. We can choose not to be resuscitated if we have a heart attack; we can decline invasive cancer treatment.

Viewed in this context, the Bill is incremental and circumscribed. It allows those of sound mind with a terminal prognosis to end their lives in a time and place of their choosing, rather than suffer a lingering decline marked by pain and loss of autonomy. That is why some make a one-way trip to Switzerland and why the lives of loved ones are sometimes ended in ways that are strictly illegal. These acts may not result in prosecution, but a shadow of criminality hangs over them and adds to the grief of those whose motive is compassion.

It is a misperception that support for the Bill betokens less admiration for the hospice movement or less motive to enhance palliative care. Likewise, it is a misperception that disabled and vulnerable individuals are less supportive of the Bill than the public at large. My late colleague Stephen Hawking thought that assisted dying would be wrong unless one were in great pain. Thankfully, his own last days were peaceful, but he thought none the less that the disabled should have the option.

We have heard widespread concerns that the vulnerable would be pressured to opt for assisted dying so as not to be a burden—a compelling case—but it is worth mentioning a counterargument. When the great Baroness Mary Warnock spoke in a debate in this House in 2014, she offered a countervailing view:

“All the way through their life until this point, putting their family first will have been counted a virtue, and then suddenly, when they most want to avoid the trouble ... sorrow and misery of disruption to their family, they are told they are not allowed to follow that motive.”—[*Official Report*, 7/11/14; col. 1908.] She found this “extraordinarily puzzling”.

Baroness Warnock's robust stance would resonate with a few of the Bill's supporters, but we all welcome the Bill from the noble Baroness, Lady Meacher, because it would surely give great comfort to far more of us than would actually use its provisions.

10.56 am

Lord Vinson (Con): My Lords, as you pass 90 this matter becomes somewhat personal, so perhaps I should declare an interest. I wholly agree with the purpose of the Bill, but I think it does not go far enough; it is still too restrictive.

When I became a Member of this House, I chose for my motto, “No freedom without choice”. In this current day and age, more than ever, we should be vigilant in protecting freedom of speech and freedom of expression, but freedom can be expressed not only in words but in deeds. Freedom is the right to have choice, hence the great significance of this debate, as previously mentioned.

If nowadays we can choose the date of birth, I see no reason why we should not choose—subject to reasonable, but only reasonable, constraints—the date of death. Whose body is it anyway that someone else should control? Why should my departure be overruled by somebody else?

I so appreciate the concern of those who think that the disadvantaged will be exploited and talked into an early demise. Their touching letters show deep anxiety for what might happen, but there is little or no evidence that this is likely. I believe that their understandable concern is more imagined than real and that harm will seldom be done.

On the other hand, the heartfelt letters from those who have witnessed the cruelty of prolonged suffering and the inadequacies of palliative care totally convince me that the Bill is necessary. Yes, I accept that there are occasions when any Bill or piece of legislation will be abused—nothing is watertight—but we should not so entangle the law with safeguards, to prevent some perceived abuse, to the extent that it frustrates the deeply needed reform that the Bill calls for.

Finally, I very much recognise the sincerity of those who believe deeply in the sanctity of life. I am a Christian myself, but I remind them that, when on the cross, Christ was put out of his agony by a kindly Roman centurion, who pierced his side with a sword. His death was assisted.

10.59 am

Lord Harries of Pentregarth (CB): My Lords, if I were in a wilderness with a friend dying in extreme agony, days away from any help, with absolutely no medical resource, and he begged me to shoot him, it would surely be right to accede to his request. What that example highlights, however, is that we are not dealing here with an extreme case in an isolated situation; we are talking about a change in the law. The fundamental issue at heart is what the effect will be—particularly over many generations—of changing the law. I ask noble Lords to reflect on what the long-term effect would be.

Fundamental to our society now is respect for the individual worth and dignity of every human individual, which, of course, we in this House all share; there is no question about that. However, let us look ahead to 2025, when there will be 1 million people suffering from dementia, and to 2050, when 2 million people will be suffering from dementia, and a much lower birth rate

will mean fewer people to support them financially or look after them. What kinds of questions will be in people’s minds then? Surely, the question will arise: “Should I perhaps ask to go now rather than continue to be a burden on society?”

This is not scaremongering; there is a certain logic to it. If you ask yourself which of the two evils is worse, to suffer from a debilitating illness or to lose mental capacity and the capacity to reason, many of us would say that the second is worse. That logic has been applied in Canada. The noble Baroness, whose passion and whose drawing up of this Bill I much respect, has asked us not to think about Canada, but we have to do so, because that is the way the world is going. In Canada in 2021, for example, as the noble Baroness mentioned, a waiver of final consent permits people to make a written arrangement with a physician or nurse for assisted dying at a future time should they lose their decision-making capacity; that is, if they have dementia.

It is exactly the same in Holland, while in Belgium it goes much further and anybody with a of cluster of ailments—what they call polyopathy—can actually ask for assisted dying. Fatigue has been added to the list and, if you are young and claim extreme deep depression, again, you can ask. This is not scaremongering; it is the way a lot of people are beginning to think. The question is whether we really want to go down that route. At the moment, we have a bulwark in place, and I think that that bulwark should stay; I do not want us to go down that road.

11.02 am

Lord Dobbs (Con): My Lords, I believe we are having the passionate yet deeply respectful debate that the noble Lord, Lord Winston, asked for. It will be a day that does this House credit.

My father died of prostate cancer, as did my eldest brother in August. My remaining brother has been told that he will not survive it either, and I myself was diagnosed with it earlier this year. So, for the men in the Dobbs family, this is not a matter of surmise but of profound practicality—and believe me, my Lords, it focuses the mind.

My life, my body and my character belong to no one but myself. Of course, others have an interest in my life, and my death, but I have the ultimate right to decide what happens to me; not the state, not the Church, not any court. I understand the reservations expressed, particularly by some who are disabled, but this is not a Bill that demeans the disabled, and it is not about getting rid of Granny. These claims are speculative, about the fear of what might be. If further safeguards have to be built into this Bill then, of course, we should do so.

But let us take the scales of common justice in our hands, hold them very tight and weigh a speculation against a certainty: the most reverend Primate’s understandable fear against an indisputable fact. That fact is that many—so many, far too many—people, every year, will die in appalling and unnecessary circumstances. Surely, those scales must come down in favour of this Bill. The Bill does not degrade the value

[LORD DOBBS]
of life; it honours life. It puts a higher value on life, allows life to reach its end surrounded by compassion, and with dignity.

If a time were to come when my life were made unbearable through extreme pain and humiliation, when I was stripped of all hope, I would end it if I could, no matter what the law says. It would be a law of the utmost cruelty that said that I and my loved ones must suffer in agony and without hope. Yet that is what the current law does, and that is why it must be changed.

11.05 am

Lord Hastings of Scarisbrick (CB): My Lords, it is an honour to follow the noble Lord, Lord Dobbs, and to have listened to the erudite speech of my noble friend Lady Meacher. Like many in this House, I have personal reasons, family reasons—the painful and dreadful death of my own father—why I may be inclined to bend towards sympathy for the Bill, but I oppose it, with a heavy heart. I do so knowing so many experiences of multitudes of those I can call friends, and connections, who feel fearful of what is now proposed before this House, let alone before the country.

The saving grace of the Bill is the final protection of a judge in the High Court, who will make sure that the medical determinations are fair and accurate. Now, I realise that this is not a debate about justice or our justice system, or about race. However, I speak as an advocate of many black people and black organisations, and evidence earlier this year from the Joint Committee of the House of Commons and the House of Lords, which was looking into equal opportunities in health, revealed the fear that black communities, and especially women, have of unfair decisions made by health practitioners, as well as the massive fear in limited minority communities about judicial decisions—especially those of High Court judges.

For 38 years, as the founding chairman of Crime Concern and Catch22, I have visited prisons on a regular monthly basis, and I still do so. I have piles of correspondence about miscarriages of justice and massive misunderstandings of judicial decisions. There is not confidence that, for those who are probably often written off as the “pass by people”, the elements of this structure will deliver a fair opportunity to be considered or heard.

I wish that this was a Bill requiring the other place to invest massively in palliative care and hospital-based pain relief, and to endorse the hospice movement. After all, that is what we need more. We do not need to go down a road on which we know the slippery slopes are already evident—yes, Canada—and when we know that motives are malicious. People often act ungenerously when there is somebody of nuisance around them. When the system is strained, as it is now, it is not helpful to allow them easy ways through, especially when there are those who fear that the decisions made by courts are not fair at the moment.

11.08 am

Baroness Jay of Paddington (Lab): My Lords, this is the fourth Assisted Dying Bill that I have supported in your Lordships’ House; with each one, my conviction

that this is a necessary reform gets even stronger. Today, my commitment is made more passionate by one particular personal experience: the assisted death of my closest American friend, someone I used to call my sister. She had been diagnosed with terminal illness, with terminal lung disease, and she wanted to be remembered as someone full of life, which she certainly was, rather than as a debilitated cancer patient.

Her son wrote a powerful account of how she chose to end life for the *Washington Post*, and I quote him:

“On a Sunday evening in July 2018, my 81-year-old mother raised a small red glass to her lips. In it was a mixture of water, grape juice and a fatal dose of a medically prescribed drug ... She was sitting up in a hospital bed in her Washington DC home, bathed in warm early evening light, and chatting and passing time with me, my sister and all her grandchildren ... Finally, there was nothing more to say. Surrounded by family, she seemed composed and unafraid, ready to shed the anxiety, pain and humiliations that come with terminal lung cancer. Without the slightest hesitation, she drained the glass and lay back on her pillows. Within a minute, her features softened and her eyes closed. She fell into a heavy sleep, her breath audible. It wasn’t long before her breathing slowed, and then stopped.”

Some time later I went to Washington to speak at her memorial, held at a chapel attached to Washington National Cathedral. It was a traditional service led by an episcopalian minister. The circumstances of her death were clearly acknowledged and understood. Afterwards the large congregation gathered in the chapterhouse where we exchanged memories over tea and sandwiches. Nothing about that occasion was clandestine or fearful. It was a familiar ritual, the kind of comforting rite of passage that we have all experienced, this one sanctioned by the law and accepted by society and made possible by the District of Columbia Death with Dignity Act, passed in 2016.

The DC law is very similar to the one that the noble Baroness has proposed today. After three previous Bills and, frankly, decades of discussion, it is time that we acted to make this kind of civilised, gentle choice at the end of life available in our capital city and indeed throughout the United Kingdom.

11.12 am

Lord Mance (CB): My Lords, in my former judicial capacity in the Supreme Court in the case of *Nicklinson*, which the noble Baroness, Lady Bakewell, has mentioned, I was one of the clear seven-to-two majority who said that this was not a matter for judges but for Parliament to decide. In my current legislative capacity, I welcome the opportunity to join in this debate.

Suicide is decriminalised, yet assisting suicide remains criminal—probably a unique exception to the principle that you can only be an accomplice to an act that is itself criminal. If a person may choose freely to commit suicide, what justifies a refusal to allow them to obtain willing assistance? The question arises in the tragic context of imminent death where many will wish to determine the hour and manner of their death when, as we have heard, their palliative drugs may not always alleviate, and it needs answering with reference to the interests of society at large as well as all concerned.

Some may believe that the underpinning principle remains that suicide is still really a wrong, an offence against the sanctity of life even by the person committing

it. Its decriminalisation is then a matter of simple pragmatism, a recognition of the incongruity of punishing people whose attempts at suicide fail. I think everyone agrees that the sanctity of life is certainly an important principle, but everyone also agrees that individual autonomy and dignity in life and in dying are two other important principles, and they can tug in different directions. A balance has to be struck.

There are many examples, some already touched on by the noble Lord, Lord Purvis of Tweed: the right of a patient to refuse or insist on the withdrawal of medical treatment, and the power of doctors, with the imprimatur of the court, to withhold further life support or sustenance and medical treatment in a case where the patient is in a state meaning that they can no longer choose for themselves, as in the famous case of Bland and the case of the conjoined twins, which I am sure noble Lords know. One important distinction drawn in those cases is between the voluntary decision of an informed adult of sound mind to do an act, including one that will or may lead to death, and the means that another person may have provided to enable that informed decision. Again, a decision in the judicial House of Lords to which I was a party, Kennedy in 2008, identifies that distinction with clarity: the second person providing the means cannot be regarded as causing the voluntary act or death of the former person.

The present Bill is very careful to recognise and give effect to that basic distinction. All that it permits is the provision of assistance to a person wishing voluntarily to commit suicide, wishing freely to choose to do that—see Section 4. Amending the Bill to refer to “euthanasia” rather than “assisted suicide” would therefore be an exercise in deliberate linguistic distortion. The Bill should not be killed by misdescription.

In summary, the Bill requires us to weigh a balance of factors: the clearly established and pressing considerations of autonomy and dignity in life and death for a narrowly defined group of persons who wish to exercise free will, and on the other hand the risks generally stated to others, particularly vulnerable members of society, who it is feared may be or feel pressured to commit suicide. In that connection, it is of fundamental importance that the Bill contains careful provisions for comprehensive medical and judicial involvement. I do not share the scepticism of the noble Lords, Lord Gold and Lord Hastings of Scarisbrick—although this is not my field—about judicial involvement. Lord Wilson in Nicklinson had no concern and indeed recommended some of the precautions that the noble Baroness, Lady Meacher, has taken on board.

Subject to listening to the rest of the debate, my present view is therefore that Parliament should accept the present carefully limited and balanced Bill. It is certainly not committing itself to striking the same balance in some other context or tailcoating on the position in Canada.

11.16 am

Lord Farmer (Con): My Lords, I will focus on the past, the present and two possible futures. In the past, our nation’s hospice movement demonstrated our concern for the elderly and terminally ill. It grew out of shared

western Judaeo-Christian foundations that value life in all stages and circumstances and the principle that God creates us and numbers our days. The more recent past saw assisted dying legalised in Belgium, the Netherlands and other countries, all with strict initial safeguards and limited scope.

In the present, we have a system that works for the vast majority of the terminally ill, albeit imperfectly. Supporters of assisted dying always cite hard cases, which inevitably make bad laws. Dying with dignity means dying with family and friends, letting natural life run its course and availing oneself of existing options to refuse unnatural and painful treatment, not the consumption of lethal drugs to end life when convenient. It is not life that is affirmed by letting people decide when it ends, but autonomy.

Is assisted dying the next great liberal reform? If so, liberalism has deified autonomy, implying that dependency is a fate worse than death and has replaced mutual solidarity with individual isolation and burden. The Bill facilitates death without reference to those most impacted by it. It is an atheists’ Bill, denying God and denying eternity.

Also in the present, we clearly see how assisted dying laws have profoundly changed other countries. More likely than not, we will follow the Belgian law’s extension to children and those with unbearable psychological suffering. In the Netherlands euthanasia is being proposed for people simply tired of life. Once established, the principle of autonomy over death inevitably extends beyond terminal illness by implying that without a happy mind and a healthy body life is less worth while, yet the weak and terminally ill most need reminding of their inherent dignity.

Assisted dying puts faith in the goodness and objectivity of human agents throughout the process—the doctors, patients, friends and family involved. Human nature always problematises this, particularly in emotive matters of life and death and particularly when wills and inheritances muddy motives. We are not morally fit to open this Pandora’s box.

Assisted dying endangers the most vulnerable, whom the law should protect. One possible dystopian future for us is the present of every other country that legalised assisted dying: safeguards fail, and assisted dying becomes increasingly common. The second, humane future would guarantee high-quality palliative care and prioritise relationships. Rapid advances in medicine and treatments for end-of-life conditions are harbingers of hope. Spiritual palliative care would reach beyond life. Death is not the end, certainly for the bereaved. It would acknowledge that the terminally ill are on the edge of eternity. Which future do we want, the elevation of autonomy or a renewed affirmation of human worth?

11.19 am

Baroness Bull (CB): My Lords, in the three short years in which I have had the privilege to sit in your Lordships’ House, this Chamber has debated many once-in-a-lifetime issues, and yet, in that time, no topic has provoked this level of public engagement. All noble Lords will have the same mail bag and, while others may have heard more of one view than the other, mine came equally from those for and against.

[BARONESS BULL]

They all shared passionate and well-argued articulations of their different positions, from either side of an ethical, medical, religious or ideological divide. They all began with the same request: please attend and speak in this debate. And so I rise briefly today to make my own plea for the space in the middle; the space in which radically different views can be safely expressed and respectfully heard. This week, preserving that space feels more important than ever.

The rise of political polarisation in large democracies is well documented. But here in the UK, we are becoming riven by polarisation based on issues, with groups coalescing not around political ideologies but around social, environmental or cultural concerns: climate, vaccinations and, perhaps, the one we debate today. When those positions become a core part of our identity, dialogue across the divide becomes ever harder. Research suggests that bringing the public closer to political and cultural debates will help guard against further polarisation, but it comes with a warning that much depends on how those debates are conducted and that leaders have a duty to cool things down rather than raise temperatures higher.

Today we debate a question to which there is no right or wrong answer. It is a question the House has debated before and one it may well debate again, as future generations attempt, like us, to take a balanced view. We will all have concerns about this Bill: some will be concerned to dismiss it, some to get its provisions absolutely right, and some to identify where they stand on this most challenging issue. But to stifle debate would be to engage in the kind of cancel culture that we will, I am sure, decry when we come to discuss free speech in universities or online.

I share the hope of the most reverend Primate that there will be no votes today to close down this Bill before it runs its legitimate course or, to quote the noble and learned Lord, Lord Mance, to “kill it by misdescription”. To do so would go against the strongly expressed desire of all those people, for and against, who put pen to paper to ask that their voices be heard.

11.22 am

Lord Adonis (Lab): My Lords, I am opposed to this Bill, although I accept that it is a desperately difficult issue; like other noble Lords, I have heart-rending experiences of the long, drawn-out deaths of friends and relatives.

The problem with the Bill is that it is simply not possible to guard adequately against the abuse of the very elderly and the very ill by greedy and manipulative relations and friends. The idea that brief consultations with two doctors are adequate is simply not credible. I accept that it does extend autonomy—autonomy which I might personally value—to those of sound mind who are unpressurised about ending their life. Of course I accept that, which is why this is such a desperately difficult issue. But the supreme duty of the state and the community is to protect the vulnerable and their human rights. There is no greater human right than the right to life. Therefore, very reluctantly, I come to the conclusion that this Bill—or indeed any Bill seeking to achieve this objective—is not one to which Parliament should give assent.

11.23 am

Lord Hogan-Howe (CB): My Lords, the proposal to assist people to die is a question that can divide reasonable people. It is said that people hold their views strongly and will not change their minds, but I have. I support this Bill now in a way I would not have a few years ago.

Over the years I have heard the medical profession argue strongly that a good death is available to everyone and we need not fear our final hours and days. And yet we have heard today, and we know personally from friends and family, of people who had appalling deaths. I do not understand how that can be if a good death is so universally available. Does it depend on the point of view from which a good death is viewed? Surely the only one which matters is that of the patient.

We are warned that the proposal could lead to the patient being bullied or making a guilt-ridden decision to end their life, but this Bill applies only to those within six months of their death. Why would the patient’s relatives take the risk of a criminal investigation, when all they had to do was wait for six months to be released from their burden of care or receive the financial benefits of inheritance? However, should they take that risk, the intervention of a doctor or High Court judge is, I am sure, more likely to discover a case than the present system, which provides no systematic investigation at all before a patient dies.

My principal reason for now supporting this proposal is to do with choice. Choice has two stages: the first is to have an option available to assist a patient in ending their life, and the second is the possibility of accessing that option. I can only imagine the torment and hopelessness of a person who knows they are dying. Most people explain instinctively that they are not worried necessarily about losing their life but about the process they have to endure. None of us wants to suffer pain. All of us want to retain dignity, and, where there are remaining friends and relatives, our concerns are always for them and can be stronger than concerns for ourselves. In such circumstances, how can the state, or indeed this Parliament, deny individuals the option of a controlled death, when surveys tell us that 85% of those surveyed believe our democracy should put in place such an option for them should they need it?

Finally, it has to be wrong that the option of an assisted death is available to those who can afford to travel to Switzerland, those who have someone who cares enough for them to help them and those who are physically able to make the journey. What happens if you are poor, alone or physically unable to make that journey? Surely we should help those patients too. Why should they have to die on a grey industrial estate in a foreign country rather than in their own home, in surroundings that provide comfort, with friends around them to say goodbye—as we have heard—and pets to hug and seek solace from? In my view, this is unfair, and I have always been angered by unfairness.

Until 1961, it was a criminal offence for a person to attempt and fail to commit suicide. At this great watershed we halted what I believe to be a nonsense: an institutional approach which lacked empathy and care. In 2021, the time has come for this Parliament to

send a clear signal that we have heard and had enough of the suffering caused by the present law and to provide a choice that the people of this country deserve.

11.26 am

Lord Sheikh (Con): My Lords, I start by saying that I am totally opposed to the Bill and completely opposed to the principle of assisted suicide. Human life is sacred, and we should do all we can to preserve and enhance human life in every way. It is not appropriate for a medical professional to believe that a patient's life is no longer worth living.

I have received numerous letters from deeply concerned people, many of them vulnerable, passionately urging me to oppose the Bill. We must listen to the people. One of my greatest concerns is that, if this Bill is passed, some patients may lose trust in their GP, especially if the doctor is offering assisted dying. Trust in a doctor is fundamental to our health system.

There may be coercion on hospital clinics to provide this facility and this will impact on end-of-life care. That is totally unacceptable. Medical practitioners who object may face significant pressures from their patients, employers and colleagues. For a number of years, I have strongly supported palliative care in this country. We should redouble our efforts and invest in palliative care to improve quality of life for our loved ones. In the vast majority of cases, I am told that pain can be well controlled.

I also have serious misgivings about the Bill's content and the proposed safeguards. It sets out a definition of what constitutes a "terminally ill" patient. Prognosis is not an exact science. No doctor can predict when a patient will die. In fact, one leading consultant has written to me to say: "Doctors are poor at predicting when people will die".

I also think that the safeguards proposed by the Bill will be eroded over time and so we may be on a slippery slope. There is a possibility that disabled persons, mental patients and other vulnerable groups may be targeted. In time, assisted suicide regulation may also be relaxed and more widely available. A right to die will become a duty to die. Furthermore, we cannot rule out the danger that certain family members may feel that their ill relative is a burden, or they may have a financial agenda. There is the possibility of coercion against the ill person.

As a Muslim, I am totally opposed to this Bill, and I am pleased that three faith leaders have written suitably to Members of your Lordships' House. I will end by saying that we should choose hope over despair and should therefore oppose this Bill.

11.30 am

Lord Curry of Kirkharle (CB): My Lords, I, too, am deeply concerned about this Bill and oppose it. Let me give yet another very personal insight into why I am concerned. Eight years ago, my wife and I held the hands of our daughter, aged 42, who had a learning disability, while she passed from time into eternity. She breathed her last while we held her hands. It was a very emotional and precious moment for us. It was not an experience that one ever envisages when bringing a child into the world.

Six years before that, she was very ill with pneumonia and other complications and was not expected to survive. We sat with her day and night as she struggled and battled to live. The medical staff had done what they could. Nothing more could be done. It was extremely distressing and we were torn between wishing for her to pull through and thinking that perhaps the best solution might be for her to slip quietly away so that her pain and suffering could be over.

If someone at that time had offered an assisted dying—assisted suicide—option, I firmly believe that in our heightened emotional state, not thinking rationally, we may have been tempted to agree to her premature death. Had we done that, it would have troubled us for the rest of our lives.

Remarkably, she pulled through. It was a long, hard slog, but she enriched our lives for another six years, enjoyed her own life and continued to influence hundreds of people during that time. What a tragedy it would have been had her life been cut short six years too early. That is exactly what will happen if this Bill is supported. There will be a few in the first year and a few hundred in future years who feel that they have become a burden on their families and society and will be killed off prematurely because it will become the simple, easy option.

I fear that this country will become a society that terminates the lives of its old people and its sick and disabled people because they fear they are being a burden to their loved ones and because of the time and the cost of their care. I have the same letter that the noble Lord, Lord Sheikh, referred to, where a doctor wrote very eloquently. I want to repeat that phrase: "Doctors are very poor at predicting when people will die."

We live in an imperfect, fallen world. Support for this Bill will not make it perfect. In closing, I challenge the interpretation of theology given by the noble Lord, Lord Vinson. Christ's death was not assisted. He voluntarily offered up his life and it was the purpose for which he came.

11.33 am

Lord Parekh (Lab): My Lords, I support the Bill of the noble Baroness, Lady Meacher, and think that it represents a step in the right direction. Like all Bills, it has its limitations, but I am convinced that these can be rectified within the framework of the Bill itself.

We have had many communications in relation to the Bill and many of them have been very critical of it. They indicate or suggest that the Bill would put pressure on people to give up their lives, that it would devalue human life, that it would create an unacceptable culture in which human life may not continue to be prized as highly as it is now, that there are alternative ways of dealing with human suffering than suicide, and so on. I am convinced that these objections can be met. Many of them are highly exaggerated and some of them involve looking at the whole subject through the prism of the Holocaust. I do not think that this Bill contains anything even remotely similar to the Holocaust.

The point I want to make—and in two and a half minutes that is all I can do—is a very simple one. When people talk about assisted dying, what are they

[LORD PAREKH]
talking about? They are not saying simply that dying should be made peaceful and suffering relieved. They are saying that death presents people with terror and a paralysing fear that one is going to disappear without a trace to God knows where. The death of death has been the preoccupation of human beings for a long time. I think in that context the question human beings have been asking is: “Is death the end of life or can death be turned into an event in life such that I can regulate it? If I plan my funeral can I not also plan my life and my death?” That is what it is about. It is not just about relieving pain. It is about asking oneself how one can regulate one’s process of dying and death.

In that kind of context, some of the assumptions the objectors make turn out to be irrelevant. If one looks at many of the letters that we have received, they say, for example, that life should not be ended because it is given by God. Many of us may not share that view. Others say that life is not given by human beings, that it is a natural process and it should be allowed to run its natural course. Why should it run its natural course? What happens to human beings? What about their agency and their freedom? For all those reasons, I think the assumption that life should be allowed to run on is invalid. If that is invalid, then the question arises: does my right to life include the right to be allowed to continue to live until life comes to a natural end? Is no attempt to be made to terminate, for example, the life of an individual who has been in a coma for months or years? I think there is some degree of sentimentalism involved. I suggest that we face this question honestly and objectively.

11.37 am

Lord Morrow (DUP): My Lords, advocates of the Bill avow that assisting terminally ill people nearing their natural end to kill themselves is compassionate. The tragic stories which they highlight of suffering individuals make a compelling case. Which one of us is not troubled by the thought of suffering, especially when we know a time is coming when we all must face up to the painful reality of death?

However, it is crucial that we examine the assertion that changing the law to allow a medical professional to assist another’s suicide without sanction fits with our general ethos of care. We would not fathom validating or facilitating a mentally distressed person’s desire for suicide to minimise their anguish, however traumatic, and it would be deeply unethical and sinister to suggest assisted suicide to a disabled person struggling with the burden of their condition. What makes it legitimate to introduce it as an option because a doctor makes a judgment that an individual has approximately six months to live?

To choose the path the Bill sets before us would entail a radical shift in our approach to care and suffering. There would be a class of individuals whose suicides we would endorse—lives that we would no longer consider worthy or valuable enough to prohibit any involvement in ending. Once we became accustomed to inducing death as a means to alleviate suffering, what would prevent us extending its usage to those not in their last few months of life?

The Bill provides that in determining a terminal illness:

“Treatment which only relieves the symptoms of an inevitably progressive condition temporarily is not to be regarded as treatment which can reverse that condition.”

A diabetic reliant on insulin could easily be deemed to have less than six months to live without treatment, triggering the option of assisted suicide.

To present any form of medical suicide as complementary to a compassionate society is a dangerous masquerade and one that threatens to undermine the fundamental ethic at our nation’s core. The Bill would legitimise the involvement of doctors—society’s preservers of life—in the procurement of death. Legalising assisted suicide is the wrong answer to the right question: how do we best care for and support vulnerable people nearing the end of their life?

The Bill is a dangerously misguided piece of legislation which I hope your Lordships’ House will reject.

11.40 am

Lord Carlile of Berriew (CB): My Lords, I admire greatly many who have conscientiously proposed and supported this Bill and similar legislation over many years, but they must remember that this is their fourth attempt to introduce such legislation in recent years. On every occasion, there have been serious granular concerns about the safeguards provided in the draft legislation for the many particularly vulnerable people who could face the choice being offered. Therefore, it is my view that we are entitled to expect the proponents now to have dealt with all those matters. I am going to address just one legal matter that they have failed to address.

Clause 1 requires the consent of the Family Division of the High Court before suicide can be assisted. If you read it carefully, you see that tests requiring detailed and potentially complex evidential analysis are set out, which inherently raise the possibility of objections by family members, doctors and others. The Bill is silent as to whether one Family Division judge should hear these cases, or a group. One of the consequences of approval, as set out in Clause 4(4)(c), involves active euthanasia by a health professional who would “assist that person to ingest ... the medicine”.

The Bill therefore asks a Family Division judge to approve something that no judge has ever been asked to do since the abolition of the death penalty—namely, intentionally bring to an end the life of another person of full mental capacity and competence.

Have the judges been asked? There are but 20 Family Division judges; they have a heavy workload, much of it concerned with daunting questions of the welfare of children. They are busy men and women, of good conscience. I have heard no evidence at any stage of their opinions being sought, let alone analysed, whether through official channels or otherwise. Why have they not been asked, in a proper way? Why have we not been provided with any evidence of the supposed viability of the proposal?

Let us suppose that 25% of those judges objected to the jurisdiction on grounds of conscience, which would have to be respected, and that there were 1,000 cases a

year—a very conservative estimate, given that legislation of this kind tends to create its own culture change, as experience elsewhere has shown. Each case would be bound to take two or three days before the court. In a sentence, the Family Division would be swamped by those cases; it would not be able to do anything else—and this is something that has been wholly and dangerously overlooked, even without asking those judges.

In my view, parliamentary Bills founded on such fragile safeguarding and analysis, especially after years of trying to produce acceptable safeguards, should really not be troubling your Lordships' House.

11.43 am

Baroness Smith of Newnham (LD): My Lords, when I was writing my notes for today's debate, initially I put down a word and a phrase: "choice" and "a modest Bill". The noble Baroness, Lady Meacher, when she opened the debate, gave me the words that I was expecting, saying that a "truly" modest Bill was being introduced. However, while the Bill before us appears very limited and tightly defined and delineated, as we have just heard from the noble Lord, Lord Carlile, there are some very grave concerns about the Bill and about the way in which it is framed.

Everybody in your Lordships' House is concerned about dignity in dying; it is quite wrong to suggest that only those who support assisted suicide might be concerned about dignity. We all are, but it is the duty of your Lordships' House, as the right reverend Primate the Archbishop of Canterbury made clear at an early stage in the debate, to legislate for the most vulnerable—for everybody. We need to put in place only legislation that will ensure safety and will not lead to some people being made more vulnerable and potentially subject to abuse.

