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PARLIAMENTARY DEBATES  
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# HOUSE OF LORDS

## OFFICIAL REPORT

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GP	Green Party
Ind Lab	Independent Labour
Ind LD	Independent Liberal Democrat
Ind SD	Independent Social Democrat
Lab	Labour
Lab Ind	Labour Independent
LD	Liberal Democrat
LD Ind	Liberal Democrat Independent
Non-afl	Non-affiliated
PC	Plaid Cymru
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## House of Lords

*Friday, 18 July 2014.*

10 am

*Prayers—read by the Lord Bishop of Carlisle.*

### Assisted Dying Bill [HL] Second Reading

10.07 am

*Moved by Lord Falconer of Thoroton*

That the Bill be read a second time.

**Lord Falconer of Thoroton (Lab):** My Lords, in the last stages of a terminal illness, there are people who wish to end their life rather than struggle for the last few months, weeks, days or hours. Often it is not the pain that motivates such a wish, but the loss of independence and dignity. Those who love them often try to help, sometimes by going with them to Switzerland. Nobody wants assisters who are motivated by compassion to be prosecuted. The courts and the prosecution authorities recognise this impulse and have tried to steer a course between Section 2 of the Suicide Act 1961 and the desire not to enforce it. But the current situation leaves the rich able to go to Switzerland, the majority reliant on amateur assistance, the compassionate treated like criminals and no safeguards in respect of undue pressure. Many people, caring so much for those they leave behind, are dying earlier and alone because they fear implicating their loved ones in a criminal enterprise. They horde pills or put a plastic bag over their head when they are alone.

It is time for a change in the law, but only a very limited and safeguarded change. Good-quality end-of-life care can alleviate much of the suffering of the dying process and we must continue to strive to improve it. However, a minority of those who are dying, no matter how good the end-of-life care, do not wish to go on struggling. The principle of this Bill is that those who are terminally ill should have choice over how they die, but subject to effective safeguards that prevent pressure or abuse. It would lead not to more deaths, but to less suffering. Disabled or older people without a terminal illness would not be eligible for an assisted death. The Bill does not legalise voluntary euthanasia where a doctor directly administers life-ending medication; rather, it provides that the final act in an assisted death must be taken by a patient who has mental capacity both at the time of the request and at the time of their death.

Oregon's Death with Dignity Act has been in place for 17 years. It enables someone who is terminally ill to request the option of an assisted death. There has been no evidence of abuse since its inception. Only a small number of patients have an assisted death—fewer than 80 in total in 2013—out of the annual 30,000 deaths in Oregon. Around 40% of dying people who meet the strict safeguards to obtain life-ending medication never use it, simply taking comfort from having the option.

Critics of my Bill cite the voluntary euthanasia laws of Belgium and the Netherlands as an example of the slippery slope. In fact, it is not a slippery slope but a deliberate path chosen by legislators in those countries. From the beginning, they created laws that allowed both dying and non-dying people to be directly helped to die based on a subjective analysis of suffering. The Belgian and Dutch laws provide no evidence of a slippery slope. More accurately, they confirm that the law you enact is the law you get. That is why it is so important that we get it right from the outset. I have built on the Oregon model, but with more safeguards. I reject the Belgian and Dutch approach.

Clause 1 of this Bill enables an adult who is terminally ill to request to be given assistance to end their own life. No other person, including the patient's doctor, family and partner, is able to initiate the process of requesting an assisted death. Clause 2 defines "terminally ill" and "terminal illness" as applying to a person who is expected to die from a terminal illness within six months.

Clause 3 sets out the safeguards. First, the patient must sign a declaration, witnessed by an independent witness, that it is their "clear and settled intention" that they wish for an assisted death. Secondly, two doctors must countersign the declaration. Before countersigning, the two doctors,

"having separately examined the person and the person's medical records and each acting independently of the other, must be satisfied that the person—

- (a) is terminally ill;
- (b) has the capacity to make the decision to end their own life; and
- (c) has a clear and settled intention to end their own life which has been reached voluntarily, on an informed basis and without coercion or duress".

In deciding whether to countersign the declaration, the two doctors,

"must be satisfied that the person making it has been fully informed of the palliative, hospice and other care which is available", to him or her. These safeguards are set out expressly in the Bill. While the Secretary of State has a power under Clause 8 to issue codes of practice to provide guidance to doctors in discharging their roles under the Bill, the safeguards themselves and the conditions that need to be satisfied before an assisted death can occur are spelt out in the Bill. Those who suggest that the safeguards are not in the Bill are mistaken.

Clause 4 sets out the practical arrangements for providing medicines to enable a terminally ill person to end their own life. The attending doctor would write a prescription for the necessary medication, but it would be delivered only after a 14-day cooling-off period for reflection, or six days if both doctors agree that the person is likely to die within one month. The attending doctor, or another doctor or nurse authorised by the attending doctor, would deliver the medicine at the patient's request after the period of reflection had passed, check that the person had not revoked or did not wish to revoke their declaration and remain with the person until the medicine had been taken and the person had died, or the person had declined to take it. The person would have to administer the medication himself or herself. If a patient has lost the ability to

[LORD FALCONER OF THOROTON]  
swallow or finds it very difficult, the Bill makes provision for a syringe driver to be installed. However, it would be illegal for a healthcare professional directly to administer the medication. The final action must always be taken by the patient.

Clause 5 enables health professionals to refrain on the grounds of conscientious objection from assisting a person to die in accordance with the Bill. Clause 12 contains a sunset provision, which would enable the Bill to be repealed by resolution of each House and without the need for further primary legislation after the Act had been in force for 10 years.

The courts have said repeatedly that the current law does not work—most recently, in the Supreme Court a few weeks ago—and have urged Parliament to construct a workable law. The Bill provides for an assisted death in circumstances where there are adequate safeguards to prevent abuse or pressure on those who are terminally ill. There are those who say that you can never be sure about a prognosis of how long someone has to live. Of course, I accept that there can be no certainty. However, whether the issue is assisted death or the decision no longer to treat a patient, the physicians have to do their best. That the prognosis cannot be certain is not a reason for abandoning those who wish this option. Whether the right period is six months will no doubt be addressed in Committee.

Some say that the courts should be involved as an additional safeguard before an assisted death occurs. We should constructively consider that issue in Committee. Others say that the change in the law will place pressure to take that option on those who are dying. I disagree. The numbers will be small—that is the experience in Oregon. The safeguards make clear the exceptional nature of the course. Some say that the current law should just be allowed to continue. They are wrong. Without intending to be, and despite the very best efforts of those who seek to enforce it, the current law provides the option of an assisted death to those rich enough to go abroad; for the rest, it provides despair and often a lonely, cruel death—and no adequate safeguards.

The noble and learned Lord, Lord Neuberger, the President of the Supreme Court, said in his recent judgment:

“A system whereby a judge or other independent assessor is satisfied in advance that someone has a voluntary, clear, settled, and informed wish to die and for his suicide then to be organised in an open and professional way, would, at least in my current view, provide greater and more satisfactory protection for the weak and vulnerable, than a system which involves a lawyer from the DPP’s office inquiring, after the event, whether the person who had killed himself had such a wish, and also to investigate the actions and motives of any assister, who would, by definition, be emotionally involved and scarcely able to take, or even to have taken, an objective view”.

Some say that the Bill devalues the lives of those who are disabled and puts pressure on them to take the option of an assisted death. I disagree. The option of an assisted death is available only to those who are terminally ill and is available to the disabled on the same basis as everyone else. While it is for Parliament to reach its own judgment on the merits of the Bill, it is significant that polling suggests that support for a change in the law is just as strong among the disabled

as it is in the general population. The general population supports the change at a level of above 70%; among the disabled the level is 79%.

There is a common goal, whichever side of the debate you are on, for a law that shows compassion to the well motivated who help someone to end their life when they already have a terminal illness, but in a way that provides proper safeguards against abuse and pressure. The Lords, working constructively together, can craft such a law. It will then be for the Commons to decide whether that is a law that they are willing to pass. The time for royal commissions and Select Committees has passed. Our work on the Bill will affect so many people’s lives—in the way they die and in being with someone they love as they experience a final illness. I believe that the time has come for change. I beg to move.

10.19 am

**Lord Mackay of Clashfern (Con):** My Lords, I am deeply opposed to the Bill but strongly in favour of it being afforded a Second Reading so that we may have the opportunity to discuss the many vitally important issues that it raises. After such discussion, there will then be an opportunity to take a vote on whether it should pass this House.

The Bill is named the Assisted Dying Bill, but the only part of our existing law that it seeks to amend is Section 2 of the Suicide Act 1961. Its only subject matter is assisted suicide. Dying is a much wider topic than suicide. Why does the title not correspond to that narrower subject matter? Section 2 of the Suicide Act is an important protection for the vulnerable. We may feel strong today and may be able to weigh up issues with which we may be confronted. However, the devastating effect of serious illness can speedily make us vulnerable, so that although still possessed of mental capacity we become much more susceptible to influence than when in health.

We have presently in place a framework for the operation of Section 2. The section states guidelines for the institution of prosecution which were put in place after wide public consultation and which of course are subject to amendment as circumstances change. The DPP told the commission of the noble and learned Lord, Lord Falconer of Thoroton, that the law was working well in practice. I know that the Supreme Court has taken a different view of that matter; that is for your Lordships to judge.

The Bill proposes that assistance to suicide will be made lawful within six months, reasonably estimated, of death. What is the principle that gives such an importance to six months? Why should a course of action that may attract a prison sentence suddenly become lawful because a person is thought to be within six months of death? If the Bill becomes law, will the DPP’s guidelines have to recognise this landmark and put cases outside this boundary beyond their reach?