Supporters of the Bill say that it is about choice—about those with mental competence within six months of death. However, if we look at other jurisdictions, legislation has repeatedly been changed. The noble Baroness, Lady Meacher, exhorted us not to look at Canada or the Netherlands; she told us that those cases did not matter—but why do they not matter? They are the only examples that we have in front of us, and we have seen changes. In the Netherlands, there is euthanasia for children. I know that this Bill is not about euthanasia—it is about assisted suicide—but how can we be assured that taking a decision on this legislation would not then lead to incremental views about extending the legislation again and again?

There has been a suggestion from the noble Baronesses, Lady Hayman and Lady Jay of Paddington, that the possibility of assisted suicide will make people more secure. They may not feel the need to go ahead with it if they know that they can do it. If we look at the outcomes in Oregon, however, we can see that suicide has gone up alongside assisted suicide being permitted, so having assisted suicide is no guarantee that other suicide levels will be reduced.

This is a dangerous Bill, which we should not be passing. I shall not be calling a vote on it, but I very much hope that the Bill does not pass into legislation.

11.46 am

Baroness Campbell of Surbiton (CB) [V]: My Lords, I have been told many times that this Bill is about choice and autonomy. What right have I to deny some the choice of ending their life if they are suffering, when they do not tell me how to live my life? If only the issue were that simple—but it is not. It distorts the meaning of choice.

A person will choose assisted suicide only if they feel they have no other choice and it is better to die than carry on living. But this Bill does not give them a real choice; it does not guarantee universal palliative care, offer adequate support to those with progressive conditions, or remove the fear of being a burden. All are essential to support a pain-free and dignified end of life, but we all know that they are in very short supply. Rather, the Bill confirms their disempowered status and lack of choice. No one should feel that they would be better off dead. No one should have to witness a loved one in intolerable distress or pain, as so many of us have experienced—and I count myself among that number. It does not have to be like that. We must ensure that everyone at the end of life has a true choice before they consider the ultimate step of assisted suicide. Until that happens, I oppose this Bill.

I am not immune to dark thoughts when my health deteriorates and social care fails, or when I am told that I am at end of life and I am in pain—but my experience has taught me that universal patient-centred care is and has to be the first priority. One disabled woman sums it up very well. She wrote to me last week, "I am against this Bill. I have got a terminal illness, but when I am left to spend a painful night in my wheelchair because nobody turned up to put me to bed, I am going to think that assisted suicide might not be so bad after all. Why can't people support us to live first, so that we wouldn't get suicidal?" Is this Bill the best we can offer her?

The Bill would alter society's view of those in vulnerable circumstances by signalling to the sick that an assisted suicide is something that they might or ought to consider. It will result in unintended, dangerous consequences, and we all know, from other jurisdictions where similar legislation exists, that it is simply not true to say that this does not happen. I know—I have been studying this for 20 years and this is the eighth time I have spoken on this matter in the House. Disabled people with terminal conditions, or progressive conditions such as mine, are alarmed by the misleading narrative of autonomy and choice. We must not abandon those who could benefit from high-quality health and social care to the desperate temptation of assisted suicide in the guise of a compassionate choice. This is a popular Bill, there is no doubt about it—but it is not the right Bill and I will not support it.

11.52 am

Lord Pendra (Lab): My Lords, I recognise that I speak in this debate against a background of the intense and emotional feelings of those who passionately believe in either side of this Bill's content. I also recognise that the promoters of the Bill of the noble Baroness, Lady Meacher, have done their very best to ensure the inclusion of safeguards for vulnerable people

[LORD PENDRY]

in order to mitigate the worst fears of the Bill. History, however, shows that in those countries with similar legislation to what is before us, safeguards introduced at their inception were subsequently removed, as we know is the case in Belgium, the Netherlands and Canada: we have seen the erosion take place in those countries.

The loss of dignity for the terminally ill is something some argue comes from their illness. To contradict that view I have had, and no doubt other Members of this House have had, a communication from Mr James Mumford of the McDonald Centre at Christ Church in Oxford, in which he speaks about the concept of dignity in relation to the Bill. He argues that the palliative care communities have a relatively different idea of dignity from those proposed by the assisted suicide lobby. According to doctors, nurses and chaplains, Mr Mumford argues—those with extensive experience of caring for people at the end of their lives—dignity means showing people who are dying that they are still valued. I endorse Mr Mumford's views.

I also agree with so many others who share that view, but one that really did move me—we heard from him today—was from my noble friend Lord Hunt of Kings Heath in his letter to the *Daily Telegraph*, in which he wrote movingly about his feelings during the last few weeks of the life of his 90 year-old mother and urged his fellow Peers to follow his example and reject the Bill. I follow the advice of my noble friend and those who believe that the Bill would be likely to be abused and distorted after its passing, as experienced in other countries with similar legislation.

11.55 am

Lord Wigley (PC): My Lords, I thank the noble Baroness, Lady Meacher, for introducing the Bill. Like many colleagues, I find this important Bill immensely difficult, for reasons that I share with many colleagues who take the opposite view. I find it very strange to be on the other side from good friends, such as the noble Baronesses, Lady Grey-Thompson, Lady Finlay and Lady Hollins, the noble Lord, Lord Alton, and others, with whom I have campaigned on many issues, both in this House and outside. But I can only be true to myself; I cannot turn a blind eye or a deaf ear to those families who plead for such legislation to be on the statute book, based on their own harrowing experiences as families.

I have received dozens of letters—handwritten letters—from such people, not repeating the stock arguments of the sort many of us have received in repetitive emails. Yes, I had had twice as many emails as I have had written letters, but in terms of the range of actual human experience, of personal suffering and passionate pleading, the letters in support of the Bill win the day by a country mile. I am persuaded that legislation along these lines is needed, for several reasons, including that I believe it is fundamentally wrong that, while those who can afford or have the capability to organise themselves to go to Switzerland or wherever can find an escape from pain and anguish, those without such resources have to endure ongoing suffering.

Secondly, we are told that the current law is adequate, but we have evidence of people who have been refused any control over the end of their lives resorting to attempting to starve themselves to death to escape their pain. Thirdly, we know of people who are prepared to go to prison in order to allow their relatives to end their suffering and have a degree of dignity in death. Finally, the weight of public opinion is heavily in support of such legislation: 86% of respondents in a 2019 Populus poll in Wales support it.

The present blanket ban on assisted dying is failing and this Bill offers an opportunity to put it right. It should surely be given a Second Reading today, be examined in detail in Committee—and, yes, amended if necessary. Then it should be passed to MPs to do their constitutional duty and not continue hiding from this most basic issue which their constituents want urgently addressed. I support the Bill.

11.58 am

Lord Berkeley of Knighton (CB): My Lords, if we were considering a Bill to extend palliative care far and wide, I suspect we would encounter no dissent in your Lordships' House, as has already been suggested. Palliative care experts, for whom I have the greatest respect, say that nobody should die in agony these days. But we know that they do: we have had many letters from families and from doctors.

I realised, when my parents died, that I was grateful that I was able to say to the ward sister—and my father had very advanced dementia—"Please don't overly combat pneumonia, 'the old man's friend', if it happens". In fact, he was given a gentle release by slipping into a coma. It is true that some people can almost drown, but that should not happen. However, I was grateful for this natural end, even if our decision could be said to have hastened it. This, today, is a different matter, but I personally see the extension of a moral imperative: in a sense, we were not taking every opportunity to ward off death.

Until cases like Shipman meant that death was more closely scrutinised, doctors felt, I suspect, more able to help patients on their final journey. Some probably still do, and I wish that were more often the case. I live on a farm. Observing the agonising death of a neighbour, my farming partner said to me, "We would be prosecuted if we allowed an animal to suffer like that." We would be prosecuted, but I am afraid that we allow human beings to suffer like that. It is a pretty appalling comment on where we are.

I want to see us, as a society, embrace death. I believe that this Bill will help us to do that, safe in the knowledge that in the end there will be a choice. As everybody has said, that is what this is all about. For my part, I desire that choice. I do not recognise that we are asking judges or doctors to carry out euthanasia, although I am prepared to be corrected by greater experts on the law. We are asking that patients be given the means to make that choice for themselves. This is a choice that, I think, many of us would ultimately like.

12.01 pm

Lord Sherbourne of Didsbury (Con): My Lords, I have two stories about two people. One was a very good friend of mine, who was diagnosed many years

ago with motor neurone disease and suffered the inevitable long and miserable decline as he lost his bodily functions. He was remarkable: he wanted to live and he had the most positive spirit. At one stage, just a few months before he died, he wrote the most incredible and upbeat article about life for the *Daily Telegraph*—it took him months to write because he had to use a screen of an alphabet with his eyes. It was the triumph of spirit over a declining mind and body.

The second story is about a friend of mine who, almost three years ago, in January 2019, was diagnosed with an inoperable brain tumour. She was told in uncompromising terms by her consultant to prepare for end of life. I was in her house in January, on a Sunday morning, when she was distressed and distraught and said that she wanted to end it all. She had been a distinguished medical practitioner in her own field and had been very highly regarded, extremely active and very much in control of her own life. She said that she did not want to end her life with loss of dignity and independence and lots of suffering, and asked, “What are you doing about it?” I said that we were doing everything that we could to help. She said: “I want to end it.” I did not have the courage to say to her: “The reason you cannot end it is that society has said that you cannot. Society has decided that it knows better than you. Even though this is the most important decision that anybody can take about their own life, society has said: ‘You are denied that choice and you have to suffer.’” I cannot accept that; it is wrong and cruel. For that reason, I support this Bill.

12.03 pm

Lord Krebs (CB): My Lords, I thank my noble friend Lady Meacher for bringing forward this Bill, which I strongly support. Like other noble Lords, I have received dozens and dozens of letters and emails, both for and against the Bill, but, as the noble Lord, Lord Wigley, said, the ones that tell moving stories about close relatives or friends are the most compelling—stories are more compelling than statistics. It boils down to these stories, because there are no definitive arguments on either side. Whichever lens you view it through—a medical, a legal, a moral or a religious lens—you can find passionate advocates both for and against assisted dying. But there is one important guiding principle. In his excellent book *Being Mortal*, Atul Gawande’s central message is that, near the end of life, people value autonomy over almost everything else. This Bill would, with appropriate safeguards, give people that autonomy.

I will end with my personal story that has shaped my thinking: the death of my father 40 years ago. His life had been extraordinarily challenging by comparison with the cushioned life of baby boomers such as me. In 1918, he left school early to serve in the German army in World War I. As a medical student, he lived through the hyperinflation of the 1920s in Germany. When Hitler came to power, he was sacked from his job as a doctor and started afresh as a refugee in England at the age of 33 with virtually nothing. He went on to win a Nobel Prize for uncovering the mechanism by which every cell in our body generates the energy that is the fire of life. In spite of all these setbacks, he wrote in his autobiography that he had

been extraordinarily lucky. I never heard him complain about the many adversities that he had faced, except once. When he was on his death bed, in pain and losing his dignity and autonomy, the last thing he said to me was: “John, if you ever get to this situation, I hope there will be a more humane way of treating people.” This Bill gives us the more humane way.

12.06 pm

Baroness Blackstone (Ind Lab): My Lords, I support this Bill, as an assisted dying law is needed to address the unacceptable suffering of dying people and the dangerous lack of protections in the current law. Since assisted dying was last debated, we have stronger, more compelling evidence that the current blanket ban on assisted dying does not work. We know that people are forced to travel overseas to exercise control over their death, that some people remain beyond the reach of even the best palliative care and that others are being driven to end their lives in lonely and violent ways.

My grandmother was in the third of these categories. Terminally ill in hospital, riddled with cancer and suffering horribly, she desperately wanted to die. One night, she took her own life by swallowing sleeping pills that she had brought into hospital with her. My mother found the empty pill bottle in her bag the next day. How much better it would have been for her if assisted dying had been available, allowing her children and grandchildren to be with her, providing her with comfort, affection and love, instead of her terribly lonely death after prolonged suffering.

Research published this week by Dignity in Dying estimates that, like my grandmother, up to 650 dying people end their lives each year and up to 6,500 try to do so. We must acknowledge just how many people are adversely affected by the current blanket ban on assisted dying. In 2015, during the Committee stage of the Assisted Dying Bill of the noble and learned Lord, Lord Falconer, amendments tabled to the Bill that would have inserted the phrases “assistance with suicide” and “commit suicide” were rejected by this House in recognition that the word “suicide” does not accurately reflect the assisted dying process. Some opposing this Bill are, again, referring to assisted suicide, but they should know that they are out of touch with the public when giving this description of what this Bill would legalise: 73% said that the Assisted Dying Bill was the appropriate title, whereas just 10% said it should be the Assisted Suicide Bill.

People who are terminally ill and near the end of their lives want to control the way they die. Presenting this as suicide is misleading: it does not reflect the academic literature or the views of dying people and their families. A change in the law would reduce anxiety and horrible suffering. It would create a law that would be open, transparent and, above all, humane, with strong protection through appropriate safeguards for the vulnerable. It would respect public opinion, given that 80% of people of faith and an overwhelming 84% of the general population support assisted dying.

12.09 pm

Baroness Greengross (CB): My Lords, I am very lucky to have the opportunity to speak today in favour of the Assisted Dying Bill introduced by the noble

[BARONESS GREENGROSS]

Baroness, Lady Meacher. In fact, I am very lucky to still be alive at all. Last October, I was at stage 3 cancer, with a number of secondary tumours which had spread throughout my body. I went through six months of intense chemotherapy, which ended in April this year. I am still recovering from this treatment, and while some days I am fine, others I find that I am very tired and struggle to get through the day.

My reason for wanting this legislation is to ensure that everyone is protected—those who want to end their life and those who do not. The Bill is not just about freedom to choose. In fact, it would allow openness and, most importantly, protection for us all. At present there is the risk of poor treatment or a painful death due to neglect. Further, those wishing to help a loved one are fearful of prosecution so may not provide the pain relief that could shorten life, even if it reduces someone's suffering.

As we know, many countries have now changed the law to allow assisted dying, most recently New Zealand. In 2020, people in that country—which has a philosophy very similar to our own—voted in a referendum to change the law, after many years of their Parliament ignoring public opinion on this issue and refusing to legalise assisted dying. In the UK, we know that if a referendum was held on assisted dying it would pass, with many reputable opinion polls taken over the last decade showing support for this change in the law. Given this, instead of having a referendum where we know what the result would be, your Lordships' House should support this Bill.

Finally, I very much respect the rights of people with religious and spiritual beliefs who see life as sacred, and in no way wish to infringe on those beliefs. If someone wants to live as long as possible due to their faith, their rights are protected by the Bill. All I ask is that my wish for an assisted death if I do need it would also be respected—something that the Bill would allow. That is why I very much support it, and I hope other Members will as well.

12.12 pm

The Lord Bishop of Durham: My Lords, I begin by noting the simple courtesy that has been expressed so far during the debate today. We know that humanity at its best always wants the best for the people we love, and we act to protect them where we can. It is natural to want to ease hardships and burdens for our loved ones, especially in a time of pain, but also in a time of rising care costs and stretched health services. But human beings do not always act in the best way. We are flawed creatures.

There is a very real danger that individuals will feel that they have become a burden and thus think that the dutiful option to their families is to end their life. In Oregon and Canada, where assisted dying has been legalised, fear of being a burden to family actually frequently accompanies the requests. The scope for abuse and pressure for people to end their lives is significant. It is not a giant leap but a small step. The practice of weighing the value of lives against emotional and financial cost simply is dehumanising.

The consequences of the Bill to the most vulnerable have to be deeply considered. If the value of people's lives is called into question, it is likely that those who have been historically undervalued and overlooked will be again. Those with disabilities and mental health issues, and other minorities, are already vulnerable, and the difference of experience between those groups and others has again been evident during the pandemic. The Bill acts on the principle that people should have the ability to act upon their will to end their lives, but we have seen instances over the pandemic, as reported by the Care Quality Commission, of “do not attempt CPR” decisions that have been made either without or against the will of the vulnerable. Perhaps even more troubling was the aspect of the report by the CQC, which said that those decisions

“were being applied to groups of people”.

In a stretched and overwhelmed health service that has supported us over a long pandemic, safeguards against oversight cannot be guaranteed. What would have been the outcome of the pandemic if the medical stakes had been higher?

We must not overlook the cultural implications of passing a Bill that leads anyone to measure the worth of someone else's life. Who are we to put a value on human life or determine that, in some instances, the person is not worth the cost? Let us not abandon the imperative principle that is innate to us of valuing every human life and protecting and caring for the vulnerable.

If I may, I have a reminder for the noble Lord, Lord Vinson:

“But when they came to Jesus and found that he was already dead, they did not break his legs”—

and then his side was pierced.

12.15 pm

Lord Cormack (Con): My Lords, it is a very great privilege to follow one of the most senior bishops in the Church of England and to be followed by a former archbishop. This illustrates the dilemma that faces us all. No one could begin to question the Christian credentials of either, and yet one has made his position very plain—as did the most reverend Primate at the beginning of the debate—and I rather suspect that the noble and right reverend Lord, Lord Carey, may give us another insight.

We have all heard some powerful speeches today on both sides of the argument. I have to confess to a degree of ambivalence, because this is not an easy issue, and it is entirely possible to have a strong Christian faith and to support the Bill. But I am afraid that I do not fall into that category. Like the noble Lord, Lord Hastings of Scarisbrick, I oppose the Bill with a heavy heart, because I understand the sufferings that so many have suffered and I understand the desire of the noble Baroness, Lady Meacher—who made a very fine opening speech—to see this on the statute book. But, to me, the dangers outweigh the benefits. I find myself very sympathetic to the noble Baroness, Lady Smith of Newnham, the noble Lord, Lord Carlile of Berriew, and those others who have versed their very real misgivings.

I think two things—perhaps three—tilt the balance for me more than anything. In spite of what was said about the neutrality of certain medical bodies, a majority of doctors still appear to find this a very uneasy Bill, and I am not aware of a single organisation representing the disabled which finds this a Bill it can support. We heard a very powerful speech from the noble Baroness, Lady Campbell, who put it succinctly and movingly. There is a Christian dimension for me as well, because the Bill does not really acknowledge the fact that many of us believe in the afterlife, just as we believe—as the noble Lord, Lord Adonis, put very powerfully—in the right to life. I cannot support the Bill.

12.19 pm

Lord Carey of Clifton (CB): My Lords, I am grateful to the noble Baroness, Lady Meacher, for her excellent introduction to the Bill. It is always a pleasure to follow the noble Lord, Lord Cormack, who is a very good friend. I was sorry to hear someone say earlier that this is an atheist Bill—in which case, I have obviously travelled a very long way.

In spite of the sharp differences between us today, there is very clear agreement that vulnerable people matter and that we wish a tranquil end for them, and for ourselves, when the time comes. I regret deeply that I am out of step with my own Church, a Church I love because of its breadth, tolerance and great contribution to our nation, as well as other Churches. I may be out of step with the House of Bishops, but I think it is out of step with the vast majority of our nation, including many of its own membership.

We often hear the saying, “If it isn’t broken, don’t fix it”. We should follow that firmly if we truly believe that on the matter of dying all is well and that our practices are above reproach. Alas, things are not just broken, but beyond repair. This is what 84% of the population are telling us. This cannot be argued away when every eight days a person travels to Zurich to end their life and when people suffering from acute and intractable pain implore us to end their lives.

Listen to Jayne from Cardiff, who wrote to me recently about the distress of witnessing her young husband suffer an agonising death from a rare cancer at the age of 31, leaving an infant son:

“The choice my ‘brave’ husband faced wasn’t between living and dying; that was not an option. The choice he wished for was to die on his own terms and not in a way or place he did not want.”

Experiences in Oregon and Canada have been referred to, in some cases disapprovingly. I am in touch with the Episcopal Diocese of Oregon and the Ecclesiastical Province of Canada. In both places, things are going pretty well. Canada is in transition. Listen to Sallie Bowman, a director of spiritual care in Oregon:

“The bar stays pretty high for those wishing to pursue death with dignity ... palliative care has actually expanded greatly here”.

In conclusion, assisted dying is only for those who show a clear-minded and persistent resolution to seek it. It is within the capabilities of medical science to end intolerable suffering peacefully and it is an act of great generosity, kindness and human love to help when it is the will of the only person who matters, the sufferer herself.

12.22 pm

Baroness Mallalieu (Lab): My Lords, I strongly support this Bill. On 18 July 2014, we debated a similar Bill in this House, introduced by the noble and learned Lord, Lord Falconer. I have been haunted ever since by part of a speech by the late Lord Judd, who read out a letter which had been sent to him:

“My uncle, a foreman toolmaker and a strapping six-footer who played football for the works team, developed cancer of the spine. He screamed until all his strength was gone, then he whimpered like a puppy. Twenty-four hours before he died his wife implored their GP to stop his pain. The GP replied: ‘I dare not give him any more morphine. It would kill him’. Twenty-four hours later the cancer had killed him”.—[*Official Report*, 18/7/14; col. 884.]

Intolerable and inexcusable suffering have continued ever since, because Parliament has so far failed to grasp this nettle. If the figures on the number of people affected given in the report from the Office of Health Economics are right, something like 6,000 people die unsatisfactorily or having had inadequate pain relief every year in the United Kingdom. By my calculation, that means that some 36,000 people have suffered since we failed to pass a Bill of this nature around six years ago.

To those who oppose the Bill for fear that the vulnerable, disabled, elderly or infirm will feel under pressure, either internal or external, to take this step, I say that the fears they express are precisely those which two separate doctors and experienced High Court judges will have in mind when examining each case individually. However strong your personal view, whether based on religious belief, personal experience or strong convictions about the sanctity of human life, is it right for you as an individual to insist that your view prevails when it will prolong intolerable suffering for someone else who happens to hold a different view?

The noble Baroness, Lady Meacher, has done this House and the country a great service by introducing this Bill, but it should not be a Private Member’s Bill. It should be a free-vote issue debated in Government time and I hope that on all sides of this House and in the other place pressure will be brought to bear to see that this happens.

12.25 pm

Baroness Boycott (CB): My Lords, I rise to support this Bill very strongly. I also strongly support the point made by the noble Baroness, Lady Mallalieu: this should be an issue on which the whole House can vote.

Like many noble Lords, I have received letters on this. At the end of the day, this comes down to individual stories of pain and suffering and of loved ones. We all have one; I will share mine with noble Lords. A friend was dying from terminal liver cancer—the cancer was gigantic. She asked her doctor for pills, which were supplied but, in the end, did not work. She begged her husband and son who were with her and they ended up ending her life with a plastic bag. This image has stayed in my head ever since.

As other noble Lords have said, I suspect we have all been involved in experiences of parents or others dying in which we have asked for resuscitation to stop.

[BARONESS BOYCOTT]

That was certainly the case with my father and it was a mercy. I do not know whether that is considered to be assisted dying or not; it seems that the boundary is very fudgy.

What is wrong in many areas of our society is how we qualify success and how well we are doing. If we look around the world, it is all about the question of how long we are living; longevity is seen as a sign of success and a sort of moral imperative for us all to strive for—longevity at the cost of anything else. I feel that the people who oppose this Bill are, in some odd way, putting moral stigma on those who support it, as though just to be born and to be in society, we and our loved ones must endure, whatever the state of suffering. This seems entirely wrong.

As the noble Lord, Lord Berkeley, said, we would not subject an animal to this. I have put down many dogs in my life, always with tears in my eyes, but always knowing fundamentally that I had done the right thing. I do not know—I suspect none of us in this Chamber knows—what I would do if I was in extreme pain and knew I was dying. Would I want to take that option or choose to battle on? I cannot say. I do not think anyone can say until they get there. However, I know, with my hand on my heart, that I want to have the choice.

As a responsible society that cares about people, we should work on extending and maximising palliative care, but should absolutely know when the time has come to offer the hand of kindness and help someone on their way.

12.28 pm

Baroness Fraser of Craigmaddie (Con): My Lords, I feel incredibly honoured to be part of this debate. Apart from personal interests, I need to declare some professional interests: I chair the Scottish Government's Advisory Committee for Neurological Conditions, I am a trustee of the Neurological Alliance of Scotland and I am chief executive of Cerebral Palsy Scotland.

In both Scotland and in this place, we are being asked to consider the prospect of legalised killing. People with a neurological condition live with what the Bill defines as a terminal illness in that they have “an inevitably progressive condition which cannot be reversed by treatment”.

Currently we have no cure for Parkinson's, MS, Huntingdon's or MND, which are all awful, terrible conditions. Both Stephen Hawking and Doddie Weir are high-profile examples of those who achieved incredible things post a devastating terminal diagnosis—of MND in both cases. The Bill implies that if you cannot speak, eat, dress yourself or move around without assistance and you require intimate personal care, your life is less worthy than others. However, this is the reality of everyday life for many disabled people.

We have all had much correspondence in preparation for today's debate, but one letter stood out from me. It was from Ian and Sue Farquhar. Ian's brother Peter died in 2015, from what doctors and family members had all diagnosed and understood as a progressive and incurable condition. But in fact he was murdered by someone who had entwined himself into his life for

entirely financial gain. If Peter Farquhar, who everyone believed to have a terminal condition, had expressed a desire for assisted suicide, none of the so-called safeguards in the Bill would have prevented his death, and therefore his murderer would not now be serving time behind bars. Mr Farquhar was a deeply religious, highly intelligent teacher. I know this because he was my English teacher. I am appalled at the manner of his death and I am deeply concerned that, with a state-sanctioned way of bringing about the death of the elderly, the unwell and the disabled, criminals and fraudsters would be able to take advantage of the most vulnerable in our society, without fear of consequences.

For me, the Bill crosses a Rubicon, enshrined in centuries of law and medical ethics: that every human life is of value. I beg your Lordships to please oppose it.

12.31 pm

Lord Etherton (CB): My Lords, I presided in the Court of Appeal on the case of Noel Conway. We followed the Nicklinson decision, to which my noble and learned friend Lord Mance referred, and we decided that, although he had set out a framework very similar to that to be found in the present Bill, it was a matter for Parliament to decide the principles and the policy behind assisted dying. I now find myself in Parliament itself and feel I cannot, as it were, deviate any further and must nail my colours to the mast.

I support the Bill for a number of reasons, but I wish to concentrate and focus on the legal analysis. First, inevitably, as many have said very eloquently, the starting point is that a right to request assisted dying in the circumstances set out in the Bill is an exercise of personal autonomy. Personal autonomy is an inseparable aspect of human dignity, which has been at the heart of the western concept of human rights since the United Nations Universal Declaration of Human Rights in 1948.

Secondly, a person of full mental capacity, who has not been unduly influenced by others, has an absolute right in common law to insist on the withdrawal of treatment. This prevails over the desire of medical and nursing professions to keep the patient alive. It makes no difference that, in the eyes of others, the decision to insist on withdrawal of treatment is unwise. In those circumstances, as my noble and learned friend Lord Mance said, as suicide is no longer a crime, I suggest that it defies logic to preclude a patient, with appropriate safeguards, from seeking assistance to terminate his or her life.

Furthermore, thirdly, difficult decisions already have to be made in relation to termination of the life of incapacitated individuals. There are many decided cases on this, and often the court, usually the Court of Protection, has to intervene in the event of disagreement between the treating medical professionals and the patient's family. The overriding principle is that a decision should be made in the best interests of the incapacitated patient, but that is a many-faceted concept and includes, in this context, what the patient himself or herself would have wanted, had they had capacity. This situation presents at least as much risk as is feared in the present Bill, with family and friends

being able to influence the decision. Just as much as an improper motive could be ascribed—so it is said—in the case of the present Bill, so, in theory, at any event, such an improper motive could apply in such a case. But we have seen no evidence of such motives and no law reports to suggest that that is a common cause for concern at all, or indeed any cause for concern.

Many withdrawal of treatment cases raise difficult issues, such as that of Anthony Bland, and the conjoined twins case. Those were not strictly assisted dying cases, but the moral and ethical difficulties are no less significant than in cases to which the Bill would apply. I suggest that there is an obvious flaw in logic and consistency in making such early termination of life possible for incapacitous people but not permitting a person of full capacity, free from undue influence and properly informed, to request assistance in dying. Inconsistency in the application of the law heralds injustice, and I therefore support the Bill.

12.36 pm

Lord Howarth of Newport (Lab) [V]: My Lords, I know that my friend, the noble Baroness, Lady Meacher, is motivated by nothing but kind-heartedness. However, I cannot support the legalisation of assisted suicide. This is not just because of practical difficulties in her scheme. I believe that, if we legislate to make it legal to dispose of a particular class of human being, there will be consequences that none of us would wish. In thus devaluing human life, we will reinforce existing tendencies towards a desensitisation and coarsening of our society. The paradox, I fear, is that, in seeking to extend self-determination, and with an intention to mitigate suffering, we would jeopardise the liberal and humane values that we must uphold.

A majority of the public in fact has serious concerns about legalising assisted suicide. A ComRes poll has shown that, when the issues were properly understood, support dropped from 73% to 43%.

Consider recent history in some western democracies. In Belgium and Canada, as well as in Oregon, the original safeguards limiting the availability of assisted dying have been significantly loosened in subsequent legislation and court judgments. Consider the history of the last century and the slide into barbarism of countries in Europe where, as democracy decayed, it became official ideology that certain groups of people were disposable. I do not want enthusiastic legislators unwittingly to bundle us along that road.

Our democracy is precarious. A large-scale survey by the Centre for the Future of Democracy found last year that younger generations in the UK have become increasingly dissatisfied with our democracy. There is a smell of the 1930s in the air. We have again seen the allure of populism. Anti-Semitism and violence against women have been on the rise. Social media algorithms intensify anger and curate hatred. Online abuse, intimidation and a discourse of hate have become normalised. Death threats against MPs are now routine; two MPs have been murdered. We are witnessing a new intolerance, with virulent assaults on academic freedom, licensed by cowardly academic leadership. Our public life is perceived as corrupt. Our Government are widely considered to be equivocal about the rule of

law and illiberal in their reforming intent. Giant digital corporations ruthlessly manipulate government and citizens alike. Young people despair of the efficacy of democratic politics to address existential threats and are frightened about the future.

Amid these pathologies—in this hideous melee—now to legalise the killing of a class of people seems deeply misguided.

12.39 pm

Lord Taverne (LD): My Lords, there have been substantial changes since the last time this subject was discussed in this House. One of the most important has been the changed attitudes of the professional organisations. How extensive this is is significant. Earlier this year, the British Medical Association moved to a neutral position on assisted dying, and that reflects the position of similar medical bodies, including the Royal College of Physicians, the Royal Society of Medicine, the Royal College of Nursing, the Royal College of Psychiatrists, and many others.

Now, why have they changed their position? One letter, signed by a number of eminent people, suggested that it was because they no longer felt they should oppose the views of not only their members but their patients. Of course, we know how extensive public opinion supports the Bill.

In the past and, indeed, in the present, it has been strongly argued that palliative care is the answer to the problems we face. However, as eminent members of the profession, including a former president of the BMA, observed in an email that other noble Lords may also have received, we now know that palliative care is no panacea. Many previous speakers have also shown why this is so. The Office of Health Economics published a study in 2019 which found that in Britain 17 people a day would have no relief from their pain as they died even if there was universal access to specialist palliative care, which, of course, there is not. We all much appreciate palliative care, of course, but we must take this into account.