If the Bill becomes law, a person within six months of death will face the agonising choice of deciding to seek assisted suicide or awaiting the natural ending of his or her life. Presumably, the attending doctor will have to advise the patient of the option of assisted

suicide, which will be open up to within a short time of death. The evidence from Oregon suggests that it is very difficult for a patient to reach a concluded view on this matter. The noble and learned Lord referred to the fact that a number of people who declared a settled intention to take their own lives in fact did not use what was provided and died naturally. Is it compassionate to introduce a dying person to a regime that requires such strenuous decision-making?

The Bill is strongly promoted by an organisation called Dignity in Dying, which was formerly called the Voluntary Euthanasia Society. I have seen a number of people die with dignity who did not commit suicide, assisted or otherwise. The suggestion seems to be implied that assisted suicide will lead inevitably to a dignified, comfortable and speedy death. Can this suggestion be justified? I have seen some evidence that it is not at all certain that this will be the outcome. If that is correct, will the attending doctor be obliged to tell the patient this prior to the patient proceeding to decide on this new choice that the Bill will give?

I thank the noble and learned Lord for his clear exposition of his Bill, which I found very helpful indeed.

10.23 am

**Lord Dubs (Lab):** My Lords, I support the Bill, because I do not wish to deny other people something that I might want myself some day in future. Some years ago, I went to see a friend of mine who had motor neurone disease. His whole family was there; he could no longer communicate, except on a keyboard, and he had assembled the family because they together wanted to ask me to support a change in the law. He died not long afterwards, but it was a heartfelt wish on his part. How could I say no to such a plea?

Recently, I was introduced to a woman who had taken her husband to Zurich. She said that the whole thing was a dreadful experience, because he was not ready to go but he was terrified lest his illness progressed to the point when he would be unable to make the journey. He wanted to die at home, surrounded by his family, instead of having to make the journey to Switzerland. That is surely another reason why the law should be changed.

On both sides of the argument, we have had very moving letters, and I find some of them very persuasive indeed. Some came from people whom I knew years ago. One letter said:

“My mother was in great pain at the end which the drugs did not remove. She was begging to die”.

Another letter said:

“Everyone should be able to choose when to end their life when the suffering becomes unbearable”.

She talks about someone close to her dying in agony. Yet another letter said:

“My personal interest is my concern at the way my father died. He had suffered for some time from a terminal lung condition and towards the end of his life his suffering became intolerable. He wanted to die but under the present law his doctors were unable to help him. After months of unnecessary suffering he died”.

I do not think that we can say to those people that we are not prepared to do anything for them. Of course,

public opinion is overwhelmingly on our side; 70% to 80% of the public consistently want a change in the law.

I have enormous respect for Members of this House who take a different view and I am sorry that we find ourselves on a different side of the debate today. I am a convert to this cause. Years ago, I would not have supported the Bill either but, as I learnt more about the issues, I decided that I had no option but to change my mind. I am conscious that quite a few Members of this House have in recent years changed their mind as well; they have certainly said so to me.

I would not support this Bill unless I was satisfied that there were adequate safeguards. Today, anybody can go to Zurich if they can afford it and there are no safeguards at all; there might be pressure on them, and so on. My noble and learned friend has already referred to Oregon. There is a happy balance—“happy” is not the right word, but there is a balance—between palliative care and those who have opted for assisted dying, because they can go into palliative care knowing that at any point they can make the decision to end their lives. Because they are in control of this, many choose not to do so. Surely that is the outcome that we all wish to see.

10.27 am

**Lord Lester of Herne Hill (LD):** My Lords, the question raised by the Bill is whether an exception should be made to the existing criminal law for doctor-assisted suicide of the terminally ill, within the narrow limits and stringent conditions prescribed by the Bill. We should oppose the recent suggestion to withdraw the Bill in favour of a royal commission, as the noble and learned Lord, Lord Falconer, said. We have the benefit of the work of the Lords Select Committee on Medical Ethics and the Lords Committee on the Bill proposed by the noble Lord, Lord Joffe, and the evidence that they gathered. The Supreme Court has decided that Parliament should have the opportunity to decide whether Section 2 should be amended. The time is overripe for both Houses of Parliament to take that opportunity.

I was amicus curiae in the Bland case about whether it was criminal homicide to withdraw artificial feeding from a victim of the Hillsborough tragedy, Tony Bland. He was in persistent vegetative state and would never recover consciousness. His family and the healthcare team believed that it was in his best interests to end what remained of his life and the Law Lords agreed. Like all of us, the Law Lords believed in the sanctity of human life; their judgments were based on the principle of personal autonomy—that patients of sound mind have the right to choose whether to accept medical treatment. Tony Bland could not make that choice. They decided that the common law permitted his life support machine to be switched off without risk of criminal homicide.

What then of MND victims such as Chris Woodhead or my late client Annie Lindsell? MND is a degenerative neurological condition with no known cause or cure. It kills the nerves controlling movement so that sufferers, while retaining total brain function and being able to feel pain, find themselves completely trapped inside a completely paralysed body.