If the Bill is passed, no one, even if they have the money, will need to make the traumatic journey to Dignitas in Switzerland—traumatic particularly for those who accompany them. As they all want, those who now go to Switzerland will be able to die at home and people will be able to ask a doctor to supply them with a lethal dose—a vital change to avoid people making a botched attempt at suicide, which can have the most appalling and catastrophic consequences. It promotes the case for autonomy, as was very powerfully put by Professor Grayling and other noble Lords, including the noble Lord, Lord Berkeley of Knighton. One should have control of one's own life. This is a humane Bill, which, however, needs one improvement: to add as beneficiaries those who suffer incurably as well as those about to die.

12.43 pm

Baroness Masham of Ilton (CB) [V]: My Lords, we live in dangerous times. Dr Shipman, a GP from Yorkshire, killed many of his patients with overdoses while visiting them in their homes. Almost 100 deaths

[BARONESS MASHAM OF ILTON]

from overprescribed morphine took place at Gosport War Memorial Hospital in 1990. These are two examples of many evil acts of the addiction to kill people who are not ready to die. There are dangerous, cruel people in our communities who do not value life. I am sure my noble friend Lady Meacher feels that her Bill is helpful but with it she has put fear into thousands of vulnerable people who are elderly or disabled.

Lifting the lid off lethal, poisonous drugs is frightening and dangerous. I have had hundreds of emails and letters from very worried people. They are right in thinking that vulnerable people will be pressurised into thinking that they are a burden, especially now, when there is an extreme shortage of people to care for elderly and disabled people. Please will the Minister help to see that there is good palliative care for all who need it and take up the challenge of getting good, honest, reliable carers so that elderly and disabled people can live stress-free lives? Doctors and nurses should have adequate training in pain relief. I echo the report by the noble Baroness, Lady Cumberlege, *First Do No Harm*.

Vulnerable people need protection, not the threat of being killed if life becomes too difficult. How can they trust doctors if the Bill is accepted? During Covid-19 so much has been done to protect elderly and disabled people with vaccines and boosters. If the Bill is passed it will put them at risk of being done away with, especially when resources are so short. Catholic teaching opposes assisted suicide because life is a gift to be cared for and preserved until its natural death. I believe some other faiths take the same pathway. I hope they also will also oppose the Bill and I congratulate the noble Lord, Lord Sheikh, on his very positive speech.

12.46 pm

Lord Moylan (Con): My Lords, I oppose the Bill despite the respect I have for the noble Baroness, Lady Meacher. I wish to develop the point made by the noble Baroness, Lady Masham of Ilton. When my father was on his last legs a few years ago, he was physically quite robust: he was capable of keeping up with current affairs, he lived at home and looked after himself. However, mentally he was becoming increasingly fretful and, indeed, had borderline paranoia in the last couple of years. I believe this is quite common among the elderly: it is a form of dementia even though he was not actually confused in the normal sense.

The news of the Liverpool pathway scandal that broke in his last year had a shattering effect on him. It destroyed any trust he had in the medical profession and it became extremely difficult to persuade him to attend hospital for treatment for the low-level chronic conditions he had that needed periodic attention. This is my worry. I am generally opposed to the principle of Bill, but my worry about its practical effects relates very much to this key question of the intimate type of trust that we all need to have in doctors and nurses when we are ill and we put ourselves in their hands.

It is not only people such as my father, who was borderline paranoid and suffered from conspiracy theories; it is many elderly people, who feel simply that a hospital is a place of life and cure, it is not a place where death is deliberately administered. I know that

many doctors and nurses feel very similarly. There is evidence from other countries where this practice is legalised, of elderly people, in particular, being fearful of going to the hospital. How will this be dealt with? I have heard nothing from proponents of the Bill about how they would address—or even acknowledge—this concern. One possibility would be a radical separation between the NHS and assisted dying facilities: no sharing of personnel or premises. However, I have not heard an answer to it; that may or may not be workable. It needs to be addressed because it is fundamental to the social effects of the Bill if it is passed.

12.48 pm

Baroness Prashar (CB): My Lords, this is a very difficult subject. It raises moral, ethical, religious and practical issues. Understandably, there are strong feelings on both sides of the argument. I respect and understand the arguments advanced by those who are against the Bill. I have considered those arguments, but, on balance, I remain in support of this well-drafted Bill, admirably introduced by my noble friend Lady Meacher.

I remain in support because, as others have said, this limited Bill is about choice and compassion. It is about autonomy and the right to end one's life, subject to stringent safeguards. Those who oppose the Bill argue that palliative care is the answer. The Bill is not a substitute for palliative care but an additional choice alongside it. In other words, it is about the right to ask for medical help to die as one of the options in the range of palliative care options.

We also know that excellent palliative care is very important, but no amount of palliative care can address concerns regarding loss of autonomy or control of one's bodily functions. Suffering at the end of life can manifest itself in many deeply distressing ways apart from pain. This Bill would enable those who do not wish to be forced to endure horrific conditions to seek assisted death.

Also, the current, unregulated practices at the end of life are unsatisfactory. It is time that the availability of assisted death to a restricted and clearly circumscribed set of patients should be brought into the open and regulated, so that those who wish an assisted death can have that choice.

I also understand those who oppose this Bill on religious grounds, but arguments derived from religious belief should be kept to one side, as there is no compulsion on those who have religious objections.

In my view, this Bill deserves proper scrutiny and consideration, so that there can be a proper examination of the safeguards it proposes, some of the practical issues that have been raised and their viability, and, of course, for the reason so eloquently expressed by the noble Baroness, Lady Bull. I very much hope that it will clear Second Reading so that it can be examined fully at later stages.

12.51 pm

Lord Jopling (Con): My Lords, because of my respect for life, I have always been opposed to euthanasia, as well as so-called assisted dying. I should make it clear at the beginning that my views are in no way influenced by religious teaching.

My opposition to the Bill is also based on my anxieties at its consequences if it were to become law. First, there are the temptations which would arise for greedy families, who might wrongly encourage the premature demise of a distressed relative for reasons of convenience or money. I give the example of my own mother, who was widowed at 58 and went through a number of periods when ill health and temporary depression caused her to wish life could come to an end. Of course, we always jollied her out of that attitude, but I know that if we had encouraged her to end it and it had been available, she would have done so—not least because her doctor wrongly told her several times during her widowhood that she did not have long to live. In the event, she lived a fruitful widowhood and died at 96.

Finally, I am concerned that the likely consequences of what I would describe as doctors sympathetic to euthanasia and what were called in a previous debate in 2014 doctors for hire, doctors who are philosophically strongly supportive of euthanasia. When we last had these debates on the Bill of the noble and learned Lord, Lord Falconer, to try to deal with the problem of doctors for hire, I tabled an amendment whereby no doctor could sign the certificate more often than once in four years. In fact, we did not get to debate it in Committee, but it is on the record that the noble and learned Lord recognised the problem of doctors for hire and agreed that we should discuss ways to deal with it. If this Bill should go to a Second Reading, I give notice that I shall again table an amendment seeking to restrict doctors to sign these certificates at reasonably infrequent times.

12.54 pm

Lord Dubs (Lab): My Lords, I congratulate the noble Baroness, Lady Meacher, on bringing forward the Bill, which has my support. It is a privilege to be able, as a Member of this House, to take part in this debate, because the arguments on both sides are important, well put and put in a tolerant manner. It reflects well that we are able to debate such a sensitive issue in such a tolerant manner.

All of us are influenced by personal experiences, and I want to share two that I have had. Some years ago, when a similar Bill was working its way through this House, a friend of mine was suffering badly from motor neurone disease. I used to see him frequently, and I saw him deteriorate very quickly. On one occasion, he was sitting there—he was able only to type out things on a keyboard—with his whole family when the question of that Bill came up. I said, “What you want me to do about it?”, and he said that he wanted me to vote in favour of it. He had brought his whole family, his wife and his two children, in order that they could collectively say to me that this is what my friend wanted and I should vote accordingly.

At about the same time, I bumped into a woman outside in the Lobby while we were debating this, and she begged me to support the Bill at the time. Her argument was that she had recently had to take her husband to Switzerland. His life was intolerable. She said to me that the tragedy for her and for him was that he had to go on that lonely journey to Switzerland—she was with him, but it was a lonely journey—unable

to die at home with all his family around him. She thought that that was such a bleak prospect, and asked that we please do better for people like him in future.

Many people have referred to the question of safeguards. I would simply say that the present situation is far more lacking in safeguards than if the Bill were in place. What are the safeguards that stop anybody going to Switzerland, apart from the air fare? None at all. All the arguments against the Bill apply more so at the moment, where there could be enormous pressure on individuals, but there are no safeguards at all. I would argue whatever the weaknesses in safeguards under the Bill—no safeguards can be perfect—the safeguards are clearly better than the present position, where there are none at all. That is partly evidenced by Oregon, which has been cited a number of times. Many people in Oregon who wish to end their lives do so in palliative care, and some do not even use the right, they simply want the right to be able to do it, the feeling of autonomy, and then they do not use it.

Finally, I have tried to answer some of the many letters and emails that I have on both sides. I simply say this: I personally would not be happy to tell people that I know better than they do about how they should cope with their pain.

12.58 pm

Lord Mawson (CB): My Lords, it is good that we are having this debate today, but I fear I must repeat arguments I have made before, because I do not believe the practical risks are any less since I made them. I do not share the same confidence as some in the machinery of the state—my noble friend Lord Carlile just raised one of the practical challenges.

The Bill seems to assume that we live in a rational world and that families and individuals can be trusted to behave in a rational manner and make rational decisions when faced with the trauma of losing a loved one in circumstances that the Bill describes. As a jobbing clergyman who has spent the past 40 years of my life working with probably some of the most vulnerable families in this country and who has presided over what must be hundreds of family bereavements and funerals, which has been both a great privilege and a responsibility, I know from experience that reason and rational behaviour are often not what we are dealing with in crises such as these.

Individuals and families say and do many things when they are vulnerable which they regret later, but at the time seem all too clear. Anomalies exist that show that people change their minds over whether they want to live or die, and intelligent debate must acknowledge those anomalies. I share the concerns about the dangers raised by the noble Lord, Lord Adonis.

An intelligent debate must be aware that rational judgment is not everything. I shared last time the story of a Bengali man who wanted to die but did not; he was saved by the present law. Those who say they want to die are always profoundly tied up in a complex set of social, cultural and family relationships, and pressures that an outsider will have limited understanding of. I always tell people who do not come from Yorkshire that to understand us you must be one of us—or

[LORD MAWSON]

forget it. Imagine a western doctor trying to understand the inner emotions and family conversations taking place with this Bengali man. I have worked with this community for 36 years, and I am still struggling to understand the inner workings of another culture I am not a part of. Are we saying, in this case, that it would have to be two Bengali doctors who make the decision? If so, which bit of Bangladesh would they be expected to come from? Could we be certain that there would always be a Bengali doctor on hand? If there was, how would we test what family connections there were and what family conflicts there had been in the past that the doctor might be unintentionally connected with? This is all subtle stuff for all of us, often unspoken, and a can of worms. I share the concerns of the noble Lord, Lord Hastings.

So much of this debate is about “Me, me, me: my rights, my life, my choice”. Yet we human beings are fundamentally social creatures. We are not islands floating aimlessly in a sea but are part of a family, a community and a culture. What we do as individuals has profound rational and irrational effects on us all. Human beings can achieve great things, but we can also behave like sheep. Once the herd starts to move on this, it may well move together. I share the concerns of the noble and right reverend Lord, Lord Harries, on this matter. Human beings can achieve great things, but they can behave like sheep; once the herd starts to move, we may all move together, and the people who will pay the price, I worry, will not be the well-meaning, or the financially secure who can choose, but the vulnerable.

1.02 pm

Baroness Davidson of Lundin Links (Con) (Maiden Speech): My Lords, I rise in trepidation. Having canvassed extensively on the etiquette of a maiden speech for your Lordships’ House, the advice was legion: be funny; spend a good proportion of your time explaining your background and how you got to this place; do not talk on contentious issues or say anything that could be considered controversial. So here I am, talking on one of the gravest and most personal of issues, which encompasses and bisects faith, family, love, pain, medical ethics and the sanctity of life itself—what it means to die, what it means to live, what agency we have over our own existence and what role the state plays in protecting life, prohibiting choice and prosecuting those who have been left behind.

It is not the place, therefore, for a long CV or my best stand-up material. So I find myself breaking political convention—not for the first time, and, in truth, not being able to guarantee that it will be the last time, either. But there was one piece of advice on maiden speeches that I did take wholeheartedly, and that was to thank all those who have welcomed me to this place: the doorkeepers, who have with unfailing courtesy explained so many of the place’s ways and kindly directed me as I found myself lost yet again; all staff, both party and parliamentary; and those colleagues who have extended a welcoming hand. I thank them all.

I come here after a decade serving in the Scottish Parliament. The reason I wanted to speak in today’s debate, brought forward by my friend the noble Baroness,

Lady Meacher, is that I have voted on this issue in Holyrood on another Private Member’s Bill six years ago, and it has nagged at my conscience ever since. It was not, I may say, the Bill brought by the noble Lord, Lord Purvis, but a subsequent one. In truth, the manner of the Bill’s drafting was so poor that many of us, myself included, were able to strike down the text without ever fully taking on the difficult, emotional or conflicting subject matter. My Christian faith, the positioning of my Church and the views of my sister, an NHS doctor, all played a part in my voting against. Even at the time it felt like cowardice. Every life change and signpost since then has pointed me in only one direction: it is time for the law to change.

The intellectual arguments have not changed. It is surely wrong that people seeking release are kept in pain; that every eight days a terminally ill Briton travels to Switzerland to end their life; that that route is open only to those with the £10,000 to pay for it; that up to 650 terminally ill people in the UK end their life at home with no medical oversight; and that many more try and fail. For me, it was something more personal and elemental. First, it was going through the process of IVF and the ability to have such agency at the start of life. The systems and processes of egg retrieval, embryo implant and choosing donor materials, sifted by everything from eye colour to family medical history, blow apart the mystique of birth as something uniquely God-given or planned. It has always struck me as a great conundrum that my Church has so little to say on the 50,000 people in the UK who choose medical interventions to start life but much to say on those desperate for agency over their own end of life.

The second thing that changed my thinking was watching a number of people close to me develop dementia and seeing the person they were being consumed by a disease that stripped them of themselves. Like IVF, this seems a tangential point, as no one with a cognitive impairment would come under the scope of the Bill; in fact, they would be expressly prohibited. But it made me consider that to have the body able and the mind slowly dissolve is one thing; for the mind to stay clear and the body to be crippled in unendurable pain, with the certain knowledge of a slow-death outcome, where the law says “Endure you must”, goes beyond conscience.

I conclude by thanking those I spoke to ahead of today’s debate: the doctors, the patients, the relatives they left behind. I particularly want to thank a 37-year-old woman called Kit with advanced stage 4 cancer, who told a group of MPs and Peers that “It feels unfair that those who don’t have a terminal illness are making decisions on behalf of those of us who do”. For myself, I think there is a greater imbalance. Those such as Kit who wish this—who desperately want it—are not imposing the same outcome on those who do not. But those who are arguing against are denying others even the choice. That is an imbalance that we here can start to address.

1.07 pm

Lord Finkelstein (Con): My Lords, may I congratulate the noble Baroness on a characteristically excellent maiden speech? When she was first elected leader of the Scottish Conservative party, I confess I had ignorantly

never heard of her. I saw the story online and shouted across the leader writers' department of the *Times*, "Is this one any good, then?" And someone shouted back, "No." This turned out to be one of the worst political judgments I have ever encountered. This House has just acquired a charismatic, robust, independent-minded and acute new Member, and I have just acquired a prized ally in the House for the cause of modern Conservatism. We should all be—and we all are—delighted.

I would like to make two connected points. The first is that it is grimly amusing that proponents of assisted dying are accused of using a euphemism by people who themselves wish to employ euphemisms such as "assisted suicide" or "euthanasia". It is like the man called Albert Death who asked to change his name. The registrar said, "What would you like to be called instead?" He replied, "I think David Death." What those who object to assisted dying really mean is that they think helping a dying person with their wish to die peacefully is murder or killing and the people who do it should always be prosecuted. They should be willing to say so—and all but my noble friend Lady Fraser do not appear willing to say so. The reason they do not use the words "murder" or "killing" is that it would reveal how radical their proposal is. They believe that those who take their relatives abroad or help a desperate relative with their dying wish are murderers.

The arguments used against this Bill are the same as the arguments against the Crown Prosecution Service using discretion. We, by contrast, make a moderate proposal. We accept that it is both compassionate and, as the noble Baroness, Lady Blackstone, pointed out, inevitable that dying people receive the assistance they want. But we wish to bring it inside the law. It is we who are insisting that people receive protection from being pressured into ending their lives prematurely, we who are insisting that the rights and protections be legally clear, we who want to be sure that professional medical advice and checks are available, and we who want to be sure that the same rights are available to all, regardless of income.

What happens now, in answer to the noble Lord, Lord Dubs, is that there are checks and safeguards on whether your relatives have pressurised you or accelerated your death against your will—but these checks take place only after you are dead. Perhaps it is just me who thinks this, but checking after I am dead seems like checking at a suboptimal moment. We are bringing inside the law something that is outside the law. What more modest and appropriate change could there be?

1.09 pm

Lord Browne of Belmont (DUP): My Lords, I am grateful to be able to contribute to this important debate. I have many questions to ask about the so-called safeguards in the Bill.

Although the framework in the Bill of two doctors agreeing that a person has a terminal illness is clear, exactly how the process will work leaves important questions unanswered. How will a person's mental capacity be judged? "Capacity" is defined in the Bill by the Mental Capacity Act 2005, but the purpose of that Act is to determine whether someone does not

have the capacity, not whether they do have the capacity, to make a decision that cannot be reversed. The test is in Clause 1(2)(c)(ii).

What will happen if a person is identified as suffering from depression? Depression is frequently associated with terminal illnesses so it is likely that this situation will arise. There is no clear statement that the High Court can look at to judge whether a person who suffers from depression as well as a terminal illness meets the Bill's criteria. Instead, the question of how depression is to be dealt with will be set out under Clause 8 in a code of practice

"recognising and taking account of the effects of depression or other psychological disorders that may impair a person's decision-making".

The Bill recognises that depression may impair a person's decision-making but it is not clear whether that means that the two doctors should determine whether the person has impaired decision-making, nor whether it excludes that person from an assisted death. We need to ask ourselves whether we want a Bill that might allow a person suffering from depression to proceed with a request for assisted suicide.

What will happen if a person cannot self-administer the lethal drugs? The fact that the person must take the drugs themselves has been seen as the ultimate safeguard because the patient has the final control over their death and, specifically, because the Bill is not meant to legalise euthanasia—that is, a doctor directly ending a patient's life. However, my reading of the Bill is that it does not make it clear whether it would still apply if a patient was unable physically to self-administer the drugs. Given that self-administration is seen as such a key safeguard, the ability to self-administer should be part of the assessment and declaration process that the High Court should review.

I make these points before the House as examples of my deep concerns about the safeguards in the Bill. This is why I will not be supporting it.

1.12 pm

Baroness Wheatcroft (CB): My Lords, we have already heard many eloquent speeches from both sides of the debate. Before the end of the day, we will have heard many more, but I doubt that any will excel the brilliant maiden speech of the noble Baroness, Lady Davidson of Lundin Links. Her humanity shone through—and humanity needs to characterise this debate.

I do not doubt the sincerity of those noble Lords who oppose this Bill, although I believe that they are wrong; I had hoped that the noble and learned Lord, Lord Etherton, would deal with some of their qualms over legality. However, nor could anybody doubt the sincerity of those who want this Bill to pass. I was particularly struck by the speeches of the noble Lord, Lord Dobbs, and the noble Baroness, Lady Jay of Paddington. The noble Lord spoke about choice—not just the "me, me, me" that the noble Lord, Lord Mawson, characterised as coming from that side of the debate, but choice for everybody. The noble Baroness spoke about the exercise of choice by an elderly friend of hers who chose to end her days in a peaceful way, surrounded by her family. It was what she wanted rather than the agony of dying that she believed awaited

[BARONESS WHEATCROFT]

her. Although we have heard much about palliative care, we know that it does not work for everybody in every circumstance.

I confess to having difficulty with the concept of abortion. It has always troubled me; I could never have had an abortion myself. I believe that people who are expecting children come under huge pressures from society but that has not stopped society reaching the conclusion that it is a woman's right to choose what happens with her body at that stage in her life—despite the fact that some would argue that many other lives are involved in that choice. Society has come to a view on a woman's right to choose. I believe that, when it comes to the end of life, it is not just a woman's but a man's right to choose. It is everyone's right to choose the death we want—ideally, a painless and dignified exit.

For many reasons, including religious faith, some people may oppose that. I do not believe that it is their right any longer to deprive those of us who want the right to choose that right. I therefore fully support the Bill in the name of the noble Baroness, Lady Meacher.

1.16 pm

Baroness Symons of Vernham Dean (Lab): My Lords, I also congratulate the noble Baroness, Lady Davidson, on a terrific maiden speech. It was excellent, and I thank her.

I hope that the House will forgive me if I make something of a personal contribution to this debate. Having survived acute myeloid leukaemia when he was 38, my husband again contracted cancer 25 years later. It was an incurable cancer of the oesophagus and liver. The Royal Marsden Hospital was terrific. My husband wanted to die at home. The senior palliative consultant provided us with drugs to relieve pain and fear. The drugs had to be given intravenously by a district nurse when we got home. The nurse who arrived—to administer the medication, we thought—refused point-blank to give my husband the drugs. I reminded her of the Royal Marsden's instructions about the regime she was meant to follow. She refused, saying that she was in charge in my house and would make the decisions. My husband and I were staggered. In effect, the district nurse had overruled the senior palliative consultant in the leading cancer hospital in this country. Moreover, we were very frightened.

Very shortly afterwards, it was clear to me that my husband would die soon. He was in agonising pain and overwhelming distress. He tried over and over again to get out of bed because he would not give in. It took four members of our family to hold him down, but his distress was terrible. His was an appalling and terrible death. I did not know how to alleviate his dreadful suffering. All I could do was pray that it would be over soon. If I had known how to make his death easier, calmer and quieter, I would have done so, but I did not know and could not help him. I wish that I had known how to ease his end—but that would have been illegal, of course, and remains illegal for anybody in the position I was in. That is very wrong.

I support the Bill.

1.19 pm

Viscount Eccles (Con): My Lords, that is a difficult speech to follow. My family home is over the hill from Vernham Dean; it is a lovely part of Wiltshire.

I think we all have an interest to declare in that we would all like to die peacefully; I am sure that I have that interest to declare. However, my provisional conclusion is that there is no tidy way of guaranteeing that this will happen. Autonomy does not do it because you cannot control the illness that you suffer from.

As we are considering legislation that is for everybody, the first thing is that we do not have a tidy solution to this dilemma. Principles are very valuable but not enough. It is the detail of the implementation of any legislation that lies at the heart of whether we have done a good job.

In 1936, the first voluntary euthanasia legislation Bill was in front of this House. Archbishop Lang concluded his speech by saying:

“I cannot but think that it is better to leave this most difficult and delicate matter in the hands of the medical profession... rather than... to drag it into the open and regulate it by elaborate official procedure.”—[*Official Report*, 1/12/36; col. 489.]

I suggest that the situation today is not dramatically different. If this Bill is passed, it would morph into a voluntary euthanasia Bill. In an age of social media and when things are very controversial and the controversy does not go away, we must think very carefully about the wider social implications on the medical profession, the NHS, and what might happen if one section of society or more decided that “This is for you, but not for me”.

Thank goodness that this House is good at scrutiny. When we are in Committee, as I hope we will be, we will consider these matters in great detail.

1.22 pm

Baroness Flather (CB): My Lords, forgive me for not standing. If I stand, noble Lords will have to pick me up, so it is better that I keep sitting.

Each situation is very personal to who you are dealing with and to make rules and regulations is very difficult because each situation is also different. It will be extremely difficult to make rules and regulations that cover everything. Of course, we must try, because without that, we cannot have this law. However, I would very much appreciate allowing people to add something to whatever is put together.

I feel very strongly that the whole concept of assisted dying has been taken away by being mixed up with suicide. It is not about suicide, although I see no reason why one should not be allowed to commit suicide. It is your body and your life—if you want to take it, you take it. But we do not want that to happen, so we want to give people a choice, which is important.

It is also important that there is somewhere in this country similar to Dignitas. Whatever one says about Dignitas—there are many stories on television about individuals who have gone there having a bad time—it is very simple, nice and straightforward. If we try to block every little hole in the system, we will end up with a very complex system and still not have blocked the holes.

It would also be helpful if each of us put down our own wishes for the end of life, whether we want this or do not want that, as that will help the doctors, the carers and the families.

1.25 pm

Viscount Bridgeman (Con): My Lords, I was called away and only heard the impressive speech by the noble Baroness, Lady Meacher, and four others, so I crave your indulgence if I cover points already made. I want to speak briefly on two overseas jurisdictions about which much has been said in the current debate—Canada and Oregon.

A Bill was introduced in Canada in 2016 to legalise assisted dying. Like similar measures introduced elsewhere, it was originally tightly drawn. However, in March 2021 the law was expanded to those with indefinite years to live, and in less than two years it will be further extended so that those with mental illness will be eligible for assisted dying.

Like many noble Lords, I received a passionate letter from a general practitioner, this one in Montreal. He writes:

“I just know how dangerous it is when killing patients becomes part of the healthcare system.”

He goes on to say:

“Physicians are not God. Errors in diagnosis for severe life-threatening conditions can be as high as 20%... and a recent Canadian study found that close to a third of patients with a diagnosis of lung cancer who died by assisted suicide did not have a biopsy-proven diagnosis of lung cancer. This is what happens when the door is opened to assisted suicide.”

Oregon is quoted as a model example of how assisted suicide is operated successfully. Its Death with Dignity Act, like all laws of this nature, is a law that dares not speak its name. It started, as in Canada, tightly drawn. However, an article published by a Swedish researcher reveals a loophole which I suggest could have far-reaching implications. The researcher asked the Oregon Health Authority a question regarding someone who had a chronic and incurable illness, such as diabetes, which could be managed with medication, but who chose to stop the treatment and as a result was likely to die within six months. Would that patient qualify for assisted suicide under the Act? The answer given by the OHA was: “Yes, that patient would qualify.”

The wider availability under the Oregon law has been known for the last two years at least, and no attempt has been made by campaigners in Oregon or elsewhere, or, I suggest, in this Bill, to close that loophole. My simple message is that should this Bill go to Second Reading, this apparent anomaly will be addressed—the anomaly between the six-month limit as stated in the Bill and the indefinite limit of other diseases, which can be just as crucial.

1.28 pm

Lord Trees (CB): My Lords, I have thought long and hard about contributing to this debate, not because it is not important—it is hugely important—but because as a vet, I may seem to equate human life with animal life. Let me say at the beginning that I do not.

However, given that veterinary surgeons in their everyday work deal with the care of animals in their lives and their deaths, and have the legal right to assist the death of their patients, I may be able to contribute to this debate from the point of view of the professionals who might be involved in the assistance of the death of their patients. I declare that I support this Bill.

Regarding these parallel situations of veterinary and medical colleagues, many medical professionals, and indeed lay persons, are understandably concerned that active assistance in the death of human patients crosses a red line which might somehow distort either the professional’s attitude to the care of their patients prior to a terminal situation or, indeed, the attitude of their patients and their loved ones to the care that they are given—the noble Lord, Lord Moylan, referred to that predicament.

From my experience in the veterinary profession, and with the obvious exception of the opinions of our patients, from whom we cannot get consent, I do not think that these are significant issues. A vet has the ultimate option of putting an animal to sleep, but this in no way prevents a total commitment to improving the health of sick animals where this is possible within due consideration for the welfare of the patient. I can say without doubt that, universally, our patients’ loved ones—the owners of the animals—hugely appreciate it if we can help relieve the suffering of their animals and, where appropriate, ensure a peaceful and painless death. Vets universally have a commitment to a good life and a good death of their patients. It is a continuum; there is no contradiction or red line.

It is no surprise to me to hear from a vet, Mr George Cooper, recently, who posted on veterinary social media in support of this Bill. He received over 200 responses from vets, all but three in favour of this Bill. That has a bearing on my next point. It has been suggested that the mental health problems and sadly high suicide rates among vets—three times the suicide rates in the general population—might in some way be connected to our legal option to put to sleep our patients when their health and welfare justify it. I can tell the House that the considered opinion of a leading veterinary expert on this subject, Dr Rosie Allister, having reviewed all the published studies available, is that there is no clear influence one way or the other that the performing of animal euthanasia affects the mental health of veterinary practitioners.

I hope that this might, in some small way, inform this important debate. Of course, in human medicine, as in veterinary medicine, it must be the personal decision and right of the health professional to decide whether they participate in assisting death, but in supporting the Bill I hope that eventually the voluntary participation for medical practitioners will be a legally permitted decision.

1.32 pm

Lord Clement-Jones (LD): My Lords, it is now over 15 years since I last spoke at the Second Reading of an assisted dying Bill. However, I regret that I am no more persuaded by the eloquent and powerful arguments put for this Bill than I was at the time for that of Lord Joffe.

[LORD CLEMENT-JONES]

Nearly all of us come to this debate with a personal experience. I certainly do. I was a carer for my late wife, who endured a great deal of pain and suffering while undergoing all the ups and downs of five years of ultimately unsuccessful cancer treatment. She was also a doctor and she founded a cancer support charity. Despite her experience, she was of the strong view that the answer was high-quality palliative care, not the availability of assisted suicide. My heart goes out to my great friend, the noble Baroness, Lady Symons, for the lack of that care in her case. I still hold to that view, if anything more strongly. It is not just about some of the problematic wording in the Bill regarding prognosis and settled wish to die; it goes much wider than that. It is about risks to the inevitably vulnerable and the impossibility of safely mitigating that risk, especially in the light of what the noble and right reverend Lord, Lord Harries, had to say about the future and what the noble Lords, Lord Hastings and Lord Mawson, said about the present.

When we debated Lord Joffe's Bill, it could be argued that the Netherlands and Oregon had had their teething problems but that they demonstrated the safety and viability of assisted suicide legislation. After the passage of years, that assertion has been punctured, as the noble Viscount, Lord Bridgeman, demonstrated. On the contrary, we can now see the real flaws in their systems and that of Canada, variously a lack of supervision, doctor shopping, a great increase in assisted deaths, greatly widened eligibility from the initial scope, and impact on investment in palliative care and charitable hospice activity. I am firmly on the side in this debate of the many people who have written so cogently and movingly in opposition to this Bill. I will vote to defeat it if given the opportunity.

1.34 pm

Baroness Andrews (Lab): My Lords, it is a real privilege to take part in this debate and I congratulate the noble Baroness, Lady Meacher, on the Bill and the way in which she introduced it. It was particularly moving to hear the words in support of the Bill of our dear friend, the noble Lord, Lord Field, as he lies dying, and to hear the witness of so many in this House who have had such profound and painful personal experiences. I have not had that experience. My support for the Bill is based on a series of other experiences and on evidence and ethics.

One of the huge changes since the Joffe Bill in 2003 is, as one palliative care doctor said to me, that death has come out of the closet. It is now so much easier for doctors and patients to talk about what makes life valuable and to go beyond the metaphor to the deeper layers of fear and suffering. In short, dying well has become an extension of living well. This change has, I believe, been formed and informed by the fact that more and more countries are making the choice to choose legalised assisted dying. Australia is not a particularly radical country. It has deep religious roots, yet only one state in Australia now does not have assisted dying, New South Wales, which, as we speak, is debating a similar Bill. As we have heard, the medical profession is changing its mind, but it is still far behind public opinion.

In short, the debate in favour of assisted dying has changed to become more inclusive, balanced, powerful and evidenced. The arguments against have not changed and I believe that they are losing their force, because they remain, as the noble Lord, Lord Dobbs, said in his powerful speech, largely speculative. The assertion that assisted dying is the enemy of good palliative care is countered by the evidence from, for example, Palliative Care Australia that when dying people can have some control of their final days, palliative care becomes better, not worse. The assertion that the Bill is the start of a slippery slope is contradicted by the fact that there is no rush to take up the option of assisted dying, because overwhelmingly what people want is to have the ability not to make the choice to die but to have the choice when the palliative care doctor says, "I can do no more."

I support the Bill not because I reject the idea of the sanctity of life, because there is more evidence for assisted dying than against it or because I believe in a perfect world where we would be entitled to everything we want. It is because I believe that the Bill is profoundly and urgently ethical. I support it because it seeks to put the mercy of the law around people who are now beyond its protection, people who could go on living but who must be well enough to travel to choose to die earlier in Switzerland—a law that forces relatives and doctors into criminal choices. We might all rage against the dying of the light, but what we all want is to go gently.

1.38 pm

Lord O'Donnell (CB): My Lords, I have been moved to speak in this debate by the huge number of letters and emails that I have received from the public, the importance of the topic and knowing that this House has a particularly important role in issues such as this. The debate so far has been just like my letters: respectful and clear on both sides of the debate. I particularly welcome the noble Baroness, Lady Davidson, to the House. I thought that she gave an excellent maiden speech. I just hope that all the debates that she gets to hear are of the quality of this one.

Of those messages from the public, the vast majority have been in support of the Bill. I approach the Bill, having been brought up as a Catholic—unsurprisingly for an Augustine O'Donnell—to respect the sanctity of life as recently re-emphasised by the Pope, the most reverend Primate, Cardinal Nichols and the Chief Rabbi. That is a very powerful group. All of them have dedicated their lives to making the world better. But as legislators our job is to look at the evidence objectively and decide what is in the best interests of the public.

It is clear to me that there are a number of cases where this Bill will allow people who may not have the ability or resources to go to Switzerland to end their lives with dignity. The libertarian in me does not understand why this right should be withheld from them, and I am deeply offended that it gives an option to richer people that many others simply cannot afford to take. For all the arguments made by the noble Baroness, Lady Meacher—I will not repeat them—the case for the Bill enhancing the well-being of the nation, particularly the poor, is very strong. I want to spend my time considering the counterarguments.

It is claimed that some will be pressurised into taking their lives by unscrupulous relatives, but the evidence from Oregon, where a law like that proposed in this Bill has been operating for over 20 years, suggests otherwise. Those who choose assisted dying do so primarily because they are fearful of a truly horrible death. As one of my correspondents put it, our current system prolongs death, not life.

The Oregon evidence also shows that giving people the power to exercise control does not mean they will use it. There has been no call in Oregon for the law to be widened or narrowed, and many of those who opposed the original law now support it. I am not aware that anyone who supported the legislation has changed their mind in the light of experience. One imagines that, if there was evidence of abuses, one might have noticed in a period of over 20 years. Numbers opting for assisted dying have remained well under 1% of all deaths since the law's inception.

Another argument against the Bill is that it will hinder developments in palliative care. Again, the evidence does not support this, but I strongly support giving more resources to palliative care. Personally, I hope it becomes so good that demand for assisted dying dries up, but it is clear that successive Governments have failed to do this and it may never be possible. There is an urgent need for those in terrible terminal pain to have a way to die with dignity.

Of course, there are slippery-slope arguments. I am not convinced by an argument that says that this legislation is fine but that it might lead to something else that is not. Parliament has the power and, if Parliament decides on significant changes, it is because Parliament thinks they are right.

Finally, I embrace those such as the noble Lord, Lord Adonis, who believe the safeguards in this Bill are not strong enough. I disagree with him, but he might be right. Hence, I argue that, if this Bill were to become law, there should be a review after, say, five years, which would look at the evidence and determine if the safeguards had worked as intended, as they appear to have worked in Oregon. If we do not pass the Bill, we will never know. As the noble Lord, Lord Dubs, said, the current situation is far from perfect, and the noble Lord, Lord Finkelstein, made clear that it is not exactly timely.

Finally, this is a very difficult issue for me personally, as a very good friend and tennis partner, Simon Binner, decided to go down the assisted dying route in Switzerland. It was charted by the BBC in an important programme. I feel he could have had a longer time with his amazingly supportive family, if he had had access to the help he needed in this country, which this Bill would allow. So for Simon and many like him, I will be voting for this Bill.

1.42 pm

Baroness Meyer (Con): My Lords, I also congratulate my noble friend Lady Davidson on her excellent speech, in which she made some excellent points.

This is not an easy debate for any today. My beliefs and conscience have been battered, like those of many other noble Lords, by the onslaught of emails and letters, some handwritten, urging me to support or reject the proposed Bill. All were passionate; some,

persuasive; and many, moving. Some doctors cited the Hippocratic oath and the age-old precept "First do no harm". They also worried about damaging trust between patients and doctors. Many feared that no amount of regulation could safeguard assisted dying from abuse and exploitation, and that, like capital punishment, if a mistake were made, the finality of death made it impossible to rectify.

These are all powerful arguments, but there is another that I find even more convincing. It is that choosing to die, where to die and how to die is an elementary human right, more so when the choice is not between living and dying, but between a dignified death and one in agonising, intolerable suffering.

Like many noble Lords who spoke before me today, I am also influenced in this belief by my personal experience. I speak of the death of my father at the age of 97. He was a proud, honourable man, a veteran of the French navy and a devout Catholic, who led an active and vigorous life. As he moved into advanced old age, his body progressively failed until he found his deathbed in hospital, nearly blind, incontinent and in pain after a fall. Dependent on others—that was the worst. He just wanted to go. Indeed, he had written a letter several years before stating that, as a devout Catholic, should he ever be incapacitated, he would not want to be kept alive. His wish was ignored. When we went to see him the day after he arrived in hospital, we found him with his hands tied in bandages, so that he could no longer try to pull the plug again, as he did the night before, after seeing us. He was so weak he could hardly speak. When I got very close to him, the only words he could say were "Quel supplice"—what torture.

I understand the worries so many noble Lords have. Of course, nothing is perfect, but I would not deny the dignity and humanity of dying to anybody. This is why I wholly support this Bill. As some noble Lords have said, we treat dogs better than human beings. This is not normal. Why are we so obsessed with keeping people alive for so long? I am talking for too long. My mother was 100 when she died and my father was 97, and the last days for both were not pleasant. I support this wonderful Bill.

1.47 pm

Lord Alton of Liverpool (CB): My Lords, I draw attention to my unpaid interests in the register. Both Houses began this week in sorrowful and tragic circumstances, with appeals to listen to different points of view with respect. Today's debate is an instructive example of how to do that. The arguments are not new or uncontested, and there is, as we have heard today in many moving speeches, no settled view.

Hansard records that more than 482,000 words have been spoken on this issue, occupying 62 hours in the last 20 years, and we have had two Select Committee inquiries. After Lord Walton of Detchant's inquiry, he told the House that, ultimately, the inquiry believed that the arguments in favour of legislation were "insufficient reason to weaken society's prohibition of intentional killing which is the cornerstone of the law and social relationships". The Select Committee chaired by the noble and learned Lord, Lord Mackay of Clashfern, provided what has been the most in-depth examination ever into this

[LORD ALTON OF LIVERPOOL]
 complex and emotive subject. Over nine months, it cross-examined and questioned 150 expert witnesses in four countries. It received reams of written evidence. In a three-volume report of about 1,000 pages, it highlighted many of the serious issues that we have discussed again today, particularly on the deeply problematic subject of safeguards.

Notwithstanding the good intentions of those who produce these recurring Bills, the same unanswered questions about the risks to vulnerable people, the compromising of medical ethics, the danger of incrementalism, the impact on the family courts and the lack of safeguards remain, and they remain unanswered. The Bill before the House does little to address the serious issues raised in the Mackay report. In truth, what are described as safeguards are simply a wish list of what its sponsors hope will happen in an ideal world, but, as we have heard from so many noble Lords, we do not live in an ideal world. Some seem to think that this is just a detail that can be covered in codes of practice but, in a Bill dealing with matters of life and death, safety is a key issue of principle and not a detail. It would be profoundly irresponsible to enact legislation without knowing how many putative safeguards might work. Asking us to do otherwise is like asking Parliament to sign a blank cheque.

Reference has been made to religious views. I was very struck by the comments of the *i* columnist Ian Birrell, who said that as an atheist

“I am alarmed by the naive groundswell of demand for euthanasia to be legalised ... Until we start to show care and respect for all citizens ... we should not unleash such lethally dangerous reform”

as assisted dying.

The Mackay committee received letters from over 12,000 members of the public. Their views of whether the law should be changed were exactly 50/50. When the House of Commons considered the issue, the elected House came out overwhelmingly against a similar Bill; it was defeated by 330 votes to 118.

This is a deeply contested issue but there has been unity across the House about one thing: the importance of dignity, care, support and unconditional love for those in these circumstances. Our united voice should be raised against patchy palliative care and in favour of hospice provision and care, and support for those who work in them.

1.51 pm

The Lord Bishop of Carlisle: My Lords, it is a privilege to follow the noble Lord, Lord Alton. I too congratulate the noble Baroness, Lady Davidson, on such an excellent speech.

My colleagues on these Benches have already expressed our profound opposition to any change in the law on assisted dying so I will not repeat the cogent points that they have already made. I hope it will be apparent that our position is not only theological but rooted in our pastoral experience and that of many chaplains in hospitals and hospices and clergy across the land, with arguments that, as this debate has effectively revealed, are important to a wide variety of people, whatever their beliefs.

I remember, when we last debated this issue in your Lordships' House, being asked in a radio interview, “What’s new in this debate?” In terms of arguments rather than opinions, I am not at all sure that much was new then, and even less is new now. So in the brief time allocated to me today, I will simply reiterate two issues that have been raised several times but which seem of particular significance in this powerful, respectful and very moving discussion, in which we know that compassion motivates every one of us.

One is the need to put our time, effort and resources into improving palliative care rather than promoting suicide for those who are terminally ill. We are all doubtless aware of the great strides forward that have been taken in recent years but, as many on both sides of this argument have reminded us, improvements have not been universal, a good death is not always available and more investment and research are required if we are to maintain our position as a world leader in this area. Despite what we have heard about Oregon, existing evidence elsewhere seems to suggest that where assisted dying or euthanasia is legalised, there tends to be a corresponding decline in palliative care; the two do not necessarily easily coexist.

The second issue is the doctor-patient relationship, which would be affected substantially by any change to the present law. Many of us will have been struck by a recent letter to the *Daily Telegraph* from a group of young doctors describing themselves as “the palliative care consultants of the next generation from across the country”.

They speak of the danger of

“a seismic shift in the way in which patients are cared for”—some have called it a corruption of medical culture—and suggest that allowing assisted dying would

“fundamentally alter the dynamic in the patient-doctor relationship and destroy the trust that is so essential to our work.”

That view has been confirmed by several GPs to whom I have spoken recently. As one put it, a change in legislation would affect the very essence of trust in the doctor-patient relationship, though of course not all doctors agree with that viewpoint.

We have been informed of a shift in public opinion on this issue but I have also been impressed recently by evidence suggesting that the more that people generally know and understand about assisted dying, the less they tend to support it. Opinion polls do not always reflect informed discussion. I believe that allowing death and alleviating suffering are very different from the assisted dying that we are considering today.

1.55 pm

Lord McColl of Dulwich (Con): My Lords, when talking about this euthanasia Bill, the first thing we have to say is that the present law stands as a huge dam holding back thousands of unintended consequences. What possible unintended consequences could there be? We cannot ignore Canada’s euthanasia legislation, which has resulted in 1,373 people having euthanasia, with the reason for their untimely death given that they were lonely. Is that the hallmark of a civilised society? Some dismiss that as just a small crack in the dam, but small cracks in a dam often result in the whole dam giving way.

Another crack in the dam holding back the flood of unintended consequences would be the pressure put on clinicians to change the nature of their roles. A group of young palliative care doctors recently issued a statement in which they said:

“The overwhelming majority of palliative care doctors do not want the introduction of assisted dying and will not participate if it is brought in.”

I have personally worked with hospices for most of my professional life and have been involved in setting up two new ones, one in London and one in Uganda. No one needs to die in agony. Perhaps I could give an example from the many cases that I dealt with. I was consulted by a lady of 25 with a very painful cancer of the throat that was causing respiratory distress. I relieved all her symptoms with a large dose of intravenous heroin, which gave her immediate relief and several weeks of pain-free life quite without distress.

What guarantees are there that the conscience clause will function as it is supposed to? What guarantee is there that a healthcare worker will not be dismissed if he or she refuses to take any part in the procedure? What guarantee do we have to prevent a court rewriting the law at a later date, as occurred in similar conscience clauses such as the Doogan case, which resulted in an invaluable midwife losing her job? Parliament believes that it writes and passes laws, not the courts. We cannot clap and cheer the NHS on Monday and then on Tuesday tell doctors that we are going to ignore their views and tell them to end their lives of their patients. Studies in the Netherlands have shown that there is a significant incidence of emotional distress, both in doctors who receive a request for euthanasia and in those who perform the procedure.

We hear a lot about the right to commit suicide and autonomy, but let us be clear: the Bill is not about that. It is about the right to tell someone else—a doctor or a dispensing pharmacist—to end a patient’s life. That is not about autonomy. It turns us as doctors into takers of life, and that is not what we were called to do. “Care” and “kill” are not interchangeable words. We must ensure that the great dam that holds back the flood of unintended consequences is kept in good repair.

1.59 pm

Lord Layard (Lab): I want to make just three points. The main argument that we have heard against the Bill is the fear that relatives will exert undue pressure. For many years, I was persuaded by that argument. However, we now have evidence on these matters. We should look at the evidence, not just the fear. The evidence that we have comes from the places that have done this, including Oregon and Australia, and everywhere it has been tried there is clear evidence that there is no problem of that kind. So unless British people are more sinful than people in other countries, I do not think we should accept the argument from fear because we have evidence of the outcome. In my experience, the more that one knows about assisted dying—this is also true of my friends—the more one is inclined to support it.

Second is the argument we have recently heard: that palliative care can prevent extreme suffering. I have had a letter from a senior oncologist, Richard Osborne, who says he has managed 10,000 dying cancer patients.

He says that recent public criticism of assisted dying has been unbalanced, melodramatic and misleading, stating that the argument that

“advances in pain medicine mean no one needs to die in physical agony”

cannot go unchallenged. In his experience, despite the best efforts, a significant minority of patients die after a period of great, unrelieved distress. In future, the refusal to allow assisted dying will be considered as inhumane as the policy of forced adoption, which was similarly based on outdated social mores. That is a strong statement.

The Bill offers a solution that is hedged with safeguards. By comparison, the present situation is far from safe. There is only one legal alternative to continuing to suffer, which of course is unassisted suicide. From nine different surveys, it is estimated that, currently, between 3,000 and 6,000 dying people—a large number—attempt to commit suicide. Only one in 10 succeeds.

I had a friend who starved herself to death. What a terrible way to end your life—alone, because no one is allowed to help you; you are helpless. How awful that is for the family left behind. Surely for the sake of the patient and the family, we should let those who wish to do so die in dignity, at a planned moment, with family and friends around them.

2.02 pm

Lord Butler of Brockwell (CB): My Lords, some 35 years ago my father was in the final stages of dying from pancreatic cancer. He knew that he was dying, his family knew, his doctor knew and the nurses in his cottage hospital knew. After passing a night in agony, he said to me that he did not want to pass another such night, and he asked me to arrange it—which of course I could not. I did what I could, by reporting what he had said to his doctor. My father did wake the following morning, but he died a few days later on a day his doctor had predicted. I am in no doubt that his doctor helped him to die. Our family was very grateful to the doctor, and my father would have been profoundly grateful too. But the doctor may have taken a risk. He may have taken that risk because my father was in a local cottage hospital, where the doctor and the nurses knew and trusted each other.

My wife and I have made living wills. They are a form of assisted dying. They give directions about our medical treatment in a range of circumstances and indemnify those in charge of that treatment from any civil liability arising from their actions or omissions—but of course they cannot protect them from criminal liability under the existing law.

I support the Bill introduced by my noble friend. I understand, I think, and sympathise with the motives of those who oppose it, but it is time to have a properly regulated system that prevents suffering and makes it unnecessary for desperate people to resort to Dignitas or to take their own lives in even more distressing ways. I will support the Bill.

2.04 pm

Baroness Eaton (Con): My Lords, my noble friends Lady Seccombe, Lady Neville-Rolfe, Lady Morris of Bolton and Lady Manzoor all apologise for not being here and wish to be associated with my comments this afternoon.

[BARONESS EATON]

No one can be forced to go on living. To treat a person without consent, even if life-prolonging, is unlawful. Any person can refuse or halt life-extending treatment, and doctors have a duty of care to alleviate any resulting pain or distress. This was well illustrated by the death of Noel Conway, who had motor neurone disease. He had campaigned for a change in the law, and he died peacefully in June, after asking for the artificial ventilation keeping him alive to be removed.

There already exists a right to die, but what does not exist is a right to require a third person to play a part in killing another. There is no right to die in international law, as confirmed in *Pretty v United Kingdom* in 2002. The European Court of Human Rights did not consider the blanket nature of the ban on assisted suicide to be disproportionate.

Assisted suicide is far from a fully autonomous decision. Suffering patients may choose assisted suicide out of a sense of responsibility to their families or communities, rather than from a personal desire to die. Autonomy then becomes a form of abandonment. Laws form social opinions. An assisted suicide law, however well intended, would alter society's attitude towards the elderly, seriously ill and disabled, sending the subliminal message that assisted suicide is an option they ought to consider.

Canada has been criticised by successive United Nations special rapporteurs on the rights of persons with disabilities for the impact of its assisted suicide law on persons with disabilities. Significant concern was expressed at a growing trend to enact legislation enabling access to medically assisted dying based largely on having a disability or disabling conditions, including old age.

The right to die can easily become the duty to die, as the suicides of the elderly and infirm become normalised. Dutch ethicist Professor Theo Boer, who changed his position after reviewing thousands of cases of euthanasia, noted:

“Pressure from relatives, in combination with a patient's concern for their wellbeing, is in some cases an important factor behind a euthanasia request. Not even the Review Committees, despite hard and conscientious work, have been able to halt these developments.”

I cannot support the Bill.

2.08 pm

Lord Aberdare (CB): My Lords, I support the Bill, above all as a matter of choice. I congratulate my noble friend Lady Meacher on introducing it.

If I was in the situation covered by the Bill, with little time left, no worthwhile quality of life and nothing to look forward to beyond intolerable pain and misery, both for myself and my family, I would want the option of seeking help to die, even though I might not take it. Merely having this choice would make it less likely that I would use it. I hope I never find myself in this position, but I have been greatly moved by the harrowing experiences of so many who have, including close members of my family, and of course by many of the stories we have heard from noble Lords today, including recently from the noble Lords, Lord O'Donnell and Lord Butler, and the noble Baroness, Lady Meyer.

For me, the question then is whether the Bill might have undesirable consequences. It applies only when someone has an incurable condition, is dying, wants to be helped to die and has the mental capacity to make that decision. My view of our medical and judicial services is not so jaundiced as to believe that two doctors and a High Court judge could easily be misled in assessing this. The Bill's safeguards seem comprehensive, transparent and robust, and would create a situation in some respects less likely to result in suicides and other premature deaths than exists today. Of course, they would need full scrutiny and review as the Bill goes through and afterwards.

Like other noble Lords, I have had several hundred emails and letters on both sides of the argument—from doctors, both for and against, from people with disabilities, both for and against, and from people of faith, both for and against. I believe that everyone in our society should have the right to make intensely personal decisions such as this themselves, of course with input from those they love or trust. I add that not wishing to be a burden to one's loved ones in one's dying days seems to me a perfectly respectable consideration for a dying person to take into account.

Having thought deeply about the issue, considered carefully everything I have read and heard, not least today, spoken to doctors and others about their views and, finally, consulted my conscience, as many of the letters I received enjoined me to do, I can only conclude that the merits of the Bill, limited as it is, sufficiently outweigh the arguments against it for it to deserve to proceed, preferably with government assistance, as urged by the noble Baroness, Lady Mallalieu, and, of course, with full scrutiny and amendment.

Few minds will be changed today, but I ask opponents of the Bill to consider whether it is right to deny the wishes of a clear, consistent and growing majority of people who have expressed their views on this issue. The experience of other countries that have already moved in this direction is reassuring, and I hope we shall take the first step today towards following them. To quote just one of the letters I have received, “It really is time we did something to help all those terminally ill to make their own choices.”

2.11 pm

Lord Empey (UUP): My Lords, we are privileged to be in a position to have this debate, express the views of our conscience and have them listened to with respect. Sadly, this is something very rare in our community and we should cherish it.

We are legislators. Therefore, we have our personal belief systems—I was encouraged by the letter from the faith leaders which expresses my opinion—but we have to legislate not only for those who share our faith, but for those who have no faith and those who have other views. We have to look at things in the round. However, having participated in the previous debate in this House on this Bill, I believe the one glaring omission in our discussions is the huge impact of changing the relationship between the medical profession and the public, on which this legislation would have a negative effect.

We seem to have a rose-tinted view of what is going on and what is likely to happen in the NHS if this legislation were to be enacted. Patients sometimes have more than one condition. They are served by numerous medical teams and consultants. Therefore it is hard to understand which medical consultant would make a judgment. Could they make a judgment? The medical profession cannot predict accurately the time of a person's death. We have been telling stories; I will tell one. Earlier this year, a very good friend of my family was sent home in the late spring and given seven days to live. This week, she entertained members of my family in her own home and is hoping to do so again next week. We simply do not know.

As has been said in this debate, between one-quarter and one-third of the population wait for more than 12 months to see a specialist or a consultant. Where are these people coming from to make these judgments? After all the years of trying, which I absolutely respect, none of us knows what our end will be, but after all these years of this legislation—or versions of it—coming to this House, no solution has been found or mechanism put in place significantly to deal with these issues. They are just not there because in many cases it is impossible. If the Bill goes forward to further stages, it will be subject to a massive number of amendments. I oppose the principle of the Bill, which is what we are supposed to be debating today, because of my personal belief system, but I understand that the views of others have to be taken into account.

2.15 pm

Baroness Sherlock (Lab): My Lords, I, too, oppose the Bill. I am a Christian and a priest in the Church of England, but I should say that I do not take a whip from my bishop, or even the most reverend Primate the Archbishop of Canterbury, and I am not here to preach, although obviously if any noble Lord wants to come to church I will tell them where to find me.

I shall not ask anyone in this House to oppose the Bill because of my religious views—because I want them to share them or because I want noble Lords to think that my religious views trump anything else. I want the Bill to be rejected because I believe it would change our society for the worse. When I scrutinise any legislation in this House, my starting point is always: how will it impact the most vulnerable in our society and those least able to speak out? Today is no different. The noble Baroness, Lady Meacher, and I are often allies in that very perspective, but not today because I believe that vulnerable people will suffer harm as an unintended consequence of our taking the first step down the road of legalising assisted dying.

Writing in the *BMJ*, Dr Lucy Thomas reports research showing that the strongest predictors of the desire to hasten death are not physical symptoms, but rather depression, hopelessness and the perception of being a burden. Every priest I know has sat with vulnerable, terminally ill people and heard people deeply worried about being a burden to others. No safeguard can protect against a view genuinely held, sometimes aggravated by depression, that it would be better for their loved ones if they just died, and died quickly. I dread the thought that at that point—the

point at which the NHS tells someone about their options—one of the options will be assistance to kill themselves. I also hate the idea that somehow, at the point at which we have nothing but our need, society thinks that we are less valuable and we should come to think that as well.

I cannot share the confidence of the noble Baroness, Lady Meacher, that the Bill will result in improved palliative care. According to a 2020 study of trends analysis of palliative care in 51 European countries, which she may know, the average growth in palliative care services was slower in countries with assisted dying than in those without. Let us be blunt: our NHS is already under massive financial pressure. I do not want us following the US and Canada, where health economists quantify how much money the healthcare budget saves by ending lives prematurely through medically assisted dying. Social care is massively struggling, palliative care is under pressure—it is very hard to get it on the NHS—and hospices have made people redundant. No one looking back at the treatment during the pandemic of those who were old, disabled or in care homes should have any confidence that, when push comes to shove and we are under pressure, our society will always prioritise the needs of vulnerable and disabled people or see their lives as having equal value to those of others in society.

I have heard some incredibly moving stories here and in writing to me, and I have massive compassion for all those who are struggling. Choice matters, but my choice does not get to trump the needs and interests of others. We are not just autonomous individuals. We are intertwined and interdependent, and I believe the Bill would do our society harm.

2.18 pm

Lord Ramsbotham (CB): My Lords, I, too, congratulate my noble friend Lady Meacher on bringing forward this Bill. I make no apologies for focusing entirely on my wife, who took her own life recently after a horrendous year. Having broken her hip in a fall, she fell again in the street and was called in by the Chelsea and Westminster Hospital for a scan, which was misdiagnosed as showing that she had an aggressive brain tumour. For that she was put on an end-of-life care plan by Royal Trinity Hospice and given limited time to live.

When she had not died within that time, she demanded a second scan, which showed that, far from being aggressive, she had a non-aggressive, non-cancerous growth on the membrane of her brain. Because she had been in bed for so long, she had temporarily lost the use of her legs. She learned to walk again using aids but, having got downstairs, fell heavily, because she tried to walk about without them. She expressed a wish to die several times, even to doctors, finding the frustration hard to bear. This setback proved too much even for her, and she took an overdose of sleeping pills, much to the sorrow of her family and friends. I therefore strongly support the Bill.

2.21 pm

The Earl of Dundee (Con): My Lords, I begin by congratulating my noble friend Lady Davidson of Lundin Links on her excellent maiden speech.

[THE EARL OF DUNDEE]

Although I appreciate the motive of the noble Baroness, Lady Meacher, to reduce suffering, I join many noble Lords in opposing this Bill.

Briefly, I shall make three points: on the problems arising if assisted suicide should become legal; on the case for promoting palliative care instead; and, in the interests of people here and overseas, on the need for our United Kingdom Parliament to give that clear message now.

As a Council of Europe parliamentarian, I am glad that the Court of Human Rights in Strasbourg has consistently found that there is no human right to die, whether assisted by another person or by a public authority; and equally glad that human rights law in the United Kingdom and most other countries emphasises the obligation of the state to protect life.

However, the Bill risks undermining that priority; a change in the law would induce the desire for suicide in many of the vulnerable, who otherwise would not have contemplated it. The Bill puts pressure on them to end their lives for fear of being a financial, emotional or care burden. Given that it is the Bill's intention to help rather than to harm them, that outcome would be ironic, producing the unintended consequences already referred to by the right reverend Primate the Archbishop of Canterbury, and others.

Yet in a variety of jurisdictions supporting assisted dying, negative developments are only too well evident, including from the Netherlands, where hundreds of euthanasia cases have already involved elderly people who were not seriously ill at all but simply had conditions associated with normal old age; from Belgium, applying to those with the first symptoms of chronic diseases such as Alzheimer's, as well as patients suffering from depression and older people with other general complaints; and then, as mentioned by my noble friend Lord Bridgeman, from Canada, where even the requirement for a person to be terminally ill has now been scrapped and, from 2023 those with mental illness will be able to request assisted dying.

Along with many others, the noble Lord, Lord Howarth of Newport, also reminded us that those examples show how quite rapidly following the adoption of assisted dying legislation any claimed safeguards, such as those within this Bill, become eroded.

Palliative care, by contrast, alleviates pain and suffering, while its practice, unlike that of assisted dying, protects human life and dignity. Hardly any patient is beyond the reach of palliative care, and the United Kingdom is well advanced in this. Nevertheless, internationally, the dispensation of palliative care is under threat, not least where assisted dying is popular.

During the pandemic, proper efforts were made to give palliative care to the dying, yet now over 300 people a day suffer unnecessarily due to lack of access to this relief. It is a statutory service that is still neither funded nor commissioned across the NHS in a consistent way. Therefore, as the noble Baroness, Lady Masham of Ilton, also asked, can my noble friend the Minister say what plans the Government have to cause that deficiency to be replaced by a much more competent delivery?

Two constructive results may possibly come from this debate: insufficient backing for the Bill, and a firm commitment by the Government to ensure the increase of palliative care.

If so, a clear message will have been given nationally and internationally: that for all those approaching the end of their lives, the United Kingdom can support the right balance of standards of quality, humanity and good practice.

2.24 pm

Baroness Murphy (CB): My Lords, I give my wholehearted support to the Bill proposed by the noble Baroness, Lady Meacher—and I have supported all the other such Bills that have come to this Parliament in the last 15 or 17 years.

Listening to the debate, I sometimes think that we are very parochial about this issue. We must look more closely at the international evidence. I hear some deliberate misreading of the international evidence, and it is important that we pay attention to it. Recently, somebody said that this would interrupt the trust between doctors and patients. All the evidence from Europe is that doctors in the Netherlands are trusted the most.

I want to mention two other common arguments that have been repeatedly mentioned today. The first is that frail older people will be coerced into killing themselves by wicked relatives or others aiming to inherit—referred to by the noble Lord, Lord Tebbit, as the “vultures”. Heavens, as a medical psychiatrist working with older people, I have come across these vultures quite regularly, but they are very easy to spot. Studies of patients who seek an assisted death in other legislations that use this particular approach, such as Oregon, Washington state and others, have demonstrated that those who seek an assisted death are not the frail and very aged with cognitive impairments that make them vulnerable to undue influence; they are far more likely to be college educated, financially secure and articulate people who have always valued personal autonomy. They have a mean age of 74, which I think is quite young, and, in the most studied jurisdictions, a very high percentage, 90% in Oregon, are already receiving palliative care or hospice at home care. Assisted dying is a very small part of good palliative care and end-of-life care in those jurisdictions; it is not an either/or.

My experience of being an expert witness in a large number of testamentary capacity cases—although, of course, sometimes the patient is dead already when I come to the case and sometimes the patient is going to die quite soon—is that undue influence and these subtle pressures never occur in patients who have the mental capacity to the high degree that is demanded by this legislation. There are usually tell-tale signs from a relative's behaviour over the months and years before the death that the patient has been habitually exploited. Susceptible people usually have early dementia, a learning disability or, very rarely, an unusual lifelong dependence on another person. The American Bar Association showed that this was true recently.

I am going slightly over time here, and I am sorry, but the other matter arises from a recent demonstration by the University of British Columbia's department of family medicine that people who seek an assisted death and those who are terminally ill who do not seek

an assisted death both have the same rate of feeling that they do not wish to be a burden. That is an issue that is understandable and is distributed across the whole population; there is no difference between the two groups.