[LORD LESTER OF HERNE HILL]

Annie Lindsell, along with other MND patients, did not want to choke to death on her own mucus when she became unable to swallow. She did not want to have to starve herself to death or endure invasive surgery, nor did she want to live in a doped haze with palliative care. When the quality of her life became unbearable to her, as she began to be unable to swallow, and was at imminent risk of suffering severe distress, involving choking, Annie and her doctor wanted to be confident that her doctor would be able lawfully to relieve her severe distress, even though the probable consequence was to shorten her life. They needed to know that, if her doctor agreed, she would be treated with drugs at that stage so that she could die with dignity, fully aware of her circumstances. That is also Chris Woodhead's wish, expressed so movingly in this week's *Sunday Times*. He does not wish to have to starve himself to death.

Patients have the right to life. They also have the right to personal autonomy and dignity. They and their doctors need to know what exception there is to the law of homicide, enabling a doctor, acting in accordance with the patient's wishes and the doctor's conscience and judgment as to the appropriate medical treatment, to administer that treatment, even though it will end the patient's life. Unless the criminal law and good medical practice are clear, conscientious doctors, seeking to act in the best interests of their terminally ill patients, and the terminally ill patients themselves, are left in a state of uncertainty and anxiety.

This very narrowly drawn Bill will give them the certainty that they deserve. As the noble and learned Lord, Lord Falconer, said, it is not a slippery slope if Parliament draws the line. The Bill does not threaten the lives of vulnerable people, including the disabled. I hope very much that the House will not only allow it to proceed but approve it for the other place.

10.32 am

**Baroness O'Neill of Bengarve (CB):** My Lords, this Bill, as we already have heard, arouses great passions and considerable confusion. No doubt we shall hear many claims and counterclaims about the adequacies of the supposed safeguards in the Bill, but I think that at Second Reading it may be more useful for us to concentrate on what the Bill aims to do, for there remain fundamental confusions. I shall try to be brief.

First, the Bill does rather little to assist the dying. That noble purpose would require legislation that entitles all of us in our dying months, weeks and days to the necessary help and care, and pain relief, whether or not we are competent to choose. A Bill with those aims would have to address very large issues, above all the currently patchy availability of high-quality palliative care and incomplete availability of high-quality pain relief. This Bill proposes little to assist most of those who are dying. I agree with the noble and learned Lord, Lord Mackay of Clashfern, that it is mistitled. This is not a Bill about assisting the dying.

Secondly, the Bill does little to support the choices of those who are dying. A Bill that centred on protecting the choice of those who are dying would concentrate on choices to refuse treatment, which can be, but so

often are not, set out in advance directives, or choices about where to die. Do those who purport to care about the choices of the dying really have nothing to say about respecting or protecting the wholly uncontroversial choices of many who die on general wards, when they would have preferred to stay at home or in their nursing home with appropriate care and pain relief? Do they have nothing to say about choices that can be set out in advance directives? Seemingly so. The Bill supports only the choices of the few who might choose to commit suicide.

Thirdly, the Bill is not about altering the law on suicide. Suicide is not now a crime. It would be impossible to prosecute those who succeed. Attempted suicide used to be an offence, but it was decriminalised in the Suicide Act 1961. Fourthly, the Bill is about selectively decriminalising actions that, in the words of that Act, "aids, abets, counsels or procures the suicide of another", by defining exceptions to this provision. The offence of aiding and abetting suicide was amended in the Coroners and Justice Act 2009, with greater emphasis on the element of intention.

So, we are dealing with a proposal to amend the law on aiding and abetting suicide. There are many good reasons, which I need hardly spell out, why we need legislation that makes it an offence to aid and abet another's suicide. The question actually raised by the Bill is whether it is feasible or advisable to create an exemption for certain cases. The 1961 Act already provided that prosecution should not be automatic. In the wake of the Coroners and Justice Act, the Director of Public Prosecutions published a policy which sets out considerations for and against prosecution; and prosecutions are very few. However, this policy would be dislodged if the potential offence that warrants investigation or requires an inquest were abolished. The policy works because there is no immunity from investigation, from an inquest, or, if the facts of the case prove adverse, from prosecution. If there were no offence, none of these protections would remain. We shall have to see what case can be made for such a risky move.

Some of the Bill's proponents have recently publicly recommended it as a modest proposal. I wonder whether they have recently read Swift's great satirical essay that gave this notable phrase such long-lasting currency in our language.

10.36 am

**The Archbishop of York:** My Lords, let me state at the outset that the official Church of England position was made very clear on 9 July 2005, when the General Synod voted on a motion referring to the joint submission of the Church of England House of Bishops and the Roman Catholic Bishops' Conference to your Lordships' House Select Committee. The motion argued strongly against making assisted suicide or euthanasia lawful. The vote was carried by 297 votes to one. This position was reaffirmed in a General Synod motion in 2012.