I urge noble Lords to look more closely at the evidence and to act accordingly to try to introduce a Bill from which so many people would benefit at the end of their lives—less than 1% but, nevertheless, an important tiny percentage of people who are nearing the end of life—to have the kindly death that they wish for themselves.

2.29 pm

Lord Campbell-Savours (Lab) [V]: My Lords, that was a very interesting speech from the noble Baroness, Lady Murphy. I have spent a lifetime arguing on life issues: late abortion, embryo research, end-of-life issues generally and, now, there is this Bill. We learn from a lifetime of experience lessons that, in my own case, have been painful and life-changing. That is why I am now at home, a remote participant visiting Westminster only occasionally when the House is quiet.

Forty years of ill health have taught me painful lessons and influenced my judgment. Repeated hospitalisation in the 70s; ulcerative colitis leading to the surgical loss of my large bowel in the 80s; a lifetime of extraordinarily painful ankylosing spondylitis; repeated painful inflammatory attacks, leading to a tumour and the loss of half my lung in the 90s—all to be followed by swollen legs, peripheral neuropathy, kidney stones, hernia operations and, to cap it all, a lung clot that nearly finished me off in 2009. I have been through the mill and I still suffer. Forty years of escalating pain have left me physically diminished but in good spirits, and I have never complained.

So, why is this commentary on my medical history relevant? Not once, at any stage in all these years have I “wanted out”. Wanting out has never crossed my mind and, in the time I have left, I hope it never will. But who knows? I may want that right. Circumstances can change, and I completely understand the dilemma of those who want out with dignity, particularly in their last weeks and months. There are circumstances in which the pain could become unbearable. My concern is that, while I can trust those close to me in such circumstances to act in my best interests, a relaxation in the law could lead to the abuse of others whose families are not so well disposed. This is our dilemma.

There are two different discussions running here. Do we agree with assisted dying in some form, in principle? I do. If we do, can we erect safeguards that prevent exploitation and abuse? These are separate hurdles, separate arguments. If we cannot establish adequate safeguards in Committee, then I shall vote against; if we can, then I shall support the Bill.

2.31 pm

Viscount Colville of Culross (CB): My Lords, I am humbled to follow the noble Lord, Lord Campbell-Savours, and to have heard what he had to say about his terrible lifetime of illness.

I recognise the efforts that my noble friend Lady Meacher has taken to ensure safeguards for patients who want assisted dying, but I cannot support

this Bill. I have spoken to doctors in Oregon, the Netherlands and Belgium, in countries which already have assisted dying and euthanasia laws. I agree with the noble Baroness, Lady Smith of Newnham, that it is relevant to look at these countries because they presage a change of culture. All of these laws started out with assisted death as a rare event, for those patients who were enduring unbearable suffering and wanted to die, but your Lordships’ House has only to look at how these laws have changed and evolved in the intervening years to understand that what starts with the best intentions can be gradually and importantly eroded. Despite my noble friend Lady Meacher’s assurance, I fear that the Bill starts this country along the path towards assisted death becoming normalised.

I am particularly concerned about what happens to those in old age. In Oregon, the law was originally to assist patients with diagnoses of terminal illness with six months to live. However, last year the Oregon data report showed that some patients were granted assistance with dying because they were suffering from incurable but not terminal conditions that are prevalent in old age, such as arthritis or complications from a fall.

I am shocked by what, as many other noble Lords have mentioned, is happening across the channel in the Netherlands and Belgium. I know that their starting places were different from this Bill. Both countries have euthanasia laws and, originally, they too were to be used in rare instances but now, in some instances, it has become normalised, seen by many as the path to a good death. In the Netherlands, the Supreme Court has ruled that patients with dementia who, before they could

“no longer express their will”,

left a written statement requesting euthanasia, can now have it carried out—once a doctor judges that the patient’s condition is one of unbearable suffering. In Belgium, it was ruled that the writer Hugo Claus was so perturbed by the diagnosis of dementia he faced and the unbearable suffering it gave him that he was allowed to have euthanasia, even before any symptoms were apparent.

My fear is that these assisted pathways to death put huge pressure on patients and medical staff alike, for them not to be a burden on either the health system or their own family. I know first-hand the desire for old people not to want to be a burden. A close relation of mine was diagnosed with Alzheimer’s 15 years ago. Her wish at the time was that, if possible, she should be given assisted death before she lost her memory because she did not want to be a burden on her family. Fortunately, we do not have a law that permits this, and I hope that we never will. She now has very limited memory and suffers bouts of great confusion, but she is physically able. Despite her condition, she is able to enjoy huge pleasure in the moment, being with her grandchildren, gardening or going on walks. I know that dementia is excluded from the Bill, but I do not want this country to start down a path where assisted dying becomes normal and deprives many people of potential enjoyment and contribution to life, which they had never anticipated when their diagnoses were first given.

2.35 pm

Lord Patten (Con): My Lords, I wish to make three points. First, I am totally opposed to this Bill because of my belief in the sanctity of human life and because of its unsafe contents; I respectfully agree with the most reverend Primate the Archbishop of Canterbury in what he said earlier about its basically unsafe nature. Secondly, while it is an easy phrase to use, slippery slopes really do exist. At the time of the Abortion Act 1967, it was argued that there was not much to see here: it would all be very limited with few cases likely. Since then, however, there have been well over 9 million cases. Put in stark statistical terms, with no value judgments, were it not for this, our population today could have been 76 million and not 67 million people.

Similar sorts of arguments were being adduced in good faith in the introduction to this Bill today: not many cases are likely to happen; there will be lots of protections—High Court judges galore and the rest. The same arguments have been made over the last few years in other jurisdictions where assisted suicide has been introduced but then quickly followed by the lowering of age limits, people requesting access to this treatment because of feeling depressed, and so on. That is exactly what some promoters of this Bill outside your Lordships' House wish to see as next steps, and what they would wish to promote.

Thirdly, I am very concerned generally about age discrimination in this country. I think it remains a blot on our nation, and, more than that, I believe that there is considerable abuse of the elderly behind closed doors. This is denied by many, but then many people denied for many years that child abuse existed. It was hidden away until, as we know, it was flushed out; indeed, recompense has been made following investigations. In exactly the same way, as a result of this Bill, should it see the light of legal day, these changes will set coercion free in the hidden home where there are elderly and disabled people. We know how it is; in shorthand: "Do the decent thing, bit of a burden in the home, you know, our inheritance is costing us a lot—there's an easy way out." I have even heard on the wilder, more surreal shores of argument, some people suggesting that assisted suicide will help to protect the NHS by reducing pressure on it. As they say in the better sort of tabloid papers, "You couldn't make it up."

I end by saying that death must not become the new normal to replace compassion and the care of humanity, skewing the very meaning of medicine.

2.38 pm

Lord Kerr of Kinlochard (CB): My Lords, I am a trustee of the Refugee Council, which tries to help those who get here having escaped famine, war or oppression. I am also a strong supporter of Médecins Sans Frontières, which does such wonderful work in the field of conflict, looking after the people who cannot get out, who are trapped. Nobody tells me that I have to choose between one and the other. Philosophers define a false dichotomy as a fallacy based on the exclusion of one available premise. I hope that the noble Baroness, Lady Finlay, knows how much I admire her campaign for improved and more palliative

care. I strongly support it. I am a supporter of my local hospice; my support has roots in family experience rather similar to that described so movingly by the noble Lord, Lord Butler of Brockwell. I do not see why I have to choose between improving palliative care and helping those who, while aware of how palliative care might help them, still have a voluntary, clear, settled and informed wish to bring the curtain down and end their suffering.

Without the legal option that the Bill would provide, we are stuck with the sadness of surreptitious suicide preparations—shocking to family and friends if they succeed, all too often traumatic and tragic if they are bodged and fail. The safeguards in the Bill are stringent and the consultations it mandates might dissuade many, but where their decision is voluntary, clear, settled and informed, it should surely be determinate.

The key, as I see it, is respect for the autonomy of the individual and here I fear I have to part company with the noble Baroness, Lady Sherlock. I think the key is not imposing one's views on those who do not share them. I could cite Mill, Bentham, Voltaire or Hume but I will spare the House. I will quote only Stephen Sedley in his Doran Lecture this year. He said:

"Nobody ... doubts the importance and worth of palliative care, or the entitlement of individuals to hold whatever belief they choose about suffering, even if it consigns them to a lingering death. What they do not have is a right to force it on others."

I agree. I do not think we should have the right to limit the options at life's end so I hope the House will reject the false dichotomies and support the Bill of the noble Baroness, Lady Meacher.

2.41 pm

Lord McCrea of Magherafelt and Cookstown (DUP): My Lords, I appreciate that this is very sensitive subject. Life is an amazing and wonderful journey, but death is inevitable for us all. I believe, as the scripture said, that

"it is appointed unto men once to die"—

but that is not the end—

"but after this the judgment."

As well as considering the impact of the Bill on patients and the vulnerable, we must consider the impact on healthcare professionals, especially of Clause 5, the wording of which will be a source of real concern. No health professional can be certain that they are entitled to fully opt out, as the Bill envisages. There is a wide range of different types of involvement for health professionals in what is termed the assisted dying process. Health professionals who conscientiously object to assisted dying would expect to take no part in the process, yet a person who facilitates, supports and plays a necessary part in the practice may perceive themselves to share in the moral responsibility for it.

The experience of other jurisdictions highlights that doctors face considerable trauma, stress and ethical dilemmas as a result of assisted suicide legislation. For doctors, switching from medical interventions designed to prolong life to procedures designed to rapidly end life has profound consequences. Indeed, this Bill is in direct conflict with the moral and ethical duties of healthcare professionals, which focus on the avoidance

of harm and the safety of patients. True assisted dying is the work of palliative care, which has at its core a genuine compassion and respect for human life. Actively assisting a patient to take his own life undermines the fundamental principles of doctor-patient relationships irrevocably and harmfully.

A 2019 paper in the *Palliative & Supportive Care* journal reported the experience of doctors in the US and the Netherlands and found that almost half of all doctors surveyed described experiencing significant psychological and emotional distress after participating in the assisted death of a patient. About half of those doctors reported a

“significant ongoing adverse personal impact”.

Doctors reported feeling a sense of loneliness, shame and guilt, which manifested itself in sleepless nights, exhaustion and poor mental health. One said:

“I felt very lonely. I couldn’t share that with anyone ... I felt powerless and alone.”

I am aware that some suggest that under the conscientious objection clause medical professionals will not be required to be involved and they can exercise their conscience rights. However, we all know in other jurisdictions how this has worked. For example, conscience is protected by the Canadian constitution and statute but nevertheless hospice facilities have been closed for refusing to offer assisted dying on their premises and healthcare professionals have felt undermined and unable to fulfil their calling to care for the sick and dying.

The Bill fails to protect both vulnerable people and medical professionals and for these reasons and many others besides, I strenuously oppose it.

2.45 pm

Baroness Cohen of Pimlico (Lab): My Lords, I support the Bill and thank the noble Baroness, Lady Meacher, very much for introducing it.

The present law is unacceptable and I have an additional reason to suggest to the House why this is so. My mother, already widowed for 50 years by the 1980s, and accustomed to making all her own decisions, joined an organisation called Exit. This organisation had been set up by brave people who wanted to help their loved ones in extremis to escape and die, risking prosecution and 14 years in jail. She went to meetings for a year and then said to me and my two brothers that there was no way that she would ever ask us to assist her death. Much relieved, we asked why. She told us that she was clear that in a substantial number of cases, people who had physically assisted their loved ones had suffered profound psychological damage. They were unable to stop talking about their experience and it was plain to her that they could not get away from a continuous tape running over the experience in their minds. My mother was clear that she would not have any of us thus haunted by her death. She would manage some other way.

She died 20 years after this conversation, in hospital at 89 years old after a brief illness. However, I expect that to this day there are other people haunted by having had no choice other than to physically assist loved ones in extremis to their death. It is another

much less known consequence of the law as it stands but I hope it is an important contribution to my decision to support the Bill.

2.47 pm

Baroness Stroud (Con): My Lords, I deeply respect the noble Baroness, Lady Meacher, and particularly her desire to reduce suffering—

Lord Neuberger of Abbotsbury (CB): I think it was my go next.

Baroness Stroud (Con): My apologies.

Lord Neuberger of Abbotsbury (CB): I thank the noble Baroness for that introduction. Like the noble and learned Lord, Lord Mance, I was one of the judges in the Supreme Court Nicklinson case. The more I considered the extensive facts and the arguments, the clearer it became to me as judge that it was inappropriate, at least at that stage, for the courts to seek to force Parliament to change the law on assisted suicide and the clearer it became to me as citizen that Parliament should change the law.

There are many important human rights but, in the end, they can all be encapsulated in a single, overriding right which has been referred to more than once today: the right to personal autonomy. Personal autonomy has no more important aspect than the right to control your very existence. It is your life to deal with as you see fit. If you want to end your life, you are entitled to do so, and if you have a fundamental right to end your life, you must require very powerful reasons why you should be denied assistance if you need to exercise that right and cannot do it without assistance. When you hear of heartrending experiences, such as those of the noble Baroness, Lady Symons, and the noble Lord, Lord Ramsbotham, the principal justification for the right to be assisted if you wish to kill yourself is reinforced by considerations of humanity.

The case for the Bill is also supported by the way that we permit richer people who can afford it to be taken abroad to achieve an assisted death. It is supported by the fact that we freely allow people to refuse treatment. It is supported by the way in which we deal with suffering animals, and by the excellent point made by the noble Baroness, Lady Davidson, about medical intervention and the start of life. It is also supported by the public.

The contrary argument, and the only one, I have to say, that resonates with me, is the risk of abuse. All freedoms can be abused, and we deal with that not by removing the freedoms but by legislating against the abuse. The Bill provides for full protection and if, as some have suggested, it is not full enough or could be improved, the Bill can be amended; it should not be ended. The fact that there will be occasional abuses, as there always are in a free society, is far outweighed by the enormous amount of suffering, relatively speaking, that will be ended if the Bill becomes law.

I will end with two brief points. First, I do not read Clause 4(4)(c) as permitting a third party to administer the killing medicine. If it does so provide, it can be

[LORD NEUBERGER OF ABBOTSBURY] amended. Finally, there has been a suggestion that this is inappropriate for judges. Three former senior judges, including myself, have so far spoken in this debate and supported the Bill, which speaks for itself. The noble Lord, Lord Wilson, a highly experienced family judge, supported the involvement of judges in our judgment in the Nicklinson case. Judges are called as a matter of principle and practice to decide on difficult, sensitive cases. It is fitting that they should be involved in this exercise. I support the Bill.

2.51 pm

Baroness Stroud (Con): My Lords, I still deeply respect the noble Baroness, Lady Meacher, and particularly her desire to reduce suffering, but I speak against this Bill, to represent those whose voices cannot be heard in this place today: the terminally ill, the frail and the vulnerable. In all my time as a Member of this House, like so many noble Lords, my inbox has never been as full as it is now, with people asking me to vote against this Bill.

There are many who have spoken of the technicalities of this Bill, but in my three minutes I want to speak on how this issue speaks directly to the heart, values and character of our nation, who we are as a people, what we value and what we prioritise. For generations we have stood on the principle that all people, regardless of what they can contribute and regardless of their level of need or dependence, are of infinite value. It is one of the foundation stones of our nation and heritage. We speak passionately in this House in defence of the poorest, the elderly, children and those who are the sickest, because of their intrinsic and infinite value. This is one of the things that is at the core of who we are as a nation.

I therefore cannot support this Bill, because it goes against the heart of the British people. This heart was beautifully demonstrated during the pandemic. As a nation, in spite of the huge personal and collective cost, we supported the decision to shut down the economy, to work from home and to take our children out of school. Why? To protect our most vulnerable. If ever we needed a reminder of the heart of the British people, it has been this time. The British people responded by doing whatever it took to safeguard the weakest in society, and it is this heart that I am deeply proud of.

This Bill is also against our values: how we give value to each human being, what we value, what we honour, and what we give space and time to, and protect. The availability of euthanasia would put implicit pressure on the sick and the elderly, who are all too conscious of the demands they put on their relatives. Many people at the end of life are concerned that they might become a burden to others.

Although the proposed legislation states that the request for suicide should come from the patient, in the highly regulated nature of medical care in the UK, once assisted suicide legislation is enacted it is likely that doctors would be instructed to make sure that all of their terminally ill patients were aware that assisted suicide was an option. Assisted suicide would be added to the list of treatment options. How many vulnerable people would perceive the option of medical suicide as

a duty? If there is no possibility of termination, then I do not need to justify my desire to continue living. But once life termination becomes a treatment option, I need to provide some justification for my desire to continue to live. This Bill is against the values of our nation.

2.54 pm

The Earl of Glasgow (LD): My Lords, I have long been one of the group campaigning to see assisted suicide made legal in this country. In spite of the recent orchestrated campaign and the many emails we have all received against the Bill, I am certain that the desire of the country to see this realised is getting even stronger.

One thing that has always worked against us are the words “assisted dying”. We should be more specific and call it “assisted dying for the terminally ill”, because that is what we mean. We do not wish to assist those with some forms of depression or those simply tired of life. Such people may well have problems, but we certainly do not want to help them to die. We are concerned only with those who have been diagnosed as terminally ill; in other words, to relieve the distress or agony of those who are shortly going to die anyway.

Our opponents like to call it assisted suicide, but it has nothing to do with suicide. If you are given the choice of being kept alive for several more months in physical and/or mental distress, unable to take part in anything you enjoy, or, alternatively, to die sooner, in your own home, with some dignity, and with members of your own family around you, and you decide the latter option, how can that be classed as suicide?

We should not fear death; it is inevitably going to come to all of us—maybe sooner rather than later to many of us in this House. On the other hand, we may well fear the manner of our death and how it will affect those who love us. If assisted dying were made legal, we would at least have some say in the manner of our death. Of course, some will choose or accept it, others will want palliative care and others will allow God to decide, but for the first time, assisted dying would be a legal option. Why are there so many who want to deny us that particular option?

It is important to emphasise yet again that in the proposed Bill the only person who can request assisted death is the patient himself or herself. Yet opponents suggest that wicked or selfish relatives will take the opportunity of putting pressure on poor old granny to put herself down, persuading her she has become a burden to the family. I think this is extremely unlikely and will occur very rarely. Most family members want to keep their aged relatives alive for much longer than they themselves do; besides, the fact that two independent doctors and a High Court judge must approve the decision should surely be safeguard enough against such exploitation.

It may be necessary to make further amendments to the Bill to satisfy the concerns and fears of those who still have reasonable reservations. For instance, we may need a more precise definition of the words “terminally ill” and of when and how it can be judged. We may need to redefine “mental capacity.” It is so important that the principle of assisted dying for the

terminally ill be understood and agreed and become part of British law. How much longer can we tolerate reports of intelligent people feeling compelled to travel to Switzerland to achieve an end they could much more easily, happily and less distressingly achieve in this country?

2.58 pm

Lord Eames (CB): My Lords, this has been one of those occasions in the life of the House where there is satisfaction for all of us that we are concentrating on issues that really matter. This afternoon, listening to the contributions of my colleagues, and thinking back over 58 years of my life as a priest, a bishop and then an archbishop, I have been able to put names on almost all the human stories I have heard from noble Lords' lips. That has not helped me in reaching a decision as to what I should say. In fact, it has made it more difficult, because I can see both sides of the argument. I want to share with my—if I may dare say it, from the disestablished Church of Ireland—episcopal colleagues, that I sense I know exactly what their problem is, and I am going to add to it.

What we are debating today is, on the surface of it, the right thing to do. We are moving humanity forward; we are giving people the opportunity to die with a new sense of dignity. How often in the dark hours sitting beside a bedside have I thought of those issues and have prayed that a person's suffering would cease—that somehow, in my faith, the Almighty would receive them out of their pain.

But when I look at the Bill, so wonderfully introduced and supported by many who have thought deeply about it, I question whether the safeguards have been sufficiently analysed. A young doctor of my acquaintance said to me the other day, "Please, please, please get greater safeguards written into this legislation"—not that he was against some progress in healing the desperate burdens that have been described this afternoon. No, he wants to move forward, but he feels the vulnerability of so much that sounds well on the surface but, when looked at closely, does not give him safety or a guarantee. For that reason, I find it hard to support this legislation.

3.02 pm

Lord Davies of Stamford (Lab): My Lords, I want to refer to the case of my mother-in-law, a person of whom I was extremely fond, but I must make it quite clear that she was not a campaigner for law reform in this area. Indeed, she was not a campaigner at all; by instinct she kept away from public controversy. If I draw any conclusions from my memory of her experiences, I am responsible for those conclusions, not anybody else.

My mother-in-law suffered terrible pain in the last months of her life and her doctor suggested that she should enter a hospice, which she did. I well remember the occasion when she arrived at the hospice. Within 24 hours she had received various injections—I assume of opiates of different kinds—which put her into a deep coma from which she never recovered. She died two weeks later. I was at the time, and I am still, appalled that in this country we use the law to try to

force people to go for a long and lingering death when a much more rational, rapid and pain-free option is available. I deeply hope that we will give a Second Reading to this important Bill.

If I may say so, I also hope that we take a decision. The country is waiting for the House of Lords to take a decision on this matter. I think that in this country there is considerable faith in and respect for our legislative procedures, but I do not know how people would respond if we just postponed this decision and left the matter for another day, perhaps in 10 years' time when we have a whole new series of debates, inquiries and so forth. That seems a cop-out and as a legislature we should not go for cop-outs if we can possibly avoid them. I fear that if we did that, we would bitterly disappoint a lot of people—probably thousands—who have a condition that could be fatal or a statistical chance of developing such a condition and who, in those circumstances, see a Bill of this kind as the only exit from a terrible fate that lies before them. I congratulate all those who have taken part in producing the Bill and I hope that it goes forward.

3.05 pm

Lord Low of Dalston (CB): My Lords, in the six years since assisted dying was last debated in Parliament, lawmakers around the world, including in five Australian states and New Zealand, have recognised that banning assisted dying is both dangerous and cruel. In jurisdictions such as Victoria in Australia, parliamentarians have worked with disability rights campaigners to craft laws that work for all citizens, balancing choice and protection for vulnerable people. We can and should do the same here. A polarised debate will achieve neither choice for dying people nor protection for the vulnerable.

There is a strong moral and ethical case for supporting the Bill, but there is also a logical one. Opposing assisted dying because of speculative concerns about how safe or unsafe it might be is hypocritical when we look at the lack of protections around current end-of-life choices. We are told that the licensing of assisted dying is a particular threat to disabled people, but there is far more potential for abuse and harm towards disabled people under current arrangements than there would be under a robust assisted dying law—for example, through outsourcing the problem to Dignitas, or doctors making end-of-life decisions without robust safeguards, transparency or oversight.

As a disabled person, I would personally feel greatly reassured to know that, should I be diagnosed with a terminal illness, I would be able to consider the option of an assisted death. This knowledge would increase my peace of mind—and this is surely something we would all want. A recent survey of 140 disability rights organisations in the UK indicated that only 4% explicitly opposed assisted dying laws. Polling has shown that 86% of people living with a disability support assisted dying as a choice for terminally ill people. It is therefore wrong to oppose assisted dying laws on the ground that people with disabilities and disability rights organisations oppose them. Not only is this incorrect, but it fails to take seriously the full range of opinion among disabled people across society.

3.08 pm

Baroness Hooper (Con): My Lords, it is not death but the manner of dying that concerns most people. However, of the many moving letters and messages that I, and I know others, have received about the Bill, no one asked me to support it—on the contrary. In listening to the well-reasoned arguments and some very brave personal accounts for and against that have been advanced today, it is clear that there is at least one thing on which we can all agree: this is a very complex and difficult issue for which there are no easy answers.

Many moral, theological and legal avenues have been broached in the course of this debate. I would like to explore them further, but time, of course, does not allow. I will make just one point. Inevitably, the personal examples that have been advanced today have concentrated on older people. Of course, looking around your Lordships' House, this Second Reading debate has encouraged many of the older Members—including me—some of whom we have not seen during the long period of lockdown, so it is good to see them here and contributing to the debate today.

Seriously, I understand this concentration on older people at the end of their natural lives and on the pain and suffering they may have to endure, but my concern is that giving a certain category of people the right to end their lives legally could influence others of other generations, whatever the presumed safeguards that I fully appreciate the noble Baroness, Lady Meacher, has tried to build into the Bill. To put it simply, we are all aware, I am sure, of the increasing number of young people—especially young men, it seems—who are committing suicide. This Bill, however unintentionally, could give them a feeling of legitimacy and justification in taking their young lives for reasons that may be imagined. This, in my opinion, would be an unintended consequence too far. For this reason, and for the many reasons advanced by others, perhaps encapsulated best, for me, in the early stages of the debate by the most reverend Primate the Archbishop of Canterbury, I oppose the Bill.

3.10 pm

Lord Sentamu (CB): My Lords, in light of the letter that appeared in the *Times* yesterday, I confirm that I am the former Archbishop of York, I am black—but I am not the holy Desmond Tutu.

Any community, society, institution or legislature that forgets its memory becomes senile. Fifty-four years ago, in 1967, Dame Cicely Saunders founded St Christopher's Hospice, the first hospice linking expert pain and symptom control, compassionate care, teaching and clinical research. The model is now established worldwide, resulting in the amazing advances in and increased diffusion of palliative care, in which of course Christian practitioners who value human life were pioneers. Frankly, why is this framework for thinking about the clinical management of death regarded as outdated, although some still think it is both/and? We ought to be following the line of approach that has proved itself so successful not only in dealing with pain but in helping the dying achieve peace, which is pastorally so indispensable. This could, no doubt, be

extended with more pain research and funding, so that these hospices are no longer depending just on private individuals but become part of our caring for the dying.

I declare an interest: I spent five days and five nights watching my mother, Ruth, dying from cancer of the throat in Trinity Hospice in Clapham. Those days indeed increased our bond. She died in deep peace and when our children came to pay their last respects, they said, "Grandma is at peace". It was a similar story when the mother of our two foster children died of breast cancer in St Christopher's Hospice.

Hard cases always make bad law. The voices of those who warn us of the law of unintended consequences must be heeded, especially the noble Baronesses, Lady Masham and Lady Campbell. The death of any person puts burdens on loved ones, but it is at the same time a supreme moment for caring, reconciliation and affectionate service. At the very heart of the problem the Bill purports to resolve, there is an ideal perception of the human being as isolated and autonomous, always in control, always on his or her own, beholden to no one. It is an unreal idea which has constantly to be overcome, in the interests of their living to some good purpose. Of course, the noble and learned Lord, Lord Neuberger, spoke of this very eloquently in his most powerful speech.

The desire to live is always responsive and outward-looking: living for the good goals, living for other people, living for the service of God and the common good. The desire to control one's death is an attitude premised on the notion that the life of a person succumbing to a fatal illness cannot be a life to be lived. That view should not be recognised by our law, except as a pathology which itself needs addressing.

3.14 pm

Baroness Lister of Burtersett (Lab): My Lords, I will speak in support of the Bill, focusing on the implications for disabled people. I find it difficult taking a stance in opposition to that of disabled colleagues, such as the noble Baroness, Lady Campbell of Surbiton, whom I think of as a friend; but I genuinely believe that this Bill is not a threat to disabled people, a view strongly endorsed in an email from a group of disability rights campaigners, including Professor Tom Shakespeare, whose work I respect. Moreover, contrary to some claims, most disability rights organisations are not opposed to assisted dying. We must not blur the lines between a dying person and a disabled person. Disabled people would not be eligible for assistance under the proposed law unless they were also terminally ill, expected to die within six months, and of sound mind.

As we have heard, the law in Victoria, Australia, was crafted with the help of prominent members of the disability community. One of them, Tricia Malowney, observed:

"The concerns of the disability community have been met, through the inclusion in the bill that merely having a disability will not meet the eligibility criteria, an acknowledgment that all lives have equal value and that we have the same rights and responsibilities as other Victorians."

I wonder whether the noble Baroness, Lady Meacher, would consider an amendment that gave the same assurances.

With regards to the claim that assisted dying laws will lead to disabled people being pressured into choosing to die, I am sure that disabled colleagues would agree that we should exercise caution when labelling disabled people as inherently vulnerable. The disability campaigners who emailed made clear that they

“do not want people making decisions for us or about us, and that includes when the time comes, how we end our lives.”

Disability Rights Oregon has not received a single complaint about assisted dying, despite it having been legal in Oregon for nearly 25 years. More widely, systematic reviews have examined the uptake of assisted dying among those deemed vulnerable, including disabled people. One concluded that the hypothesis that disabled people face a disproportionate threat

“does not seem to be borne out.”

The Bill’s safeguards are more robust than current end-of-life practices and certainly more so than the process by which we outsource death to Dignitas or turn a blind eye to dying people ending their own lives behind closed doors.

While I have received many emails opposing the Bill—most, it would seem, via the Right To Life organisation—I have also received many moving letters begging me to support it. I will end by quoting from one of them:

“The motivation to change the law is the very real anguish faced by people with terminal illnesses as they anticipate intolerable suffering and the indignity of the final few days and weeks of their lives. While the suffering and indignity can be partly ameliorated that final period remains a profound concern to many people.”

We have the opportunity to try to end that suffering and indignity. We should take it.

3.18 pm

Lord Davies of Gower (Con): My Lords, I congratulate my noble friend Lady Davidson of Lundin Links on her excellent maiden speech today and say how very good it is to see her here in your Lordships’ House.

Like many others in your Lordships’ House, I have received a hefty mailbag of correspondence. In addition, I have received a large number of emails. I have read them all and have been deeply moved by some of the extremely sad and heartfelt issues that have been brought to my notice. It is difficult to condense matters into three minutes, given the many aspects, but in opposing this Bill, I thought that I might evidence some of the correspondence, as opposed to just opinionating. Yes, I confess that my Christian beliefs play a big part in this, but, as I said, I have been very moved by the letters both for and against, and I will quote from two of them that significantly assisted me in forming an opposing view.

The first is very moving and might well be known to some of your Lordships as it has been the subject of a television documentary. It is a letter from a doctor who has already been quoted by other noble Lords in today’s debate. He is a consultant in anaesthesia and intensive care medicine and writes that

“half my professional time is spent alleviating pain and suffering, and the other half caring for pretty critically ill patients in ICU, a significant proportion of whom go on to die. I have cared for thousands of patients in my career so far. Only once do I recall thinking, ‘I would like the option of intentionally ending life to end my patient’s suffering’. He was a young father, suffering with

intractable pain from a haematological condition. I turned out to be wrong. He went on to make a significant recovery from his critical illness and returned home to be with his family.”

The doctor says that his critical care team cared for another patient who had suffered a devastating stroke:

“In our view, he was clearly dying, so we switched the focus of care to comfort and discharged him to the general ward for ongoing palliation. Two weeks later, he walked back into our ICU to thank us for our care on his way back home to continue his recovery. Doctors are poor at predicting when people will die.

I embarked on a vocation in medicine with the aim to cure sometimes, to relieve often and to comfort always. Killing patients is antithetical to the medical enterprise and allowing it would irrevocably harm the doctor-patient relationship.”

The situation described in the second letter was, as I said, part of a BBC documentary. It concerns Ian and Sue Farquhar, whose brother Peter Farquhar met a young man called Ben Field—noble Lords may recall this story.

“Field was a student of Peter’s as well as a church warden—an outwardly respectable young man. Then he set about gaslighting and slowly poisoning Peter into a belief that he was dying from an unexplainable disease. Then, in 2015, he died. He did so having left his detached house in Buckingham and a substantial sum of money to Ben Field. Over the course of a meticulous police investigation, we learned that our brother Peter had never been sick at all.”

I fear for the elderly and infirm, in the form of abuse and coercive control behind closed doors, and the pressure that carers are placed under in hard-pressed families. The noble Lord, Lord Carlile, rightly spoke of the immense pressure that this Bill would place on family court judges. I will add to that. I fear that a Bill such as this would create nothing less than an onerous and difficult challenge for the police, who may be called on to investigate a variety of issues which may have led to a doubtful or suspicious termination of life. This is an extremely dangerous path to go down and I firmly oppose the Bill.

3.21 pm

Baroness Black of Strome (CB): My Lords, I congratulate my noble friend Lady Davidson of Lundin Links on her remarkable maiden speech, which she expressed with such clarity, passion and eloquence.

So much has been said, so I will try not to repeat. My friend Geoffrey Hillyard committed suicide last year at the age of 90. His aphorism was “I will choose when to die” and he was fortunate to be able to do so. He campaigned tirelessly for assisted dying through the lens of four Cs: compassion, choice, control and consent.

I too have been inundated by communications from members of the public and these letters were filled with the most compelling and humane compassion. They came from those who have personally witnessed the dying and death of terminally ill family members and friends, requesting simply that there be no reasonable restriction of choice over how and when to die in such circumstances.

When we receive a terminal diagnosis in the UK, many are restricted from the full range of choices that are available to others around the world. We lose an element of freedom of choice in one of the most important decisions we may ever make, unless of course we take matters into our own hands, as Geoffrey was able to do. We all know we are going to die, but

[BARONESS BLACK OF STROME]

most of us do not know when or how. Those who receive a terminal diagnosis largely know both and seek empowerment to make personal end-of-life choices that include all viable options, which might include an assisted death.

I am so deeply proud of my daughter, who is a palliative care nurse. Her heart aches when a patient asks her to help them to die. The words are most often “Please make this stop”, but all she can do is offer reassuring words, hold their hand, ensure they are not alone, attend to their medication and try—I stress the word “try”—to keep them pain-free. She can do no more.

Patients ask her for help to die, but they are largely dependent on medical professionals who cannot currently assist in the UK because it is illegal. The premise of this Bill is, under closely defined parameters, to remove the legal barrier that stands between the innate compassion of medical professionals who are able and want to help the terminally ill, and the patient who both requests and, most importantly, gives consent for that help to be given when it is their choice to have an assisted death.

It is a matter that rightly demands such reasoned and calm debate as we have heard today. I support this Bill because I choose to side with compassion. I place my faith in the safeguards proposed in the Bill and any amendments that should arise and recognise the importance of choice and consent for both partners in the act, as well as the need to address the current paradox where it is a crime to assist an act that is itself not a crime.

3.25 pm

Baroness Kennedy of Cradley (Non-Afl): My Lords, so many of us in this House have personal experience of watching someone close to us die of a terminal illness. That experience will undoubtedly influence our view, as it has mine. However, even with such lived experience, I believe that only those facing the relentless progression of a terminal illness truly understand what we are debating here. As with every other policy area that we discuss, we should listen and take note of the stories of those most affected by the decisions we take. For me, the overriding message of the end-of-life stories of those advocating for this Bill is a plea for choice and control—a chance for the person most affected to decide for themselves when they have had enough.

My personal story is one of a lack of choice and control for my mother at the end of her life. When she knew that her cancer was terminal, choosing where she would like to die was the most important decision. She felt very strongly about it—and believe me, everyone was very clear what she wanted. However, after a fall, she ended up in hospital and, despite her plea to go home, the doctor would only discharge her to a hospice. Her control was gone and her choice to die where she wanted was denied. This experience, albeit limited, leads me to believe very strongly that creating a lawful, regulated option with proper safeguards to allow those without hope of recovery the chance to choose when and where they end their life is the right thing to do.

I have read the many arguments against this Bill. In addition to the understandable religious objections, there seem to be three main themes of argument against assisted dying. The first is that doctors should not be forced to take a life. However, in my mother’s case, the increased doses of morphine given to her as part of the now-abandoned Liverpool care pathway were a medical decision and not my mother’s. Although that practice is no longer used, end-of-life decisions are still largely in the hands of doctors. Patients have very few options to control the end of their life.

The second argument, that there should be better palliative care, is strong. I agree, but my support for assisted dying does not mean, by any means, that I do not support providing better palliative care. I do. For me, this issue is about choice at the end of one’s life.

Finally, there is a legitimate concern that vulnerable people might feel pressured into ending their lives. These concerns should not be brushed aside. Proper safeguards need to accompany any legislation on assisted dying; I believe that this has been taken into account as part of the Bill.

My limited but personal experience and consideration of the arguments lead me to support this Bill. I want to see it progress through this House.

3.28 pm

Lord Elder (Lab): My Lords, after five and a half hours—and with several more hours to come—of what has, I must say, been informed and compassionate debate on both sides of the argument, I wish to limit myself to two points.

First, this Bill takes account of past debates and our discussions in this House; I think that it is a better Bill than some of the ones we have seen before as a result. It already builds in many safeguards, in my view, but I hear what the noble and right reverend Lord, Lord Eames, says. If this goes through the normal parliamentary process—that is, it gets its Second Reading and goes on to further stages—there will be no earthly reason why further safeguards cannot be sought, discussed and introduced. The fact that the Bill could be improved by having more safeguards is not a good reason for not giving it a Second Reading. The central aim of the Bill is clear, and I support it. In my view, the safeguards are all there; I can well understand how others might take a view but allow the processes to do that.

My second point is this: we have rightly heard quite a lot about the position of doctors, nurses, family members and friends, but we must not lose sight of the fact that the ill, dying patient is by far the most important person in this whole business. I feel strongly, not least from my own experience 30-odd years ago, and as others have said, that the comfort that would be given to a patient in knowing that their fate was in their own hands would be real. I do not believe, as others have argued, that it would be the start of a process that would somehow make assisted dying more of the norm.

From my point of view, this is a good Bill which deserves to go through the whole parliamentary process to see whether it could be even better. It is about giving

people a choice at the very end of their lives and to leave that choice not in the hands of others but their own hands—the hands of the human being facing up to how they wish to handle the last months of their life.

3.30 pm

Lord Stirrup (CB): My Lords, one thing on which I think we can all agree is that everyone speaking today does so with a sense of deep compassion, but also of great responsibility. We have heard about heartrending individual cases which cannot but attract our most heartfelt sympathy, and which lead a number of your Lordships to believe that the Bill, or something like it, is required to relieve suffering. Like many noble Lords, I have personal experience of such cases and, were I in similar circumstances, I might well wish for an accelerated and assisted death, but our task in this Chamber is not just to seek remedies for individual cases, no matter how tragic, nor to take counsel only for the present. We have a responsibility to consider the potential implications of legislation for the whole of our society, both now and in the future.

On these grounds, there are many arguments to be made against the Bill, but in the limited time available, I shall add my voice in support of just one: the status of the medical profession in our society.

At the moment, there is a prohibition on doctors actively procuring or helping to procure the deaths of their patients. They need not, in all circumstances, fight to delay death, but they cannot intervene solely to promote it. This is a clear position, and it helps to fundamentally address the inevitable asymmetry in the relationship between doctors and their often emotionally exposed and vulnerable patients.

If that position is ceded, however, the ground on which the medical profession stands is rendered unstable: it goes from a position of clarity to one of unpredictability, particularly when the rules governing the assisting of suicide shift over time—as they surely will. Once clinicians become involved in taking life, people change their position for ever. They will no longer be health professionals but health and death professionals, so the Bill does not represent a small change. It involves a seismic shift in the arrangements and understandings that underpin a crucial part of our society. Its dangers are many and its safeguards are, in my view, largely illusory.

I entirely understand the noble motives of those who support the Bill, and I wish I could see a way in which their objectives could be achieved safely, but I cannot. I must therefore oppose the Bill.

3.33 pm

Lord Herbert of South Downs (Con): My Lords, “Whose Life Is It Anyway?”—so asked the title of the 1970s play which examined the issue of voluntary euthanasia. The implication is clear: it is my life, and so my right to decide.

Similarly, today, many noble Lords have relied on the principle that the right to choose to end one’s own life should be paramount. The campaigners outside the House are waving banners demanding choice. I respectfully submit that this approach is flawed. If

choice or personal autonomy must be respected above all, we would support many more suicides than those of the terminally ill. Of course, we do not.

By definition, every person who commits suicide chooses to take their own life, yet we usually do everything we can to dissuade them. Suicide is surely not a human right. It has not been a crime for 60 years, but the principle that any suicide is wrong and should be prevented—that it cannot lawfully be assisted—has remained, and for good reason. Once that principle is abandoned, what then will constrain the choice to die?

This short Bill does not do a small thing. It introduces in our law for the first time the idea that a patient’s life may be taken, albeit with their consent. Life, in some circumstances, is no longer to be protected by an inviolate principle, but rather by administrative safeguards and term limits.

The fear is not only that those safeguards may prove inadequate, that vulnerable people may be exploited and encouraged to end their lives and that, in reality, choice over death has been given to others, or that the time limits are essentially arbitrary, it is also that the safeguards will steadily be eroded. Once the utilitarian argument has asserted itself, we will move inexorably towards a world where the worth of life is measured and questioned. Today’s reform facilitates only the assisted suicide of the terminally ill. Tomorrow’s, as the experience of other jurisdictions warns us, will inevitably extend the right to die to others. Perhaps the terminally miserable will be included. Why not? Do they not suffer too? No principle could any longer stand in the way of such change because the main principle will already have been conceded. Extending this new right to die will merely be the next logical step—all too easily justified. Doubtless, we will be told that it is popular.

We have heard many powerful arguments for this measure today, driven by compassion and reason. However, we cannot—we must not—legislate on the basis of sentiment, certainly not without regard to the consequences. In truth, we cannot legislate away suffering. We can and should do more to alleviate suffering through better funded and more palliative care. I oppose the Bill as I opposed the Bill six years ago in the House of Commons, not because I am deaf to the moving expressions of humanity we have heard today, but because legislating to permit the taking of a patient’s life so obviously crosses the Rubicon. I shudder to hear the stories of those who suffer terribly at the end of their lives. I shudder more at a response that will open the door to ever more lives being brought to an early end.

3.37 pm

Baroness O’Loan (CB): My Lords, as legislators, we surely have a duty to safeguard the public good as best we can. We must legislate in the public interest, taking into account the needs not only of the strong and eloquent but also the weak and vulnerable, who have come to believe, perhaps, that their lives have no value because that is what so much of society tells them if they are sick, or ageing—as so many of us are in your Lordships’ House—if their ongoing existence is eating up the money they have faithfully saved to leave something

[BARONESS O'LOAN]

to those they love, or if they need care and are afraid of becoming a burden on those who care for them. We have a duty to all these people, and the Bill does not provide the safeguards and protections they need from those who would encourage them to make the required declaration.

Questions about safeguards and public safety are central to whether the Bill merits the support of Parliament. If it is not safe, it must be rejected. The Bill offers no real safeguards, only vague statements of intent with no detail of how they can or should be enforced. With great respect to the noble Lord, Lord Low of Dalston, these are not speculative concerns. Parliament is being asked to pass assisted suicide into law and let the Department of Health and Social Care develop a code of practice at a later date. There is an assumption that MPs and Peers should—and would—allow themselves to be bypassed, and that they would abdicate their responsibility, surrender their powers and fail in their duty of scrutiny.

The Bill is window-dressed, seductively, with deceptive assurances of safety. We have heard repeatedly just how difficult it is to make a prognosis of imminent death. How are a settled and informed wish for assisted suicide, mental capacity and freedom from pressure to be established? A 2020 report from Oregon revealed that 53% of patients requested lethal drugs because they feared becoming a burden on those they loved who cared for them. There is an assumption that doctors will do the dreadful work of facilitating and assisting suicides. Another 2020 survey showed that the majority of those licensed to practice who are closest to the terminally ill and dying patient, do not support legislation on assisted suicide and will not participate in it.

My postbag was unusually full on this occasion, not only with letters from people asking me to oppose the Bill, but also from a number of clinicians who set out, very articulately, why it was such a dangerous Bill. Some of those emails and letters have been quoted in your Lordships' House today.

How are judges to assess the decisions of the doctors, who are the gatekeepers of death in this legislation? Fundamentally, as has been said, the Bill will change the role of medical professionals from caregivers into killers. I am afraid that when you terminate the life of somebody that is what happens.

We can do better than this. We can spend our money on improving palliative care. The current prohibitions against assisted suicide are effective safeguards that strike a delicate balance. Without them, the health service will become dangerous for the most vulnerable people in our society. There is nothing in the noble Baroness's Bill to protect them, just an awful lot that may bring terrible harm.

3.40 pm

Lord McAvoy (Lab): My Lords, my first duty today is to say that my noble friend Lady Liddell, who is heartbroken not to be here today, has asked me to confirm her opposition to the Bill.

Many have spoken this afternoon about really heartbreaking situations for their families, parents, grandparents and mortally ill children. I have drawn

most of what I have to say from the statement by the right honourable Gordon Brown, because it is the one that had the most impact on me:

“Lawmakers will be as aware as I am that, over the past ten years, public opinion has appeared to have shifted to favour the legalisation of assisted dying and, it is a sign of the times that a similar bill is coming before the Scottish parliament.”

The question I have, which is surely the question that lawmakers have to consider before they contemplate a complete change of the law, is: what has happened to making a really devoted attempt to improve palliative care for the terminally ill? It seems to be second best and it should not be. Gordon Brown continues:

“If death were to become not just an option but something close to an entitlement through the bureaucratic processes that an act of parliament's provisions impose, we would, in my view, be altering fundamentally the way we think”

about this.

I am a believer in and supporter of convention and I will not advocate a vote against the Bill but, in concert with my noble friend Lady Liddell, I am certainly opposed to it. However, I agree with the conventions of the House.

Gordon Brown says:

“My fear is that, despite its protections against abuse”—

I do not think that the protections are good enough—“an Assisted Dying Act could lead to a slippery slope, and that over time legislators—undoubtedly out of compassion and a desire to avoid suffering—would be unable to resist the erosion of the safeguards against the taking of life. And while the end result may not be called assisted dying on demand, harm will be caused. Better to provide palliative care that we know is caring and loving and will make possible a good death.”

As I said, I will not oppose the Bill at Second Reading, unless somebody cleverly forces a vote to try to get a result here. I look forward to the process the Bill will have to go through the further it goes into the House of Lords' procedures.

3.43 pm

Lord Sandhurst (Con): My Lords, I begin with praise for the speech of my noble friend Lady Davidson, even though I take a different view on the Bill. For one who is new to this House, it is a heavy responsibility to speak on so important a debate. Like others, I received many compelling letters and emails putting both sides of the case. We have heard many powerful speeches, but I am clear in my own mind as to where we should be going. I say that even though I am deeply troubled that people with horrible illnesses still die in pain, but this Bill is not the answer.

I am conscious that the Bill is likely to proceed beyond today, so I will highlight some important points of practice. Clause 3 stresses three critical hurdles: the capacity of the individual; that the individual has a clear and settled wish; and whether the individual is terminally ill. That last, we know, is often difficult to determine.

Judicial oversight must be effective and real, and I have great confidence in the judges of this country, but their task will be difficult. That oversight must extend not only to the first two things I have mentioned but, importantly, to the doctor's certificate that someone is terminally ill; that must be open to review. It is an important precondition of going ahead.

How will the hearing proceed? English judges are not inquisitorial. Who will identify what evidence is not before the court and what has not been deployed? How will the court test for matters that lie below the waterline? Will there be counsel to the court? If so, who will pay for it? Finally, Clause 5 gives a right to conscientious objections. It is not clear to me whether this applies to the judges. I would be very unhappy if it did, but it should be made clear.

Moving to the substance, I make these points. Medical ethical issues are serious and, I think, unattractive. Doctors will be compromised. I will not repeat, but I adopt, what several noble Lords have said—in particular, the noble Lord, Lord McColl, the noble Baroness, Lady Stroud, and the noble and gallant Lord, Lord Stirrup. I hope my brevity in this respect will not be misconstrued.

Society will change for ever, attitudes to life will be changed; there will be no return. The dangers to the vulnerable highlighted by many are too significant to be ignored. Our present condition is of course imperfect, but this Bill is not the answer.

3.46 pm

Baroness D’Souza (CB): My Lords, noble Lords have had many heartrending letters expressing the pain and indignity at the end of life. Equally, we have had letters expressing the fear that passing this Bill would lead to a policy of euthanasia. This brings up the question of what moral framework we might use to arrive at a view. Life is precious, sacred even; we all know that. But to condemn our loved ones, or anyone, to an agonising last few weeks, in circumstances we would not allow our animals to undergo, is to my mind immoral and heartless. Who really would wish to see loved ones of their own suffering the gross indignity of repeated faecal vomiting or, as one letter expressed, howling in pain like a wolf? The question is: are we as a society ready to sanctify suffering by means of sanctifying life?

The Bill has a very limited purview; the safeguards are robust; the choices are humane. It should be an additional option to palliative care. The evidence from countries that already have adopted assisted dying for the terminally ill is not of misuse and enforced decisions by others, despite the often selectively quoted examples. I, like many colleagues, have been struck by the unfairness of the present system. Those who have the financial resources can achieve a release from their suffering by travelling abroad at a cost of several thousand pounds. Those without the resources are compelled to continue suffering. Furthermore, those who have no recourse other than to self-administer drugs to end their lives can experience truly horrific outcomes. One of the most often quoted views of those who support this Bill is that they would not wish to be a burden on the family. None of us would wish to be a burden on our families. This seems a perfectly valid reason for requesting a slightly earlier, but none the less inevitable, death.

I support this Bill wholeheartedly. I accept that it may not have a smooth passage in this or the other place—indeed, it may need several amendments to add protections—but it is a valuable contribution to

the public discourse that will allow, in due course, further debate, consideration and eventual acceptance to emerge.

3.50 pm

Baroness Fox of Buckley (Non-Afl): My Lords, the supporters of the Motion emphasise the technical and modest parameters of the proposed laws. However, since I have been in this House, I have endlessly been told that legislative changes send important messages, and it is the possible messages of this Bill which lead me to oppose it.

Taking a step back: what is our message if we encounter someone who implores us to help as they are suffering unbearably, who tells us they are in intense pain and their life is not worth living, who is disgusted by their own body and who begs for help to take control over how and where they die? We are urged here to be compassionate and concede to these understandable suicidal thoughts. However, perhaps noble Lords might pause more if they knew that these pleas are taken from a self-harming site, from teenagers on message boards on online suicide sites, and they include an anorexic young woman who loathes her body and a bullied, despairing young man about to jump off a bridge. Note that in their minds they are suffering just as much pain as the terminally ill citizens the Bill addresses.

In my view, when anyone of any age says they want to die, there is only one message: we cry out loud, “Don’t do it!” We must remain loyal to the value of their life and not accede to their subjective wishes, however heartfelt. Our message should be, “If you’re in unbearable pain, let society hold your hand, mop your brow, surround you with a genuine protective ring of social solidarity”—with palliative care, of course. We must also say, “However malfunctioning your body, or demented or disturbed your mind, you are still you and every moment you are alive is precious to us all—and you are not a burden.”

A note to my fellow libertarians: your agency, autonomy and desire for control will not be honoured by handing over your death to doctors, the law courts and the state.

What message we send matters because of two powerful contemporary trends. First, younger generations are being inculcated with and have internalised a new form of cultural pessimism. Too many are consumed by dystopian, angst-ridden fears of the future, and anxiety and mental health problems are spiralling. Our task surely must be to reassure: to make a positive, life-affirming case for the value and worth of human life, whatever the challenges, circumstances or discomfort—the very opposite of the message of the Bill.

Secondly, for those same young people, psychological and physical pain are often interchangeable. That erosion of the distinction of types of harms is causing major free speech disputes, when words and ideas are treated on a par with violence. Regardless of my qualms about that approach, it is now a social norm. So to those who say, “Don’t worry, this law will never lead to those suffering mental anguish being allowed access to state-endorsed assisted death”, I say that I am just not convinced—and that is just one of the many reasons why I am firmly against the Bill.

3.53 pm

Baroness Goudie (Lab): My Lords, I thank all those who have sent me emails and letters, both against and for the Bill. The vast majority of the mail I have received has been asking me to vote—if there is a vote—and speak against the Bill.

In the 1970s, I had the pleasure of being introduced to Dame Cicely Saunders and going to her hospice, and I spent a number of years talking to her and helping with her. I became very involved in the Prince and Princess of Wales Hospice in Glasgow, with which I still have close links and which has done a great deal of pioneering work in palliative care. I would like to see palliative care assisted by the Government much more, including in the home. Not everybody should have to leave home to die; most people would prefer to be in their own home.

“Assisted dying” is a euphemism. This is an assisted suicide Bill—let us call a spade a spade. Nor is the Bill about alleviating suffering. Eligibility for assisted suicide does not require suffering. Other countries have this type of legislation, with acute suffering as a condition for eligibility. In this Bill, there is a very low threshold for eligibility. There is also concern about coercion, and a vulnerable individual being manipulated into this decision.

I quote from an American psychiatric journal:

“Psychiatrists with ethical objections to assisted suicide advocated a higher ... more extensive review of a decision.”

The standard for deciding whether a person has the competence to make this decision is not a scientific one. It is difficult to determine whether a person even has the mental capacity to make such a definite decision. How are we to determine standards and thresholds for deciding whether a person has a specific capability to consent to a physical assisted suicide? What happens when doctors cannot decide, or if one of the two doctors changes their mind or does not agree? The Bill poses questions about the ethics of evaluating competence when it is partly determined by the individual values of the attending doctors.

Facilitating the taking of human life is a poor solution to improving the quality of end-of-life care. As I said at the beginning of my few words, we should be putting much more effort and funds into palliative care in the home, in hospices or in a mixture of both.

3.56 pm

Lord Hayward (Con): My Lords, I first draw attention to my entry in the register of interests and my involvement with Dignity in Dying.

What is striking about this debate is the variation in the conclusions that people have come to from similar experiences. My noble friend Lord Herbert spoke just now. I regard him as a personal friend and we have faced many similar difficulties in society over the years, but I have come to a completely different conclusion.

The reason I have come to that conclusion is twofold. One is that, aged 35, I sat across a desk from a doctor who told me that I had multiple sclerosis, but that the probability was that in my case I would deteriorate very slowly. The fact that I am stood here now is probably proof that the diagnosis was accurate.

Secondly, the argument is put forward that we are crossing a threshold. But the noble Lord, Lord Butler of Brockwell, identified very clearly that he believed that one of his own parents had faced this problem and that the doctor had taken a decision. I believe that in the case of my father the doctor took exactly the same decision; we were told when my father would die and, surprisingly enough, he did. I have sympathy not for myself in my case but for the doctors and nurses in palliative care homes who take terribly difficult decisions on an ongoing basis. I think that for them, if many of them are honest, those decisions are taken, tragically, on a fairly regular basis.

The only other comment that I wish to add in relation to this debate, because so much has been said about very different circumstances, is that the one argument that I find difficult to accept is the “slippery slope” argument. We in this and the other Chamber have the power to decide what is or is not the law. The suggestion is that if one passes this piece of legislation, in several years’ time something else might happen. It is only in this case that I can recall the argument of the slippery slope being put forward in the six years that I have been in this House. We are debating this piece of legislation, and the potential to amend this piece of legislation. I support it. I hope it will be given full consideration and approved in this House, and passed to the other House at a later stage.

3.58 pm

Lord Brown of Eaton-under-Heywood (CB): My Lords, it is an honour to follow all those who have taken part in this most distinguished debate; it is really the House at its best.

First, let us consider the backdrop to the debate today. Anyone, whether or not in the closing stages of their life, is perfectly at liberty to attempt or commit suicide. They can do so howsoever they choose—by taking pills, jumping under a bus or painfully starving themselves to death. The Bill applies only to those in the final stages of their lives, expected to die within the next six months, and those who have a voluntary, clear, informed and settled wish to die, but it necessarily invites comparison between two categories that satisfy that definition. First, those who are physically capable of ending their own lives do not need the Bill; they can proceed. Secondly—and it is to these the Bill is directed—there are those who are so totally disabled, so pitiable and with such a low quality of life, that they need help to achieve early death. It would be quite illogical to deny those in this second category the assistance they need, leaving them alone and utterly powerless, when they understandably want to accelerate death.

Moreover, the Bill would not only provide this necessary help but, as an added advantage, would afford those in this limited category safeguards to protect them against the suggested risk of their being wrongly influenced to end their lives—grasping relatives and simply feeling a burden on all. One needs to point out that these safeguards are available to no one else; no other putative suicide, no one else contemplating suicide, has any such protection. It would be paradoxical and remarkable to refuse those in this most pitiable category the help they need and, with it, the protections they alone would get.

In short, I argue that when in 1961, 60 years ago, suicide was accepted as a lawful right in the interests of dignity and so forth, it became illogical to deny those with the very lowest quality of life and the strongest justification for wanting to accelerate death the power to achieve it. I suggest that both reason and pity—compassion—demand that we finally pass this Bill.

4.01 pm

Baroness Harris of Richmond (LD) [V]: My Lords, I apologise for repeating much of what your Lordships have already heard. Most, if not all, of your Lordships have received an enormous amount of mail, both written and by email, and I have been moved by many of the stories told. The vast majority of people have appealed to me to support this Bill, and I will indeed do so.

All we want for our loved ones is a peaceful death. One letter I received catalogued the appalling death of the writer's mother. She was in a wonderful hospice, but her end was shocking, as the drugs she was given to help her deal with her pain did not work. I have heard from specialist palliative care doctors, who say that they know of many people dying every day in extremis, because the drugs that should have given them that gentle death simply did not work. We have heard much of this during the debate today. The drugs did not give them that gentle death, not because they were not cared for or loved, but because not all pain-easing drugs work on people in the same way. A GP, one of many who wrote to me, said that the choice is not between living and dying; it is between dying on one's own terms or the possibility of dying in a way they do not want.

Lack of dignity, which almost invariably accompanies protracted end-of-life care, has a profound impact not only on the dying patient but on their families. One lady told me that her children still have nightmares having watched the desperate deterioration of their father before he died. Another letter from a gentleman in his 90s begged me to support the Bill, saying that he was becoming increasingly frail, and that added urgency to our deliberations. He wanted the choice about how to manage his death. Many other letters talked about having to sit beside a dying loved one, who only wanted their suffering to end. I believe it is our duty to address these heartfelt and heartbreaking stories.

A peaceful death, which by definition is pain free, should not be a fluke of individual medical circumstances. Too many die in horrific pain, and this should not be the case in the 21st century. Palliative care is still simply not good enough, and I have not heard any practical suggestions on how this might be improved to such a level. Assisted dying laws have proven track records overseas, and the high standards and safeguards put into laws there should be available to our citizens too, as the Bill proposes.

The Bill offers stringent safeguards so that no one should be concerned that, because of disability, mental health or other debilitating illnesses, anyone would be forced into requesting assisted dying—quite the contrary. It will allow terminally ill and mentally competent adults to request life-ending medication that they can

choose to self-administer. That is the word: choice. I hope that your Lordships will allow the Bill to go through its legislative stages and that finally it will pass into law.

4.06 pm

Lord Lipsey (Lab): My Lords, I am a complete unbeliever in religion. I raise the fact that in this long and very distinguished debate, religion has been the Banquo at the feast. We have hardly heard anything about religion, even from the Bishops' Bench.

Like all noble Lords, I have received a tsunami of emails putting forward arguments why I should oppose the Bill. Some of the arguments are valid; some are not. I replied to many of them and asked a simple question: are you religious? Most answered. All those who answered said they were religious. Of course, religious people's views on this matter are as valid as anyone's—not more valid, but as valid—but I am disappointed that not one of them chose, on initially contacting me, to say that they were religious, allowing me to look at the argument from that point of view.

The other thing that worried me about this correspondence was how much of it contained—I do not know whether inadvertently or not—untruths. A whole lot said that a majority of doctors oppose euthanasia. I asked them for their evidence. First, they sent me a survey of palliative doctors, who were indeed opposed. That was very interesting, but palliative doctors are a tiny minority of doctors with a particular interest. When I pressed further, I was referred to a survey on what people wanted doctors' organisations to recommend on this legislation. That is not about whether you are for or against assisted dying; it is about what the BMA and so on should do. In any case, the facts are quite clear: a narrow majority were against doctors taking up a position against this. It was a bit of fake news, I think.

As a non-believer, I do not pretend to understand—I can get elucidation afterwards—the theology that persuades so many Christians that suffering at the end of life is God's will. I do not need to, because nobody wants to force assisted dying on anyone, whatever torture they are undergoing; I certainly do not. What I find so distressing is that these people, who I readily concede are of the utmost good faith, want to impose their faith on the rest of us.

Lord Winston (Lab): No, they do not.

Lord Lipsey (Lab): The noble Lord says no. I am not saying it is all of them; I said many of them. Why he wants to do it, I do not know.

To many of us, choice in dying—dying in dignity—is an essential human right that individuals can opt for or not opt for according to their personal creed.

4.09 pm

Viscount Craigavon (CB): My Lords, I strongly support the Bill before us, as I had its predecessors, and, as has been said, public support on this is somewhat more than 80% in favour of such a measure, even among faith communities. It goes without saying that one supports palliative care and its extension, but

[VISCOUNT CRAIGAVON]

within its limitations. The many repetitive emails against this Bill—the noble Lord, Lord Lipsey, has just referred to the “tsunami” of emails—that some of us have received appear to be embedded in assumptions that are simply not tenable. One is not against personal email lobbying, but if it is done on such a circular and commercial scale, with clear copying and pasting of the same wording and references, that would seem to be counterproductive, as well as slightly devaluing the case. I hope that we can be spared that in Committee and in the later stages of the Bill. One learns that simple repetition and copying does not make truth.

One false background presumption is that improving palliative care can somehow sweep up all the difficult cases and instances that might emerge and that, if we tried hard enough and provided enough increased funding, all such problems would be resolved. That is a get-out and does not and cannot deal with some really distressing and protracted cruel deaths that are presently inevitable, stark examples of which have been given today. For some, that goes over also to mental anguish and dignity, on which some of us are entitled to place importance.

We are trying to leave behind any paternalistic past where some doctors who knew better than you did what was good for you would patronise you. I believe that the Bill can offer genuine choice; those who deny choice or claim that it can never be genuine are espousing a form of fatalism that we must simply suffer until nature’s end, regardless of the distress or pain which, unfortunately, some claim, particularly religions, is elevating and good for us. I hope that that is what we are leaving behind, as have many millions in the rest of the world—maybe 200 million—who have changed their laws, such as the states in Australia and the USA and in the whole of Canada, New Zealand and other civilised nations. That is the direction that we will and should inevitably be following, and I hope that we will all shortly be able to join the right side of history.

4.12 pm

Lord Fairfax of Cameron (Con): My Lords, as the holder of a Scottish peerage, I particularly welcome and congratulate my noble friend Lady Davidson on what was, as one expected it to be, an excellent maiden speech. I agreed with everything she said this afternoon on this subject.