The present Bill is not about relieving pain or suffering; it makes that quite clear in its definition of a terminally ill patient to include those whose progressive illness can be relieved but not reversed. The Bill is about asserting a philosophy, which not only Christians

but also other thoughtful people of good will who have had experience in care for the dying must find incredible—that is, the ancient Stoic philosophy that ending one's life in circumstances of distress is an assertion of human freedom. That it cannot be. Human freedom is won only by becoming reconciled with the need to die, and by affirming the human relations we have with other people. Accepting the approach of death is not the attitude of passivity that we may think it to be. Dying well is the positive achievement of a task that belongs with our humanity. It is unlike all other tasks given to us in life, but it expresses the value that we set on life as no other approach to death can do.

We need time, human presence and sympathy in coming to terms with a terminal prognosis. To put the opportunity to end one's life before a patient facing that task would be to invite him or her to act under their influence rather than dealing with them.

It is possible to think abstractly that one's early death would be welcome to one's nearest family and would spare them trouble. But in fact the best service one could do for them would be to accept their care and to show appreciation of them at the end of one's life. When it was discovered that my mother, Ruth, had aggressive throat cancer, she was expected to live only a few weeks, but through the skill and care of the hospital and Trinity Hospice, she was able to live for 18 months. During this time, our children, who had been born in England, were able to get to know and love their grandmother, and she was able to delight in them. This was a gift.

The right reverend Prelate the Bishop of Worcester, John Inge, recently wrote about his wife, Denise, who died of a sarcoma on Easter Day. He writes:

"How easy it would have been to succumb to despair when the diagnosis was given. It looked as though she had only days, or weeks at most, to live ... as the dreadful effects of chemo took their toll and I became more and more ... distressed at seeing her in such pain and discomfort ... How tempting it would have been for me"—

if assisted dying had been legal—

"to have suggested that ... it would be 'for the best' for her to end it all there and then.

Many ... argue that it would have been the 'compassionate' and 'caring' thing to do".

But Denise survived several more months, and during the times when I visited and prayed with her and Bishop John, I saw her emerge from the initial darkness to enjoy some precious time with friends and family. Shortly before she died she wrote:

"Contemplating mortality is not about being prepared to die, it is about being prepared to live. And that is what I am doing now, more freely and more fully than I have since childhood. The cancer has not made life more precious—that would make it seem like something fragile to lock away in the cupboard. No, it has made it more delicious".

The Assisted Dying Bill could deprive some terminally ill individuals and their families of this very important time of shared love and wonder. I urge noble Lords to resist it. This is far too complex and sensitive an issue to be rushed through Parliament and decided on the basis of competing personal stories. It may be better if a royal commission were to look at this, with members from both sides not appearing as if they were shouting across the banks of a river.

10.40 am

**Baroness Jay of Paddington (Lab):** My Lords, I rise to support my noble and learned friend's Bill. I see it as a tightly focused and compassionate Bill, which will clarify the incoherent legal framework we have heard about today. It is more than 20 years since I first debated assisted dying. Since then I have sat on two Select Committees on this matter, visited the Dignitas organisation in Switzerland, and observed the Death with Dignity Act in Oregon. I have learnt a great deal from those experiences and my views have evolved and strengthened over that time.

I am today absolutely committed to the provisions in my noble and learned friend's Bill. It has a narrow, specific focus on the terminally ill; it contains strict upfront safeguards and eligibility criteria; and it is an entirely appropriate measure for this country to adopt. My opinion has been reinforced by many personal approaches urging us to pass this Bill. Over my years in this House, I have been the object of many lobbies, as I know others have, but this has been totally different. Many of the individual stories are very hard to hear and difficult to read. My most recent correspondent, just this week, watched his wife die only a few days ago. He writes:

"She struggled with the vestiges of living ... All she sought was peace and the law forbade it. How can that possibly be right?".

Testimony like that makes it difficult to understand how anyone can reject a measure based on the reduction of human suffering.

However, I want to emphasise the constitutional significance of our proceedings. I have just stepped down after four years of holding the privileged role of chairman of your Lordships' Select Committee on the Constitution. That position has emphasised to me the central role this House plays in the significant part we take in scrutinising the detail of legislation. It is our most important constitutional function. If we look at the Bill from that perspective, it would surely be a gross dereliction if we did not pass it beyond today's Second Reading towards the close, dispassionate and detailed analysis it needs.

Of course, our duty to give the Bill proper consideration has been spotlighted by the findings of the Supreme Court. It is worth, even in this short debate, mentioning just some of the points it made. The justices unanimously held that the United Kingdom must decide whether the current law on assisting suicide is incompatible with Article 8 of the European Convention on Human Rights—the right to private life. In other words, it is not an imposition from the European Court. A majority of the court held that they had the constitutional authority to make a declaration that the general prohibition on assisting suicide was incompatible with Article 8. Two of justices were prepared to make that declaration then, but the others declined to do so, taking a view that Parliament should be allowed to debate the issue, as we are doing today.