Listening to this debate, it is clear that it is personal stories that are most compelling. Fortunately, I have no such personal experiences but, like the noble and right reverend Lord, Lord Carey, I strongly believe in compassion. I am heartened by the many letters that I have received, although they are distressing and heartrending, to say nothing of the more than 80% of the public in favour of assisted dying.

In my three minutes, I will make two points and one plea to the Government. My first point is about palliative care. Contrary to what some have said, palliative care clearly does not deal effectively with all relevant end-of-life cases. We have heard from the noble Baroness, Lady Black, about the experience of her daughter in this regard. I quote from a letter written by seven senior doctors, including a former president of the BMA, which says:

“No amount of investment in Palliative Care could eradicate the small but significant number of horrific deaths that some people are currently forced to endure”.

My second point is about the inequity of the current position. As some noble Lords have already said, approximately one person a week currently travels to Switzerland to end their life at a cost of about £10,000. That financial barrier, and other practical barriers, clearly make it impossible for very many people to do so, so many are forced to end their life much sooner than they would otherwise choose to do. This Bill would give some dying people—those falling within its remit—the choice to die at a time and place, surrounded by their loved ones if possible, of their choosing.

Finally, I make a plea to the Government. Clearly, without government support this Bill is going nowhere. Even if there is a majority in favour of a change in the law this afternoon, this will run into the sand. Therefore, as requested by the noble Baroness, Lady Mallalieu, can the Government make time for legislation on a free vote, to respect the will of the more than 80% of the public who are in favour of assisted dying?

I end with the words of five faith leaders:

“There is nothing sacred about suffering, nothing holy about agony”.

4.15 pm

Lord Dannatt (CB): My Lords, as many noble Lords have already remarked, this issue of assisted dying has quite rightly provoked profound interest in the country and generated a huge volume of mail received by all of us. Opinions are strongly held and starkly divided. In personal conversations, from the mail that I have received and from the opinions of noble Lords who have spoken today, I have heard the arguments and have been weighing them against my own beliefs and values. I am now clear on my own view.

The case for the Bill appears to centre perfectly reasonably around compassion and the right to choose to end one’s life, albeit with appropriate safeguards, but I believe that the fundamental principle behind the Bill is wrong, as indeed there is a case that the name of the Bill is wrong. Assisted dying confuses palliative care and assisted suicide. Palliative care aims to relieve distress, while assisted suicide aims to help someone kill himself or herself. This Bill would make it legal for a physician to assist someone to kill himself or herself as a way of relieving distress, albeit with the permission given by a judge—something of a paradox, which other noble Lords have remarked upon.

We are told that there would be sufficient safeguards, but the major risk remains that the safeguards against abuse, although prescribed as they might be in a future law, would not be strictly followed in practice, and a variety of pressures would descend on the elderly, the sick and the vulnerable, for a mixture of motives. While certainly not perfect, the status quo protects the sanctity of life. Although the Suicide Act 1961 decriminalised suicide, it sought to discourage it by criminalising assistance in it. This is a very sound safeguard which must stand. While the Director of Public Prosecutions has the discretion to decide that it is not in the public interest to prosecute a case of

assisted suicide if there is a strong case for compassion, nevertheless the existing law protects the vulnerable. I agree with Lord Sumption that our current “untidy compromise” is the safest arrangement. Therefore, as things stand, I oppose the Bill. Should a vote be called, I shall vote against it.

4.18 pm

Baroness Ritchie of Downpatrick (Lab): My Lords, assisted dying is a very emotive and sensitive issue, with deeply held views on all sides of the debate, as has been characterised by our debate over many hours today. In many ways, this debate is driven by compassion, but for me it is about the sanctity of human life and those who wish to have the choice of assisted dying in very personal, very sick circumstances.

My fear is that the Bill will damage palliative care. I have experience, through family circumstances, of palliative care and its great value. I been contacted by the representative group for palliative medicine consultants in Northern Ireland, which sees this proposed legislation as presenting risks to patient safety, saying that it will damage patient safety, is in direct conflict with palliative care and is damaging to society, which is working hard to reduce the frequency of suicide within communities. Although this legislation does not extend to Northern Ireland, no doubt it will have unintended consequences, as will the contents of the Bill, with the lack of safeguards and protections.

Over the past half a century, we have responded to the challenge of human suffering at the end of life principally through palliative care. It has advanced to the point where those who practice it well believe that they can ease pain and control symptoms effectively in nearly every case, and I have seen many examples of that. There are some here today who will argue, and have argued, that assisted suicide can sit alongside this speciality without compromising it. I beg to differ. It is not what palliative care specialists are telling us. In fact, an interesting point was made in broadsheet recently:

“This would be a seismic shift in the way in which patients are cared for and one that we are not prepared to have any part of. Every conversation with a dying patient would be altered and assisted suicide would need to be discussed. Having to include assisted dying in a list of management plans would fundamentally alter the dynamic in the patient-doctor relationship and destroy the trust that is so essential to our work. Offering someone the option to die is akin to saying that we do not value their life, or feel that it may not be worth living”.

I cannot support the Bill.

4.22 pm

Lord Suri (Con): My Lords, I refer to the Assisted Dying Bill debated in the House of Lords on 16 January 2015, when my noble friend Lord Tebbit sought to settle the matter at hand by quoting the generally accepted definition of suicide from the *Oxford English Dictionary*:

“suicide, n. The ... act of taking one’s own life, self-murder”.

He went on to say:

“Can we settle the matter now?”—[*Official Report*, 16/01/15; col. 1017.]

Suicide is just not self-murder. It is more than that: it is a crime against our maker, almighty God, and nature. This should not be the choice of the terminally

ill patient. We have to accept the will of almighty God. The holy scripture of Sikhism says that whosoever has come into this world has to go on their allotted day. Terminology and technicalities should not be the ammunition to carry out the execution.

We are obliged on moral grounds to prevent assisted dying and should not aid a terminally person wishing to die by facilitating them to give away the right to administer their own death. We should not use feelings and compassion as the catalyst in deciding to take the life of a terminally ill patient.

Progress in every industry is continuously being made through new inventions and ideas, whether it is medical, engineering or the quest to travel further into the galaxy. It should be of paramount interest for medical science to adhere to and honour human morals in the pursuit to stop assisted dying and endorse research into developing ways to improve a terminally ill person’s quality of life and reduce suffering—the preservation of life as opposed to the termination of it.

We should not take advantage of somebody’s vulnerability and interfere with the psychological implications of assisted dying, which have an impact on not just the patient but those who care for them, be they family, friends or carers. We do not have the right to take anyone’s life. That is a decision taken by God only. Medical ethics do a great service to society; they have always protected life and endeavoured to prolong it. The taking of a human life in any way is morally, ethically, religiously and humanistically wrong. Dignity in dying should be respected in all circumstances, as I have read in the many letters and emails I have received.

4.25 pm

Baroness Stuart of Edgbaston (CB): My Lords, Kierkegaard tells us that life is lived forwards but understood backwards. What we do today, sometimes with the very best intentions, and what we quite rightly today think is modest and merely a step towards relieving suffering, may in time lay the foundations for things that we neither intended nor wished to happen.

I accept that facts about the future are hard to come by, but I do know one thing for certain: just as today is imperfect, just as today’s rules have been laid down and are not being followed, and just as today we find good people and bad people, so tomorrow there will be good people and bad people. There will be regulations that we thought were absolutely firm that are not followed, and there will be problems. The notion that we can pass a modest piece of legislation to deliver us the perfect future is flawed by the simple fact that the future will be just as flawed as today.

The way we approach death is deeply problematic. We try to deny it; we have hospitalised it; we try to manage it. This leaves a lot to be desired, but this Bill is not the answer to deal with those problems. I do not think that we have asked ourselves the right question, and therefore we have not come up with the right solution. We seem to assume that we can take the pain of grief out of the process of death. Our family members will feel guilty and aggrieved, whether they helped us in our last days or whether they did not. They may feel that they have not done something which they might have done. Whatever the situation, this will not take the pain out.

[BARONESS STUART OF EDGBASTON]

I must say something specific about this House. We are people who value choice and autonomy because we are a collection of people who, for most of our lives, have had choices and autonomy. We cannot assume that what we think is right for us and so wonderful and admirable will happen for everyone else on their death. The duty to be inclusive and to speak not just for ourselves, or on what we want for ourselves, is at the bottom of why we need to reflect on this legislation.

Some years ago, I asked an eminent heart surgeon what makes the difference between a good surgeon and a brilliant one. He said, “To know when not to do something”. This House has a duty: just because we could do something, does not mean that we need to; we should reflect on that. Is this Bill the answer? Will it set us on the road to the most unknown journey—the end of our life? The road to death is the one we know so little about and all fear. We all hope that it will just happen peacefully, quietly and without doubt. But it does not and, whether this Bill is passed or not, it still will not. I want us to reflect on what it is that we are afraid of and what we can resolve, and whether this Bill answers those two deep, fundamental questions. I do not think that it does.

4.29 pm

Lord Lancaster of Kimbolton (Con): My Lords, I welcome the opportunity to participate in this timely and important debate. I start by congratulating the noble Baroness, Lady Meacher, on bringing forward the Bill.

Like many noble Lords, I have been deeply moved by the correspondence I have received on this matter; it takes me firmly back to my time as a constituency MP. But equally, in this week of all weeks, it has underlined the necessity of your Lordships’ House to continue to engage with the general public; that is something I think Sir David would have expected us to do.

At a personal level, it has also enabled me to engage in an interesting debate with probably my best friend—my father, the Reverend Lancaster. It will come as no surprise that he has already been in touch to respond to the earlier comments of the noble Lord, Lord Vinson, that Christ’s death on the cross was an assisted suicide courtesy of a friendly Roman centurion, which I could not help but notice caused a certain movement on the Benches in front of me. I am also grateful to the noble Lord, Lord Winston, for his amendment, as it delivers much clarity in the language.

In 2015, in my previous life in the House of Commons, I voted against the assisted dying Bill at Second Reading. Since then, like other noble Lords, I have experienced my own mother’s death and while, thanks to excellent palliative care, it was, I hope, relatively pain-free, it has forced me to accept that improved palliative care does not negate the potential need for Bills such as this. They are, in fact, two quite distinct and separate issues.

In her moving speech, much of which I agreed with, the noble Baroness, Lady Meacher, was keen to argue that the objective of the Bill has overwhelming public

support. She may well be right. She will forgive me, I hope, if I say that I am unmoved by any argument that depends on opinion polls. While I have the greatest respect for public opinion when it is expressed in a democratic election or referendum, legislation by opinion poll is a dangerous game. If your Lordships’ House were to follow that route, we would be legislating to bring back the death penalty. Equally, while I support the Bill in principle—and, let us be clear, that is all we are being asked to do at Second Reading—I continue to have concerns over its application in practice; in particular, in the area of safeguarding.

The safeguards included in the Bill represent an improvement on earlier Bills, but I still have deep concerns—in particular, over the risk of coercion and abuse by relatives for their own gain. Ideally, individuals would make their own autonomous decision about ending their life calmly and rationally, but, of course, in the pressurised, emotionally charged world we live in, that might be quite different in reality. I have little doubt that few relatives harbour malevolent thoughts towards the terminally ill, but their own emotional distress can be a source of pressure in itself. Establishing whether coercion, either deliberate or otherwise, has been a factor in an individual’s decision to ask a doctor to administer lethal medication seems to me to be incredibly difficult to establish through just a couple of independent interviews.

This is the principal area in which I feel the Bill falls short and, should it pass Second Reading today, it is an area that would need to be strengthened, and due consideration given to what kind of experience, medical or otherwise, might be needed.

4.32 pm

Lord Singh of Wimbledon (CB): My Lords, today we live in an increasingly selfish and uncaring society, in which euphemisms such as “assisted dying” for “assisted suicide” and, unbelievably, “compassion” have all been used to justify a Bill that I believe demeans society and pressurises the vulnerable to take their own lives.

The moral slide ahead is clearly visible. In the Netherlands, assisted death is routinely extended to include the disabled, those with chronic, non-terminal conditions and those with mental health problems such as dementia and depression. The suffering of the vulnerable is made worse by those close, making it obvious that their care is an unwanted chore, particularly by some who stand to inherit property or assets. That was highlighted by the noble Lord, Lord Tebbit, who has shown years of loving care and compassion to his injured and disabled wife. During the debate on the 2013 Bill of the noble and learned Lord, Lord Falconer, the noble Lord, Lord Tebbit, said that legislating for assisted suicide

“creates too much financial incentive for the taking of life.”—[*Official Report*, 18/7/14; col. 789.]

Such pressures are difficult to pick up by doctors and judges.

We are all aware of the problem of climate change, but much less aware of a deteriorating moral climate—a growing selfishness seen in daily news of violence against the weak and vulnerable.

Assisting in the killing of our fellow human beings has been condemned by leaders of all our major faiths, including, as we have heard, the most reverend Primate, the Archbishop of Canterbury. Statistics remind us that it is not physical pain but a feeling of being unwanted and a burden on others that leads to mental suffering and a wish to die. We have heard conflicting stories about the different views of religions. In the story of the good Samaritan, Jesus Christ reminds us of our common responsibility to help in alleviating the suffering of our fellow beings. In Sikhism, the young Guru Nanak spent money given by his father for investment on food for the starving. Loving care for others, even to the enemy in battle, is central to Sikh teaching.

Finally, I mention the misuse of the word compassion—unbelievably, used to advance the Bill. The literal meaning of “compassion” is to show in loving care that we understand and share in another’s suffering. True compassion not only makes life meaningful for both giver and recipient but, importantly, also nudges society as a whole in a more positive ethical direction. It is for these reasons that I oppose the Bill.

4.36 pm

Lord Leigh of Hurley (Con): My Lords, I thank the very many people who have contacted me. I have received some very eloquent, personalised notes, and even a few handwritten ones. I can only apologise that I cannot reply to them all, but they were all very poignant, and helped me in addressing this very delicate and sensitive subject. I remind the House that I am president of Westminster Synagogue, and I also chair a number of faith-based charities, although I of course speak only in a personal capacity.

I am in favour of the Bill. It seems to me balanced and considered. I would, however, like to see within the regulations specified in Clause 3(8), assurances that the attending doctor and the independent doctor are truly independent of any commercial organisation which might be facilitating assisted dying, and a register established counting the number of times a person performs as either an attending or an independent doctor, to ensure that there is not some sort of go-to doctor who might be too malleable.

People live for far longer than ever before and, while this is to be welcomed, there are bound to be unintended consequences. Modern medicine can keep a person alive but cannot always control or negate the pain and suffering that some illnesses, such as idiopathic pulmonary fibrosis, which was identified by one of my correspondents, will inflict before death.

I also believe, like my noble friend Lord, Lord Vinson, that it is the right of every citizen to determine as much as possible about their own life. This is not a Bill about suicide or euthanasia. It is restricted to very specific circumstances, where a person is terminally ill and is reasonably expected to die within six months. Experience in Oregon shows that, surprisingly, very few people exercise their right to take this route. We are not at risk of opening the floodgates here but are more giving people an option which they find comforting.

I know that my noble friend the Minister is also someone of deep faith—indeed, of my faith, albeit that we are members of different strands. I count myself as

a progressive Jew. It is a term for reform Judaism, as opposed to Orthodox Judaism. I am particularly indebted to a progressive rabbi, Dr Jonathan Romain. He and I do not agree on everything—in fact we had a debate on a Radio 4 Sunday show only a few weeks ago—but he explained to me that the biblical injunction that there is a time to be born and a time to die was assumed by many to mean that the time to die was to be preordained by the Almighty.

That has long since not been the case, as mankind’s ingenuity, medical expertise and skills—some would say, God-given—have allowed humans to extend life considerably. There is no doubt that the Old Testament believes in the sanctity of life, or, as Tevye the milkman used to say, “To Life”—I will not sing it.

“To Life” does not mean that we should believe in the sanctity of suffering. Suffering is to be avoided at all costs. Indeed, the public, medics and clerics are more and more in favour of welcoming the Bill. This House should do so as well.

4.39 pm

Baroness Watkins of Tavistock (CB): My Lords, I draw attention to my interests in the register. The Bill before us is designed to allow terminally ill, mentally capable adults the option of accelerating their deaths with medical assistance. I believe that it has sufficient safeguards in place to protect the rights of those who do not want to use this option, while extending autonomy to people who may want to consider shortening their lives in the last few months before their expected death.

I stress that no healthcare practitioner should have to be involved in actively assisting dying. There is a precedent for such an approach in relation to the termination of pregnancy to ensure that the rights, beliefs and cultural wishes of doctors, nurses and other healthcare professionals are protected. The Royal College of Nursing states:

“Everyone has the right to be cared for with dignity and respect as they approach the end of their lives.”

The RCN was the first royal college to declare a neutral position on this issue, which seems to reflect public opinion and, perhaps, the fact that nurses spend more time with people who are going through the end of life process than other healthcare professionals. The RCN guidelines on care state:

“Dying adults should have the choice on assisted dying with strict safeguards. A change in the law would better protect patients and healthcare professionals and provide greater control and access to services at the end of life.”

It is vital that people who have symptoms they deem intolerable at the end of their lives should have the autonomy to choose whether they wish to request assistance with dying. Every person finds different aspects of gradual loss of human function distressing, but some more so than others. Many nurses report that some cognitively aware patients find faecal incontinence as mentally anguishing as intractable pain. I have personally witnessed patients who have soiled themselves—despite kind, compassionate care to keep them as clean and odour-free as possible—saying, “How much longer will this go on? I have had enough. I cannot go on like this. Can you stop my suffering soon?”

[BARONESS WATKINS OF TAVISTOCK]

My noble friend Lady Murphy presented much of the international evidence and the noble Lord, Lord Krebs, described the influence of his father's request on his support for the Bill. Taken together with the contributions of other noble Lords and the many communications that I have received, this has enabled me to confirm my support for the Bill. It intends that assisted dying is to complement palliative care rather than to be a replacement. However, there are known disparities in the access to and availability of palliative care services, which are notably limited for people from lower socioeconomic positions and those of minority ethnicity. I trust that, if this Bill proceeds, it will act as a catalyst to fill the gaps in the access to and availability of palliative care for the entire UK population. Assisted dying should never become the norm, but rather be an adjunct to excellent palliative care.

4.43 pm

The Lord Bishop of Chichester: My Lords, I feel constrained to begin with a theological view, as the noble Lord, Lord Lipsey, challenged us to do. It is simply this: in the Christian view, God does not inflict evil on people. Indeed, the man God, Jesus Christ himself, sharing our life, experienced the evil and suffering of the cross in order that we, in the darkest moments of death, might find hope and the recovery of life in heaven. I believe that, in this debate, we have been treading on sacred ground as we have listened to personal stories, and we have done so with reverence.

Most of all, I want to speak about the wider context of vulnerability and to do so from the experience of the parishes where I have served; for example, the sex workers in the back streets of Plymouth, the largely black and Asian communities in Leicester, and the bedsits and overcrowded flats of Hastings, home to people with severe mental health issues and/or drug dependency. At the point of facing terminal illness, such people would reveal overwhelmingly that they have no family, and few friends or responsible partners to assist them through reaching the point of final death. Indeed, in many cases, they have had no experience of being given autonomy or power over their lives; at the end of their lives, they are woefully ill prepared for taking responsibility for their death.

The sanctity of life is central to Christian faith. It is also a view held with honour and conviction by people of other faiths, as we have heard. The Church's sense of responsibility for all people stems from this conviction—responsibility especially for the vulnerable when they face death too often alone, but, at the moment, with the fundamental bulwark of protection in the law. This was a point made powerfully by the noble and right reverend Lord, Lord Harries, the noble Lord, Lord McColl, and, more recently, the noble Lord, Lord Herbert.

Many contributors have raised significant doubts about the level of trust in the capacity of the judiciary and the medical profession to meet the extraordinary demands of disadvantaged communities when terminal illness and incapacity face them. The call from the noble Lord, Lord Hastings, and others for urgent and sustained investment in palliative care would be a

positive and worthy outcome to this important debate on a Bill whose humane intentions I respect profoundly but which, I believe, would lead to unintended consequences and which we should not let pass.

4.46 pm

The Earl of Arran (Con): My Lords, this House has now debated assisted dying on very many occasions, whether it has been through the legislative efforts of the noble Baroness, Lady Meacher, the noble and learned Lord, Lord Falconer, or the late Lord Joffe. I was very privileged to examine the issue closely when I served on one of your Lordships' Select Committees on assisted dying more than 15 years ago, chaired by my noble and learned friend Lord Mackay of Clashfern. We went to Oregon and northern Europe, which included going to Dignitas, since when I have spoken on assisted dying on many occasions. On each occasion, we have had lengthy debates in which your Lordships agreed that the law that we have now is not working as well as it could be; then the issue is left to drop through lack of time.

In each debate, the Lords spiritual warned us that assisted dying was not the right law for this country, in the full knowledge that their own congregations took the opposite view. Members of Parliament can be accused of not listening to their constituents; might not the same apply to our Anglican clergy—an accusation of not listening to their flock, 84% of whom support a change in the law? I do not believe that there are many Members of your Lordships' House who sincerely believe that assisted dying is anything but inevitable. Many Members have told us this afternoon of other parts of the world where it has been made legally possible in the six years since the Bill of the noble and learned Lord, Lord Falconer.

With the passing of every year, more and more people will die in unnecessary pain and suffering in this country. More and more jurisdictions will have the courage to legislate that we so sorely lack. Indeed, it is not beyond the bounds of possibility that both Scotland and Ireland might also legislate, thus leaving little England and Wales stuck in the middle. Unless we are able to progress this legislation, we will continue to squander the opportunity to craft a sensible, compassionate law fit for the 21st century. Several of the great humanitarian Bills—such as the homosexual reform Bill and the Abortion Bill 1967—were extremely controversial at the time. They had their imperfections, but the public and society as a whole eventually urged them onto the statute book.

God did not intend mankind to suffer unnecessarily. The Assisted Dying Bill is a Christian Bill, and clearly legislates for the overwhelming need for kindness and compassion in a very frail and vulnerable world. It is a world that none of us asked to enter, but perhaps a world in which we might have the choice of how we depart from it. Humbly, this Bill needs to happen.

4.49 pm

Lord McKenzie of Luton (Lab): My Lords, with over 100 speakers down, the Bill has had a good airing. I supported the Bill on its previous outings and

do so again today. I congratulate the noble Baroness, Lady Meacher, not only on her approach to the issue but on how it is encapsulated in the Bill.

We look forward to understanding the issues the noble Baroness is looking to raise in Committee. For those who doubt the intentions of the noble Baroness so far as disabled people are concerned, I invite them to look at her record and the welfare reform discussions with the previous Labour Government.

I will refer to one personal issue as an illustration. Some 18 months ago I was diagnosed with pulmonary fibrosis—I think the noble Lord, Lord Leigh, referred to that. It is a respiratory disease with no current cure and, for most, no known cause. What I am very clear about is that the noble Baroness, Lady Meacher, has given us a choice as to how we proceed, protected by a range of stipulations. I hope yet to live to an old age and to confound my pension providers. I also hope that medical science will continue to flourish and produce new solutions to changing problems so that we no longer focus just on death, but on life afterwards.

4.51 pm

Lord Dodds of Duncairn (DUP): My Lords, there have been many eloquent speeches so far in this debate, and thoughtful and erudite contributions. In that context, I warmly welcome the maiden speech of the noble Baroness, Lady Davidson, and wish her well in this House for the future.

Speakers have been motivated on all sides by a desire to look very closely at what can be done to help people in the most extremely difficult and painful circumstances. It is right that Parliament—we—should have the final say in these matters, not the courts and certainly not the media. We need to be very careful, as evidenced by the balance of arguments in this House, before proceeding down the route to overturn what I believe has been a red line on legalising the actions of a person in helping another to die. While fully respecting and understanding the motivations of the noble Baroness, Lady Meacher, in bringing this Bill before your Lordships' House, I believe it crosses a fundamental line of principle regarding the approach of the health profession, never mind wider society's approach, to the sanctity and value of life—every single life.

This has been described as a modest Bill, but I am afraid cannot agree. This is a Bill which, if passed into law, would be marked in years to come as the beginning, the foundation, of successfully more liberal Bills widening and extending the circumstances where life can be ended. There would be calls in time for the time limit of six months to be extended. There would be growing pressures to extend its provisions to other conditions, not just terminal illness. There would be increasing pressure to promote what will be demanded as individual choice and to override, reduce and diminish any safeguards. The much more liberal regimes in other countries will be cited in evidence that we “lagging behind”. The safeguards that have been prayed in aid in support of the Bill—already inadequate in my view—will inevitably over time be less rigorously enforced. We have seen that with other clinical and medical safeguards introduced in other areas such as abortion.

So this is the beginning of a dangerous, slippery slope. We have been invited to ignore and set aside the judicial expansionism witnessed in Canada, but does anyone seriously believe that we would not see repeated legal challenges here, based on the same kinds of considerations of human rights and equality? Of course there would be such challenges.

As parliamentarians, it is our duty to consider the wider interests of society as a whole, particularly the impact on more vulnerable people. Laws we pass cannot make people who are bad of better character. Such people will unfortunately exploit the opportunities to benefit from the weakness of fellow human beings. It is the nature, sadly, of fallen humanity and it would promote the view that some lives, if not perceived to be happy and healthy according to the norms of society at any given point, are less deserving, worthy or valuable.

In closing, I pay tribute to the fantastic work of the hospice movement, particularly in my own city of Belfast, and to the staff in many care homes who have looked after so many vulnerable people who have died in their care. I cannot support the Bill. We must do more to put resources and help into helping those in the palliative care system.

4.55 pm

Lord Pearson of Rannoch (Non-Affl): My Lords, I draw attention to what I said in two of our previous debates on assisted dying, at col. 1215 on 12 May 2006 and col. 895 on 18 July 2014. As to this debate, I thank the very many people who have sent me handwritten personal letters in support of the Bill. They make for heart-rending reading, each with a different personal story of great suffering which would have been—and would be—rendered unnecessary by the Bill. I have been less impressed by the many emails I have received via the Right To Life organisation, which used largely standardised wording. But, of course, I thank them too.

Staying with personal experience, as I mentioned more fully in my two previous speeches, I am one of the thousands of people who have had what is so often referred to as a near-death experience. In 1977, I was having a two-hour operation when the anaesthetic gradually failed, but the paralysing drug, curare, continued to work most effectively, so I was unable to lift even a finger or blink an eyelid, let alone scream at the advancing pain. “Oh my God,” I said to myself, “no one is going to believe this”—and the most wonderful voice replied, “But they don't believe in God either, do they?” I was then led away from the pain into the indescribable opposite of pain: light, compassion, strength, beauty, goodness and so much more. I was also told that all this, the eternal force of good, was losing to its opposite, the eternal force of evil, because we were not doing enough to fight evil. “If we do not fight for Him, God will lose,” was the message I brought back.

I mention this experience again because the agnostic scientific community's response to this sort of experience is that great pain can cause the release of endorphins in the brain, so it is hallucinatory. I would refer them to a recent book, *Proof of Heaven*, written by perhaps the top brain specialist in America, Dr Eben Alexander,

[LORD PEARSON OF RANNOCH]

who was in a coma for a week and whose medical knowledge convinces him that his experience of heaven was real, not hallucinatory.

This leads me to suggest that many of those who oppose the Bill may have an exaggerated fear of death. I accept that the Bill may lead to a very few people choosing to die unnecessarily, but I submit that their numbers will be far outweighed by the many more who—of their own volition—will be relieved of their earthly suffering and will move on to somewhere infinitely better and more wonderful.

4.58 pm

Baroness Royall of Blaisdon (Lab): My Lords, I strongly support the Bill but, in doing so, I recognise that all noble Lords care deeply about compassion and dignity. The personal testimonies we have all read in the letters and emails we have received, and indeed the speeches we have heard today, have been truly heart-wrenching—and I trust that my noble friend Lord McKenzie’s pension providers will be well and truly confounded.

Yes, of course we need more investment in palliative care, in hospices and hospices at home, but I submit that we also need the Bill. Dignity in Dying—of which I am a supporter—published a report, *Last Resort*, which tells the stories of dying people who take their own lives in the absence of an assisted dying law. We must accept that if we do not provide people with safeguarded choice, they will continue to turn to rope, oncoming vehicles, shotguns, suffocation, starvation, drowning and overdoses of imported or stockpiled drugs. The current blanket ban on assisted dying does not eradicate demand for choice at the end of life; it simply forces people to take matters into their own hands in loneliness and in fear.

In February, I asked a Parliamentary Question on the number of terminally ill people who take their own life by suicide. The ONS is currently undertaking research on this point, and I hope that it will be made public in the coming months. We know too little about the numbers of dying people who take their own lives, but we know the deep and long-lasting effects that such deaths have on their loved ones and on wider society.

We talk about these deaths as suicide—that is how they are currently recorded—but it is clear from listening to bereaved family members that these are not people who wished to end their own lives but people who are taking drastic and often violent steps to control an inevitable and imminent death. Families mentioned time and again that their loved ones were not suicidal. One said: “In his notes to me Dad suggested I say, ‘He chose to end his own life ... it’s a decision full of power and autonomy, authority ... it’s a show of strength and resilience and power.’”

Dignity in Dying’s report found that being forced to plan a lonely death, taking care to prevent loved ones being incriminated, causes dying people significant anxiety and reduces their quality of life. A coroner in Victoria, Australia, speaking of terminally ill people who had committed suicide said:

“The people we are talking about ... have made an absolute clear decision. They are determined. The only assistance that could be offered is to meet their wishes, not to prolong their life.”

Language matters. YouGov polling shows that 73% of UK adults appreciate that there is a difference between a terminally ill adult seeking assistance to end their life and suicide. There is growing evidence from mental health experts that the wish for greater choice at the end of life is different from what motivates a person to die by suicide. They stress the need for two important issues—assisted dying and suicide prevention—not to be conflated.

Traditional strategies of preventing suicides are ill-suited to being applied to assisted dying requests. We must address both assisted dying and suicide prevention in an evidence-based manner. In places where assisted dying is legal, dying people have explained how knowing they now have the legal option of controlling the manner and timing of their deaths has meant they no longer need to take matters into their own hands. To turn a blind eye to the fact that dying people will seek ways to control the end of their lives, regardless of what the law says, would be a failure of our duty to legislate in the best interests of society.

I believe we owe our fellow citizens whose suffering is intolerable the ability to live without fear until they are able within the law to choose a peaceful death with dignity. I trust that in due course a courageous and compassionate Government will allow government time for a Bill with a free vote on this most important of human issues.

5.03 pm

Baroness Hollins (CB): My Lords, I speak with 40 years’ clinical experience, first in general practice but mostly in psychiatry, and as a past president of the British Medical Association.

Stories matter, but other evidence matters too. Consider valid declarations in Clause 4. My own research, published with Dutch colleagues and my noble friend Lady Finlay, found that autistic people and people with mild learning disabilities were given physician-assisted deaths in the Netherlands, rather than addressing the underlying issues of inequality, loneliness, feeling a burden or inadequate support. That is 38 people in recent years. Doctors were shown to be poor judges of decision-making capacity and their recommendations were seemingly influenced by their own assumptions about quality of life.