The noble and learned Lord, Lord Neuberger, President of the Supreme Court, said:

[BARONESS JAY OF PADDINGTON]

“Parliament now has the opportunity to address the issue ... if it is not satisfactorily addressed, there is a real prospect that a ... successful, application for a declaration of incompatibility may be made”.

He was saying that we could face an extraordinary impasse, whereby the Supreme Court has ruled that two of our important pieces of our law are incompatible. Presumably, that would then lead to very rapid, hasty legislation being introduced—an unsatisfactory situation.

The fundamental understanding of our unwritten constitution is that Parliament is sovereign. The judges, however wise and authoritative, do not make the law; Parliament does. We have before us a timely and considered Bill; we have the opportunity to act and we must do so.

10.45 am

**Lord Purvis of Tweed (LD):** My Lords, I am conscious that I am a new Member of your Lordship’s House, but it is now 10 years since I proposed my Private Member’s Bill in the Scottish Parliament to amend the law in Scotland to allow a capable adult in the particular circumstance of coming to the end of terminal illness to access the means to die with dignity. The Bill of the noble and learned Lord, Lord Falconer of Thoroton, is in identical terms, with the same safeguards and only minor differences, given the differing legal jurisdictions in Scotland and the rest of the United Kingdom. For example the 1961 Act has never applied in Scotland, and the law of culpable homicide would apply. In turn, both were informed by the law in the state of Oregon, which has now been in operation for 17 years.

I therefore strongly support the noble and learned Lord’s Bill, but in doing so acknowledge its scope only for England and Wales, and hope that progress for reform can similarly be made for Scotland in the Scottish Parliament, where even prosecutorial guidelines such as those that apply south of the border do not exist.

It is of sadness to me that in those 10 years some people who have come to the end of their terminal illness have endured their final days in a manner they did not want, with needless additional distress for them and their loved ones. Indeed, between debates in the Scottish Parliament for my proposal, a close friend and mentor of mine—a deeply religious man who had overcome disability for many years—endured that exact circumstance and would have availed himself of the reformed law in his last week, had it been open to him; instead, food and hydration were withdrawn.

In those 10 years in Oregon, a state not too different in size to Scotland, 907 people asked for medication to be prescribed to them under law so they could take it in the final days of their life, if they so chose; 581, or less than two-thirds, did so. Since the law came into operation in 1997, the number of people using the lethal medication in their last days has ranged between five and 22 deaths per 10,000. The median time between someone who made the formal request under the law and then using it was 47 days.

What does this 17-year history show us? There has been no slippery slope. The legislation allows someone to ask for the medication and have the knowledge that

it is there should they need it, and should they choose to take it. A third never did but their final days were comforted and eased by the knowledge that they could have done so. It also shows that the medication is used when the patient is really towards the end of their life, in their final days. It is not a law that has been abused; it is not a law whose scope has been widened; and it is not a law that has had a damaging impact on the palliative care fraternity, medical profession, vulnerable people or disabled people, because it is about the choices that an individual can have at the very last days of their life, with legal protections, oversight and transparency in operation.

Among other research, I spent a week in Oregon, and have retained links since, speaking with families, doctors, palliative care workers, academics, lawyers, the police, the regulators and the public. That and the continuing very close interest I have taken in the past decade have given me the confidence that if we want to change the law in this country, then we have the capacity and ability to do it well. I simply do not agree with those who say we have the capacity to legislate for profoundly complex ethical issues on birth, stem cell research, withdrawing and removing treatment, food and hydration, mental capacity, or “do not resuscitate” classifications, but we cannot do so on this issue—the final days of a terminal illness.

I found that many people criticised my Bill not for what it was, but for what they claimed it to be. I suspect the same applies to the Bill of the noble and learned Lord, Lord Falconer. It is not about suicide, or vulnerable people being pressured into suicide, or about disabled people having any other consideration than abled people. But this is indeed a profound area to debate, touching on emotion, faith, medical ethics and personal choice and autonomy. A balance needs to be brought to all those issues, within the cold operation of the law; but after a decade of work in this area, and consideration of all aspects of it, I believe now, more than ever, that it is the duty and appropriate time for Parliament to conduct calm, confident lawmaking with evidence-based judgments. We temper that with a thread of humanity and compassion, and we should draw the conclusion that it is right that this Bill progresses.

10.49 am

**Baroness Greengross (CB):** My Lords, I have worked with and for older people for more than 40 years and spent six as an equality and human rights commissioner. I have been very fortunate in having conversations with many hundreds of older people. In this day and age, fortunately most people who die are older people. What they really want is to remain being treated as adults, not as lesser individuals. I want to know why a small number of people who become incapacitated lose the right to the freedom of choice that most of us have when we come close to death.