Clause 4(6) requires the doctor to be present throughout. In summing up, will my noble friend please specify the doctor’s role if the person has not died within, say, six hours? What if after taking the drugs the patient is in pain, vomiting, having a seizure, or dying slowly over hours or days, with their distressed relatives, expecting a quick and gentle death, pleading with the doctor to “do something”? In Oregon, one person took 104 hours to die after taking lethal drugs; eight people survived their suicide attempt.

It is worth noting that, in the Netherlands in 2019, 96% of physician-assisted deaths were euthanasia. Clinicians prefer this. Partly, it is their own convenience and partly the needs of the service. They had to transition to euthanasia because of complications in 8.9% of physician-assisted suicides. We have been promised that this Bill will not introduce euthanasia. This House needs cast-iron assurances from my noble friend that the plan is not to divert already-stretched palliative care teams to this task.

In 2016, Canada legalised assisted dying for people facing imminent death. Five years later, eligibility includes chronic illness and disability, and will shortly include mental illness. In Canada, assisted death is publicly funded and must be provided, but no similar right exists for palliative care. Canadian doctor Leonie Herx, writing in today's *Telegraph*, says

"The impact on palliative medicine has been enormous. Hospices that do not offer assisted death face closure and loss of government funding ... Administering death is cheaper and easier than providing good care."

Hospice UK says that expert end-of-life care is not available to about one in four of the people who could benefit. That was 120,000 people in 2015; no wonder we hear stories of failed care. Frankly, the declaration should require doctors to specify what palliative hospice and psychiatric care was available so that any improvement or decline can be monitored.

What if palliative and hospice care became a right and a reality? It is shameful that a quarter of us currently do not and will not have access to palliative care. No wonder people are afraid. Let us campaign for it. Attitudes would shift again because ours and others' stories would be stories of good deaths. Actually, most of the dozens of emails I received were unique, moving and positive stories. Please oppose this Bill; it is not safe.

5.07 pm

Lord Grade of Yarmouth (Con): Like so many in your Lordships' House, I suspect, I have been undecided on this very complex, and at times today, exceedingly moving, question. I have been trapped in a cross-fire of competing and very persuasive arguments for and against assisted dying. I have changed my mind so many times along the way as I have read the many thoughtful comments about this Bill in the run-up to today's debate.

I reject one key argument: that assisted dying restores an individual's dignity. I cannot accept that it is undignified to succumb to nature, however inevitable or distressing. Dignity and indignity in the dying process depend entirely on the treatment and care afforded to the patient. To be the involuntary victim of fatal illness cannot be regarded as undignified.

On the other side, I was not persuaded that to vote against the Bill and deny choice means that you must be uncaring, content to stand idly by and allow individuals to suffer unimaginable pain and despair. For one thing, we offer palliative care, although as we have heard from many contributors, that can certainly be improved. If there is a choice to end life, why bother to continue to improve palliative care?

By inclination, I am socially liberal, with a small "l". So, to be in favour of giving individuals at the end of their lives or their families the choice of assisted dying has great appeal. However, I have finally concluded, I think, that I have to go against my natural instincts. I just cannot overcome my fundamental fear that to legalise assisted dying would be so far beyond any safeguarding regulation or statute we might draft in Parliament that the risks of abuse would be too great. Only in a perfect world might any regulation proposed have any chance to be effective in eliminating unworthy

motives for choosing to end life. Sadly, as the noble Lord, Lord Alton, so eloquently described, we do not live in a perfect world.

Assisted dying is a concept that, in my view, is way beyond statutory regulation. My noble friend Lord Gold, the noble Lord, Lord Carlile, and others warned in their earlier remarks of the dangers that lie ahead with this Bill. Therefore, I conclude that I cannot support it. However, there are eight speakers still to come, and my indecision is final.

5.10 pm

Baroness Grey-Thompson (CB): My Lords, I start by drawing your attention to my entry in the register of interests. I speak in today's debate as an atheist, a disabled person and someone who has watched both her parents die.

I oppose this Bill because I am a disabled person. I will explain the three different ways I am treated, which gives me a unique perspective and comparison. The first is as a Paralympian: I represented my country with great pride and I am treated very well because of it. The second is as a parliamentarian, where people like or do not like me based on my opinion. That is very simple. But the third is far more complicated, and that is as a disabled person. It is where I experience most and significant discrimination.

We do not live in an equal society. This Chamber has spent considerable time looking at coercive control. Why do we accept that in domestic abuse legislation but assume that in this legislation it would never happen?

We have to look at the wider context of life for many disabled people in this country. I cannot get on many forms of public transport without the approval of a non-disabled person. Airlines ask me to fill in forms that ask whether my impairment is offensive to others. Based on that form, they decide whether I am allowed to fly. In recent times, we have challenged airlines that tell me I am not allowed to fly my own because I am not a responsible adult. We have an unemployment gap. Care packages are being cut. During the pandemic, "do not attempt resuscitation" orders were put on hundreds—that we know about—of disabled people with no underlying health conditions. The Government have a strategy that recognises this inequality.

People have asked me why disabled people are not protesting outside in greater numbers. First, it is hard to get to London on public transport, but the other point is very simple: because of the pandemic. Those who are noting little opposition outside simply do not understand the risks some disabled people have to take every single day of their lives just to live. There are many organisations around disability, but there are 12 run by disabled people, and they do not support this legislation. They are concerned about the potential backlash of it, and organisations run by disabled people really struggle to get any funding whatever.

As a disabled person, I have been told that people like me should not be allowed to have children. When people list the things that they could not bear to live with, such as incontinence, it upsets me, because what does that say about me? I am incontinent. Does that

[BARONESS GREY-THOMPSON]
mean that my life has less value? I certainly do not feel any loss of dignity when I catheterise myself or have to use suppositories. This is something that can be very easily managed.

Many people have also said to me, “If my life was like yours, I would kill myself.” I have a huge amount of privilege in my life, but if people think this, it becomes very easy for them to conflate disability and a six-month diagnosis, and decide that we have no right to live. Serious consideration and sense check must be given to conscious and unconscious bias before the Bill can proceed.

It is not a simple Bill. Cambridge University Press has shown research on the impact on doctors of legalising assisted dying, and in 2019, the Royal College of Physicians noted that 24.6% of doctors were willing to do it, but only 5% of palliative care physicians. If we look at other jurisdictions, Belgium and the Netherlands, it is simply not right to say that where the legislation exists there is good palliative care. There has been no growth in palliative care in those two countries since 2012. In Canada, only 15% of people can access publicly funded palliative care at home.

We have heard a lot today that there is great public support for the Bill—around 80%—but that drops considerably when its details are better understood. Some 57% do not know what “assisted dying” means and 10% of those who believe that the law should change believe it actually means better hospice care. I believe it is fundamentally wrong to have assisted dying on the NHS when there is no right to palliative care. We must improve that. This is not a modest Bill and I do not support it.

5.14 pm

Baroness Hayter of Kentish Town (Lab): My Lords, this House has stood up time and again for human rights—for the poor, disabled, gay people, refugees, children and the old—but there is one group now crying out for their human rights, and that is those dying in pain and discomfort, without control over their final weeks. They do not want to take away the rights of others, although they think that others are trying to impose their will on them, as was said so eloquently by the noble Baroness, Lady Davidson, in a remarkable maiden speech.

Actually, I do not think the disabled are any different from us on this issue, as was said by my noble friend Lady Lister and the noble Lord, Lord Low. Whether they are blind, limbless or paralysed, they are much the same as us on this. As the wonderful Tom Shakespeare, who has done far more for the health of others than I will ever achieve, says:

“We disabled have fought all our lives for choice and autonomy for disabled people—all we ask is the same choice at the end of life.”

For some disabled people, the alternative—that lonely trip to Switzerland—is even more of a challenge than the rest of us, for the reasons we just heard from the noble Baroness, Lady Grey-Thompson.

We have all had the letters: from a man with MND terrified that he would drown in his own saliva as he lost the ability to swallow; from a nurse in the hospice

movement wanting people to be able to choose their own time of dying; from a retired palliative care consultant, describing as inhuman that we deny people personal autonomy to choose assistance at the point of death; and from people in fear of not being in control of their final days.

It is time. Let us do what we have done for others who seek our help, and enable those dying to end their life with dignity and in peace, with their family around, in a way that all of us would want in our final days.

5.17 pm

Lord Mackay of Clashfern (Con): My Lords, it is not unusual for me to speak on this subject, as you have heard. I have been involved in it for a long time and do not want to bore you by repeating anything. First, assisted suicide is against the law, as a general law in the land. In this Bill, the noble Baroness, Lady Meacher, with great clarity and skill, described the situation with which she wants to deal. It is a situation in which a person has an inevitably progressive condition that cannot be reversed by treatment.

That applies to the disabled, as well as to others, and to people who have it for a long time. Six months has been chosen as the breaking point for this Bill, but I do not understand exactly why that has been chosen, particularly when it is extremely difficult for doctors to tell how long a person will live. We had plenty of evidence about that in the inquiry that I was honoured to chair long ago. It is very difficult: death may come very quickly or be postponed for some time. In the Bill’s description, disabled people are covered, and that is the reason that those who are concerned about it for the disabled have a base.

This Bill is designed to show general compassion, but the other matter I want to mention is people who have a terminal illness which has been diagnosed but will take a long time before their anticipated death. They will have pain, sometimes very severe pain, but they are not included in the Bill. It is difficult to say that that shows compassion.

The other thing I want to mention is that this principle makes it very easy to enlarge the scope of the Bill simply by deleting the “six months”. Since the six months does not appear to be particularly principled, that must be quite easy to do. Therefore, if we were to pass this legislation, we would have to anticipate that it would be quickly followed by an attempt to get rid of the six months. As I said, if it were to happen at all, there is something to be said for allowing it to include people with a progressive illness that takes much longer than six months.

5.20 pm

Baroness Finlay of Llandaff (CB): My Lords, I declare all my roles in the register. My experience extends to caring for several thousand dying patients. The horror stories we have heard today must be followed up. But here Parliament is being asked to sign a blank cheque for the unscrupulous. As the noble Lord, Lord Wilson of Dinton, warns, be realistic—never assume the best of human nature when legislating. At first sight, the Bill is seductively simple, but its safeguards

are bland statements for an ideal world out of touch with reality, and it seems potentially incompatible with Clause 60 of the Mental Capacity Act.

Thirty years ago, three senior doctors and I predicted that a distressed man desperate for euthanasia had three months to live. However, today he is glad of the years of joy and sadness—prognosis is a guess. The criteria drawn from Oregon are very elastic and case law will expand them rapidly—as in Canada—as some today have already indicated. Very few palliative medicine doctors would be prepared to be involved in any part of gatekeeping for lethal drugs. In Canada they are leaving the specialty, and in Oregon most doctors will not touch it. Therefore, 90% of people are stewarded by campaign groups to a willing prescriber of lethal drugs, who knows nothing about them beyond their case notes—no basis for sound decision-making. Last year one such doctor wrote 31 lethal prescriptions.

Nothing in the Bill plugs deficits in care. The experience of other countries shows that palliative care does not flourish, nor do violent non-assisted suicide rates fall—they do not—when such legislation is in place. When explored, public support reveals that 42% of people think it allows people to stop treatment and 10% that it is hospice care. Two-thirds of hospice doctors report that people think that hospices practise euthanasia and are already getting frightened.

The Bill will not solve suffering or improve care. It suggests to terminally ill people that ending your life is something you should consider. Even the strongest are vulnerable to influence when fearful or when their lives are shattered by disease. Some 53% of people dying by lethal drugs in Oregon were concerned at being a burden; pain was way down the list. Two-thirds of Oregon hospices do not take part in assisting suicide. In Belgium, two-thirds of all dying people do not access specialist palliative care. In Canada, as we have already heard, hospice funding was withdrawn for hospices that refused to participate. Belgium and the Netherlands have had no growth in palliative care services since 2012. Now in parts of the Netherlands one in 19 of all deaths is assisted. In Belgium, one in 60 deaths is non-voluntary euthanasia. Numbers escalate everywhere—up 281% in Oregon in the past 10 years—with reports relying on a tick box after the event.

It is not always a quick and easy death. The eight who reawakened did not repeat the experience. Last year, over half took more than three-quarters of an hour to die; some, more than four days; and 6% had complications—higher than the 4% of difficult symptoms referred to in the debate. Doctors know that they cannot make many of the life or death judgments that the Bill asks. This is not a job for doctors already on their knees after the pandemic, in a country where palliative care provision to provide dignity in dying remains largely outside the NHS, reliant on voluntary donations, leaving 320 people daily not getting the care they deserve. Modern symptom control is moving fast: you do not have to kill the patient to kill the pain. No law stops pain control, but ignorance does. The Bill is not safe.

5.25 pm

Lord Shinkwin (Con): My Lords, I have listened with care and respect to the passionate arguments expressed on both sides. My contribution to this crucial debate stems from my personal experience of having been unable to talk, swallow or even breathe independently following lifesaving neurosurgery. My neurosurgeon would not give me odds even on survival, never mind recovery.

To say that I felt vulnerable would be an understatement. However, the one thing that did not compound my pain, anguish and complete loss of autonomy was the fear that the law presumed to pose the question of whether my life was worth living. That is the fear that has been so powerfully articulated by my noble friend Lady Fraser, the noble Lord, Lord Howarth, and the noble Baronesses, Lady Campbell of Surbiton and Lady Grey-Thompson.

Sadly, nothing that I have heard today comes close to addressing that fear. In fact, I know that had the Bill been law, it would have compounded my acute sense of vulnerability. There is no doubt in my mind that I would have felt like a burden. If I had known then what we know now about the highly relevant assisted dying developments in Canada, I would have felt that a price had been placed on my head.

It is a simple fact that keeping those of us with severe disabilities alive costs money—lots of it. Rebuilding this broken body in which I live has cost an awful lot of money.

The British Islamic Medical Association rightly states that

“when it comes to assisted dying, there are no opportunities to rectify well-intentioned mistakes or benefit from hindsight.”

Let us not make a very well-intentioned mistake. Instead, let us protect those in vulnerable situations, such as I found myself in, by opposing the Bill.

5.28 pm

Baroness Brinton (LD) [V]: My Lords, we have had an extraordinarily moving debate from both sides of the argument as well as from all parts of the House. It is typical of your Lordships’ House that we have respected one another’s views even if we disagree.

I thank the noble Baroness, Lady Meacher, for her Bill and for the way in which she set out why an assisting dying law is urgently needed in the United Kingdom to address the unacceptable suffering of dying people and the dangerous lack of protections in the current law, but also for explaining how protections and safeguards are stronger than in former Bills that have come to Parliament. Safety and end-of-life choice are not mutually exclusive. That is why I support the Bill.

I congratulate the noble Baroness, Lady Davidson of Lundin Links, on her maiden speech, a moving picture of her journey from officially opposing former Bills in Scotland to welcoming this one. I say to her that she has joined the right legislature if she wants to break convention; I think Prime Ministers of all Governments in recent decades regard your Lordships’ House as a place to challenge conventions. She will feel at home here very quickly.

[BARONESS BRINTON]

As a Christian, I thank the most reverend Primate for his comment that people of faith hold different views. Polling by Populus in 2019 showed that 80% of people of faith also supported assisted dying, and evidence from around the world—such as Spain, 10 states in America and Australia—shows that where there are strong communities of faith there can also be a right to an assisted death. There is nothing sacred about suffering nor holy about agony. Yes, life is precious and God-given, but we can still help people avoid a terrible death at the end of that precious life, when death is near anyway.

No one who supports the Bill sees palliative care as needing less support. We all want to see the work of the noble Baroness, Lady Finlay, and others fully funded, so that everyone who needs it can have access to it. In a perfect world, no one's final days—or, as the noble Lord, Lord Ramsbotham, said very movingly, over a year in the case of his wife—should be in continuous agony or severe distress.

Various speakers have talked about palliative care funding being reduced after the introduction of assisted dying legislation. When the Australian states of Victoria, Western Australia and Queensland passed their assisted dying legislation, their Governments increased funding for palliative care services by between 17 million and 170 million Australian dollars; that is between £9 million and £90 million. Research from the United States has found that assisted dying laws contribute to open conversations and careful evaluations of end-of-life options, more appropriate palliative care training for doctors and greater efforts to increase access to hospice care. These benefit all dying people, not just those who want an assisted death. The fact is that states with assisted dying have very few people who choose to use it.

As a disabled woman, I was moved to hear the noble Baronesses, Lady Campbell of Surbiton, Lady Masham and Lady Grey-Thompson, and the noble Lords, Lord Campbell-Savours, Lord Low and Lord Shinkwin. Like others in this House, they are divided in their views, but their and many other speakers' key issues about the protection and the rights of the disabled are absolutely vital. The noble and learned Lord, Lord Neuberger, was right to point out that if legislation and regulations are abused, it is up to Parliament to legislate against that abuse and our police to ensure that it stops.

The noble Baroness, Lady Lister, reminded us that the disabled community in Victoria, Australia, was involved in designing the legislation. Disability Rights Oregon has never received a single complaint about any negative aspect of Oregon's assisted dying legislation.

Opponents to the Bill talked about people in countries where assisted dying is legal citing that they feel a burden on family and loved ones. The vast majority of people who have an assisted death in places where it is legal cite the loss of autonomy and dignity as the two major contributing factors for wanting an assisted death. Not wishing to be a burden is a concern among all dying people but is cited relatively infrequently by

those requesting an assisted death. It is certainly there, but behind concerns over autonomy and effective pain relief.

My noble friend Lord Purvis talked about visiting both Oregon and Washington. In those states, these concerns are recorded by doctors based on conversations with the person requesting an assisted death. They are not reasons for seeking an assisted death, nor motivations given directly by the terminally ill person.

The noble and right reverend Lord, Lord Eames, and my noble friends Lady Smith of Newnham and Lord Clement-Jones spoke movingly about balance and the need for strong safeguards. UK clinicians already assess life expectancy and decision-making capacity and, hopefully, detect coercion. Under the Bill, this process goes further and will be done in triplicate: two independent clinicians and a High Court judge. If five states in Australia, New Zealand and 11 states in the US are able to develop, implement and monitor their assisted dying laws, which balance protection and autonomy, we can too.

We know from front-line clinicians in Australia and the US that open, honest end-of-life care conversations that include the discussion of all available options, including palliative care, are of great value and comfort to the patient. They often result in the patient deciding not to choose assisted dying, and that is just as it should be. If only we had a culture in our country of open, honest end-of-life care conversations. We have much to learn.

Claims that the current law works well and protects vulnerable people do not stand up to scrutiny. If we are serious about the risks to vulnerable people, we must accept that, under existing law, a hypothetical bad relation could encourage an elderly or disabled person to bring their life to an end. There are far fewer safeguards on, for instance, withdrawal of treatment, "Do not attempt resuscitation" orders, or voluntarily stopping eating and drinking in comparison to the safeguards provided in the Bill, where the decision is in the hands of the individual, not other people.

I thank my noble friend Lady Harris of Richmond and others for letting us hear the voices of those whose loved ones' deaths have not been good. Three years ago, my sister in Spain was in hospital with terminal and multiple cancers. Her doctor did not believe in deep sedation, and my young nephew and niece had to watch as their mother lived her final days in total agony. This year, Spain has introduced assisted dying with proper safeguards and, just as importantly, a complete change in the way it handles end-of-life care. The two can go hand in hand. Deaths like my sister's should not happen again.

That is why a clear law, as proposed in the Bill, would protect vulnerable people, as no one could access an assisted death without going through multiple up-front safeguards; any potential coercion that could be detected in advance, rather than after someone has died, would be stopped. As my noble friend Lord Glasgow said, assisted dying is a moral and clinical issue whose time has come, and the UK public agree.

The many personal stories told today add to the clear evidence that the blanket ban on assisted dying is dangerous and cruel. I believe the Bill proposes a

robust, safe and compassionate alternative. I hope your Lordships' House will give it a Second Reading and move it on to Committee.

5.37 pm

Lord Ponsonby of Shulbrede (Lab): My Lords, I congratulate the noble Baroness, Lady Davidson, on her maiden speech; it was spectacular, and I look forward to many further speeches. I also congratulate the noble Baroness, Lady Meacher, on bringing forward the Bill and securing today's Second Reading. It is a privilege to respond briefly on behalf of the Opposition.

The Opposition believe that any change in the law in this emotive area is an issue of individual conscience. In our view, it is a matter for Parliament to decide, rather than any Government. However, it is still the responsibility of the Government to ensure that any legislation is fit for purpose, and for the Opposition to assist the Government towards that end.

It reflects the importance of the subject matter that so many Members of the House have attended today and contributed to what has been an extraordinary debate. When a similar Bill was put forward by my noble and learned friend Lord Falconer, in 2014, there were 133 speakers, and today there were about 138. If nothing else, that is a testament to the enduring profundity of the issue with which we are dealing.

The Bill would, if enacted, legalise assisted suicide for mentally competent, terminally ill adults. It follows my noble and learned friend Lord Falconer's Bill of the same name and introduces provisions to allow a person who is terminally ill to request and be given assistance to end their own life via the use of self-administered prescribed drugs. Wherever one stands on the desirability of legislative change, there can be no doubt that this would be a significant step. Most noble Lords have recognised the significance of this step, while some have argued that the Bill has modest provisions. I would say that it is possible to have modest provisions that are none the less very significant.

Yesterday I read Gordon Brown's piece in the *Times* newspaper, where he argued against the Bill. He wrote about the development of the hospice movement and the work of Dame Cicely Saunders—referred to by the noble and right reverend Lord, Lord Sentamu, and my noble friend Lady Goudie. He feared a slippery slope, and wrote of his wife and him volunteering at a local hospice and the achievability of a good death.

This reminded me of a recent conversation I had with my local Church of England minister, Gordon Jeanes, who has recently retired. Forty years ago, he was a male nurse working in hospices. He explained to me that 40 years ago, the arguments around assisted death revolved around pain alleviation leading up to a death, whereas today the arguments revolve around a person's dignity and self-determination. I think that change in emphasis has been seen in today's debate, and it is fair to say that he would share the traditional view, as expressed by the most reverend Primate the Archbishop of Canterbury today.

Today's debate has been characterised by a series of questions and, in a sense, challenges to the noble Baroness, Lady Meacher. To summarise those, I would say that they concern the adequacy of any safeguards

the Bill may contain; whether the slippery slope argument is an excuse for doing nothing; the difficulty of predicting life expectancy in the face of a diagnosis of serious illness; and the difficulty of assessing mental capacity. I was particularly interested in the contribution of the noble Lord, Lord Jopling, who spoke about his amendment to the previous Bill, on reducing the availability of doctors to repeatedly sign these sorts of certificates. He said that he may bring that amendment forward at a later stage.

In conclusion, I believe there is a consensus across the House that the Bill should proceed to Committee, and I look forward to the Minister's acknowledgement of that fact.

5.41 pm

The Parliamentary Under-Secretary of State, Ministry of Justice (Lord Wolfson of Tredegar) (Con): My Lords, I join others in congratulating the noble Baroness, Lady Meacher, on bringing forward the Bill we have debated today. We have heard from many noble Lords this morning and this afternoon on both sides of the debate. There is plainly much on which noble Lords do not agree, but let me make three points at the outset which I hope will meet with broad—perhaps even unanimous—agreement.

First, I congratulate my noble friend Lady Davidson of Lundin Links on her maiden speech. She was limited in time today, but I look forward to hearing her speak often and, I hope, at greater length in the future. Secondly, I recognise the sincerity and commitment of all who have contributed to today's debate. I feel privileged to have listened to such powerful and moving speeches on both sides of the argument, and to have the opportunity to respond briefly on behalf of the Government. Thirdly, I underline the point that this issue is ultimately a matter of conscience and one on which each Member of this House should vote—if we have a vote—and, certainly, take a position without regard to party affiliation or other grouping in this House.

I want to make two broad, substantive points in what I propose to be a shortish contribution. I hope the House will forgive me if, for obvious reasons, I do not on this occasion refer to individual contributions in a debate that is not on a government Bill. First, I want to explain why I am speaking for the Government today. Secondly, I want to set out the Government's position.

As to the first point, I am responding to the debate because the Ministry of Justice is responsible for the criminal law in this area, found in the Suicide Act 1961, in England and Wales. Any change in the law to allow lawful assistance with suicide would, of course, have significant implications for other departments as well—the Department of Health and Social Care, for example, which would necessarily be responsible for the regulation of such lawful assistance—and, indeed, the Welsh Government. Essentially, however, what is being proposed is a change in the criminal law. As the law stands, there is no statutory exception to the offence of encouraging or assisting suicide under Section 2 of the 1961 Act. The Bill, therefore, would provide for an exception so that medical professionals in England

[LORD WOLFSON OF TREDEGAR]

and Wales could assist terminally ill people who fulfil the other terms of the legislation to self-administer medicines that would enable them to end their lives.

The current blanket ban has been challenged, unsuccessfully, through the courts on several occasions, including in the cases of Tony Nicklinson and Paul Lamb in 2014 and Noel Conway in 2017. Both Paul Lamb and Noel Conway died in June this year. It is right, I hope, to record on behalf of everyone in this House our deepest sympathy to their families. Their cases illustrated very clearly the very human predicament that lies at the heart of this difficult debate. Mr Lamb became quadriplegic following a car accident in 1990, and was incurably but not terminally ill. Mr Conway had been terminally ill with motor neurone disease. The case of Mr Conway, who would have benefited from this Bill, was heard by the Court of Appeal, presided over by Sir Terence Etherton, as he then was, as Master of the Rolls, from whom we have heard today in his more recent incarnation as a noble and learned Member of your Lordships' House. I therefore summarise his court's decision in his presence with some trepidation.

The Court of Appeal held unanimously that there is a real risk that a change in the law to legalise provision of assistance with suicide would have a serious detrimental effect on trust between doctors and patients. It also concluded that there is a rational connection between the prohibition in Section 2 of the 1961 Act and the protection of the weak and vulnerable, and that prohibition serves to reinforce a moral view about the sanctity of life and to promote relations of full trust and confidence between doctors and their patients. That is the current legal position, and that is why I am responding to this debate on behalf of the Government.

So far as the position of the Government is concerned, I can sum it up in one word: neutrality. But I mean real neutrality. If the will of Parliament is that the law on assisting suicide should change, the Government would not stand in the way of such change but would seek to ensure that the law could be enforced in the way that Parliament intended. That would include, as I have discussed privately with the noble Baroness, Lady Meacher, reviewing the language in some parts of the Bill to ensure that it reflected what Parliament meant. Although I apprehend that I may not have gone quite as far as some contributors would have wanted me to go, including, I think, the noble Baroness, Lady Mallalieu, I hope that that is at least a partial answer to the question that she posed.

It may seem obvious to us, but it might not be obvious to all those watching our proceedings—and we should be conscious of the interest that this debate has engendered outside the House—so I want to make it clear that the Government's neutral position is certainly not an indication that we have no interest in the topic or do not care much one way or the other. Our neutrality is not a shrug of the shoulders; we are not uninterested in the outcome. Rather, as a Government we are disinterested as to the outcome. Precisely because the matter is so important, and is a matter of conscience, we take no partisan position. We are impartial and neutral.

The Government therefore remain of the view that any change to the law in this area is an issue of conscience for individual parliamentarians. We all have to make up our own minds, based on our background and all the other matters that will shape our conclusions. In that context, I reassure my noble and progressive friend Lord Leigh of Hurley that, when it comes to religion, we all by some miracle of cognitive geometry believe that we stand in the middle of the line.

We have heard some very moving and personal speeches today; I think that the word "sacred" was used, and I respectfully adopt it. We all have personal experiences in this area. I have been thinking of my younger sister Rina, of blessed memory, who died only last month. Therefore it is right, in the Government's view, that it is a matter for Parliament to decide and not one for government policy so, if there is any vote today, these Benches will have a free vote. A vote here is called a Division, and obviously there is a division across the House, but I hope that we are united in wanting to protect the rights of vulnerable people from direct or indirect pressure to commit suicide. The central issue is, therefore, whether a blanket ban on assisting suicide is a necessary and proportionate way of achieving this.

I think everybody will agree that we have had a long and very good debate. It will become longer—but, I fear, no better—if I take up any more of your Lordships' time. I will therefore conclude by assuring the House that the Government will reflect carefully on all that has been said here today, including the various points, suggestions and exhortations made across the House on the importance of palliative care. I respectfully thank all noble Lords for their heartfelt contributions to today's debate, which, if I may say so as a relative newcomer here, has shown this House and Parliament at their best.

5.50 pm

Baroness Meacher (CB): My Lords, I thank every single one of your Lordships who has spoken here today. I want to say a special thank you to the Minister. I should think he was pretty depressed when he found out that he had to reply to an extremely lengthy debate on a Friday, but I thank him for his courtesy and comments; they are most welcome. I also thank the noble Baroness, Lady Davidson of Lundin Links, for her formidable maiden speech. I tell you, my maiden speech was nothing like as good as that; it was really quite superb.

We have heard many moving and powerful speeches. Of course, I could respond to lots of the comments made by people on the other side of the argument. It would not be difficult but it would certainly take time. I am absolutely sure that your Lordships do not want me to do that this afternoon—am I right?

Noble Lords: Hear, hear.

Baroness Meacher (CB): I do want to respond to the noble Lord, Lord Carlile, because I can do it quickly. The High Court has been consulted. He said that it had not; I think it is important to put that right.

This has been a remarkably courteous debate, despite the incredible depth of feeling, including my own, on the issues on both sides of the House. I know how

strongly people feel about this issue. I am grateful for the courteousness with which everybody—I think I can say that—has expressed their opinions.

All I want to do is say thank you again to noble Lords.

5.52 pm

Lord Winston (Lab): I just want to pay my deepest and sincere compliments to the noble Baroness, Lady Meacher, whose humanity and speech were quite remarkable. We fully understand where she stands and have a huge amount of sympathy with what she says.

In moving my amendment, I was fairly careful to adopt a neutral position, but one thing in this debate that remains a problem for me is how it has been assumed that it is the autonomy of people who are dying, or are likely to want to die, that is at stake. The problem is that, in spite of what the noble Lord, Lord Krebs, and the noble and learned Lord, Lord Brown, said, it is about the autonomy of a lot of other people—health service workers, carers, people in the street, people who clean hospitals and, most importantly, our society.

It is very important that the people who have written to me—I have tried to reply to nearly all the letters, as far as I can, but there has been a vast number of them

and it has been difficult—understand that there has to be further discussion of the Bill, that it should progress in the normal way and that the convention of the House, which is usually respected, is that we do not move amendments at the end of a Second Reading.

When we come to the next stages of the Bill—if we do—it is important to recognise that the Bishops' Bench is extremely important in this. I am not a Christian—I am a Jew—but the influence the bishops have on the moral compass of this debate is extremely important. I am not going to deal with any cognitive geometry, as the Minister suggested, but it is not an argument about religion; religion is irrelevant. The debate is about how we understand what our ethical standards should be and how we maintain the ethics of our society. That is perhaps more important now than it has ever been before, with the problems, for example, that technology produces. Having said that, I do not want to detain the House any longer. I beg leave to withdraw my amendment.

Amendment withdrawn.

Bill read a second time and committed to a Committee of the Whole House.

House adjourned at 5.56 pm.