I would like to be clear that the Bill is not a case of giving someone a new right. It is just the opposite. Without it, at its most basic, we are going to deny certain people who are terminally ill and have become disabled the right that every other adult has in this country: the right to terminate their life. If people are

worried that there may be, in some few cases, undue pressure brought to bear on some people to end their lives, my view is that this happens a long time before the Bill would be considered. However, if there are worries, I share them. I do not want anybody to be abused, to be forced to think they must die. Our real goal is to ensure that sufficient safeguards that make people feel easier with the Bill are put in place in Committee; it is not to deny a few people the rights that everyone else in this country enjoys. I do not want it on my conscience that I have denied somebody who has become physically incapacitated and cannot endure their suffering any longer, but is unable to terminate their life without some help, the right that everyone else enjoys.

I do not deny that palliative care has become extraordinarily effective in many instances—in fact, most instances—where people have access to it. More and more people are going to put their faith in it. That is right. However, if people have had enough of suffering, for whatever reason, they should surely have the right to that choice. The Bill is not about a small number of malevolent people trying to pressurise those who are vulnerable; it is about a small number of people, near to death, sometimes dying in agony.

As I said, there is much work to be done in Committee to ensure that any further proper safeguards are put in place. I want that; I am sure all noble Lords do. The sooner we get started, the sooner we can once again hold our heads up high in the fight for true compassion and against any discrimination.

10.52 am

**Lord Wigley (PC):** My Lords, I support giving the Bill a Second Reading. This is clearly a most difficult issue, in which we have to balance the sanctity of life with the freedom given to us as individuals to make choices. We have to balance the fears some hold about the abuse of any new provisions in the Bill with the real suffering experienced by thousands of people, so graphically described in so many letters they and their families have written to us. We have to deal with the present imbalance, whereby those lucky enough to have the material resources and family support can go to Switzerland to end their lives, whereas those without the resources or family support have to struggle on from day to day, suffering pain and anguish with no means of relief in their reach.

The existing prohibition on medical assistance to die causes some terminally ill people to take matters into their own hands, without adequate support, and some relatives to risk prosecution for helping a loved one die. The Bill would bring clarity to the law and provide greater certainty for terminally ill people and their loved ones.

The Bill has strict safeguards and eligibility criteria. People who are not mentally competent or terminally ill, such as disabled or older people who do not have a terminal illness, will not be eligible. A few weeks ago, the Supreme Court issued a clear warning to Parliament that, if it does not address the issue of assisted dying satisfactorily, the courts could. It is therefore vital that the Bill is allowed to progress through today's debate and on to Committee stage, where it can be dealt with on a clause-by-clause basis.

There are of course dangers of abuse and there must be safeguards against the ultimate abuse of vulnerable people in their weakness, disability or old age feeling the pressure of relatives to bring about their own end for ulterior motives. However, in the Bill we are dealing with individuals who are already confronting their own deaths within months. Consequentially, families will also be aware that their support will be required for only a limited period of time.

Noble Lords may be aware that disability issues have been high on my agenda throughout my parliamentary career. I am clearly uneasy if this legislation causes anxiety to some disabled people. I emphasise only that the Bill is geared not to disability, but to terminal illnesses, which generally are totally unrelated to disability. If a blind person, a deaf person or a person who is wheelchair-bound comes into the ambit of the Bill, it is not because they are deaf, blind or cannot walk. It is because they have a condition from which they will die within months.

If further safeguards are needed, let us examine them in Committee. Let us not kill off the Bill today to close off the possibility of improving it. The prospect the Bill offers is to provide to those who wish it the possibility of a dignified death in their own homes with their loved ones around them, not the bleak alternative of going to a foreign country to a lonely death in strange surroundings. Compassion must surely demand that we do better than this.

10.56 am

**Lord Tebbit (Con):** My Lords, no one could dispute the good intentions of the Bill, but the road to hell is paved with good intentions. We have to be careful of the words we used. I noticed that the noble Baroness, Lady Greengross, referred several times to the “right” that we all have to take our own lives. We do not have that right; we have only the capacity to do it.

I will not repeat many of the points so well made by other speakers, but I am concerned at the financial incentives to end the lives of the frail, the handicapped, the ill and the elderly. They—or perhaps I should say, looking round the House, “we”—are a financial drain on our families, on pension funds, on the health service and, indeed, the economy generally. I and my wife—who, as the House will know, was crippled almost 30 years ago by IRA/Sinn Fein—have seen a lot of this. The Bill would provide a route to great savings in public and private expenditure, and to a great pressure on the elderly, the sick and the disabled to do the decent thing and cease to be a burden on others. Those who care for such people are all too familiar with the moments of black despair that prompt those words, “I would be better dead, so that you could get on with your life”.

Of course, supporters of the Bill say there is an effective barrier in it against such pressures. Two doctors must certify that the individual seeking help to commit suicide has fewer than six months to live and is of sound mind. Late last year, the *Daily Telegraph* exposed the doctors who performed six selective late abortions. We now know that there are doctors who pre-signed wads of blank certificates without even knowing the names of the women concerned, certifying, without

[LORD TEBBIT]

seeing or knowing who they were, that their health would be at risk without a late abortion. The CPS left it to the BMA to deal with those doctors. The BMA did nothing. Will there be doctors pre-signing the certificates prescribed by the Bill? What will the sanctions be against those who do so?

Lastly, a few months ago an elderly lady asked me to advise her how she could ensure that her wish to leave all her assets to a charity for ex-service men and women could be entrenched against any attempt by other would-be beneficiaries to override it. “You see”, she said, “I have no children but I have several vultures awaiting my death”. This Bill will be a breeding ground for vultures, individual and corporate. It creates too much financial incentive for the taking of life.

11 am

**Lord Joffe (Lab):** My Lords, although I have introduced four previous Bills on assisted dying to this House, there is nothing I wish to add to the powerful and comprehensive speech of my noble and learned friend in favour of a change in the law. Rather, I will focus on the evidence underpinning the case for a change in the law and the lack of evidence—I underline the word “evidence”—underpinning the concerns of opponents to such a change.

While there can be no direct evidence in the UK as assisted dying is unlawful, the experience in Oregon, upon whose legislation the Bill has been modelled, is persuasive in that over 16 years there has not been a single prosecution for abuse of that law. The evidence for this is 16 detailed annual reports by the Oregon Health Authority in relation to the Death with Dignity Act, which is the model upon which our Bill is based. Among many other matters, these reports demonstrate what has already been said: that there has been no slippery slope, with the number of assisted dying deaths after 16 years being 0.2% of total deaths, or one death in every 450; that there has been no widening whatever of the legislation; that 97% of assisted dying patients died at home; and that 90% were enrolled in hospice care.

The evidence in Washington under the dignity in dying legislation shows a similar pattern. In Switzerland, arguably the most conservative country in Europe, lawful assisted dying has existed for 60 years. The incidence of such dying is similar to that in Oregon, being between 0.3% and 0.4% of all deaths. The overwhelming majority of Swiss citizens support the law as it stands, and a recent attempt there to change it was decisively rejected.

In the light of that evidence, it is incumbent on the opponents of the Bill to explain why they believe that a law which works so well elsewhere will not work equally well in the UK and to show what evidence they have for contending this. In that regard, I respectfully suggest that repeated assertions of conjecture or strongly held personal opinions are not adequate substitutes for statutory and objective, carefully researched evidence.

The Bill’s opponents frequently raise the issue of mental capacity. The law in relation to the right of people with mental capacity to make decisions on their own lives was endorsed in a fine judgment by

Dame Elizabeth Butler-Sloss, as she then was, in the 2002 case of *Miss B v an NHS trust*. The judgment read:

“A mentally competent patient has an absolute right to refuse to consent to medical treatment for any reason, rational or irrational, or for no reason at all, even when that decision may lead to his or her own death”.

The learned judge added the following:

“There is a serious danger, exemplified in this case, of a benevolent paternalism which does not embrace recognition of the personal autonomy of the severely disabled patient”.

It would seem that many of the caring and compassionate opponents of assisted dying are influenced by the same benevolent paternalism that was raised in opposing Miss B’s wish to end her life. It is clear that the law, if it were changed, would mean that elderly, frail and physically disabled terminally ill patients who are mentally competent would have the same right to make decisions on their lives as other terminally ill patients.

It is of course essential to seek to protect all terminally ill patients from pressure by others to end their lives. This is specifically covered by the safeguard in the Bill that requires that both assessing doctors must be satisfied that the informed decision is voluntarily made.

The Bill is not a radical innovation in UK law. It follows naturally from a development of our law which allows mentally competent patients to refuse medical treatment, where doctors can refuse to treat dying patients whom they judge they cannot help, where doctors are obliged at the request of a mentally competent patient to disconnect the patient from the life-support equipment which is keeping the patient alive, even though this will lead to the death of the patient, and where those who under the DPP guidelines assist terminally ill patients to die for compassionate reasons will not be prosecuted.

In conclusion, there is one question in the 11 years that I have been working on assisted dying which has not been answered. That question is: what answer do the opponents of this Bill propose should be given to mentally competent, terminally ill adult patients for whom palliative care is not the solution and who appeal to their loved ones for assistance to end their suffering by ending their lives?

11.06 am

**Lord Avebury (LD):** As a Buddhist, I recognise that this Bill contravenes fundamental Buddhist beliefs in the inviolability of human life, but there is also the Buddhist principle of compassion, which I think applies in the extreme circumstances of distressing terminal illness. That, it seems to me, weighs heavily in consideration of this Bill and is partly what has persuaded me to support it. I believe that the same is true of many other people of strong religious faith, both Buddhists and Christians. They believe, as I do, that helping people who are suffering from distressing terminal illnesses outweighs the principle of inviolability of human life.

We also have in front of us, as has been mentioned, the DPP’s current guidelines on cases of “encouraging or assisting suicide”, which maintain that in certain circumstances a person should not be prosecuted for helping someone to die. We have the Supreme Court’s

ruling, which has been referred to by several noble Lords, that the Bill should be given a Second Reading so that the issues it raises can be properly and thoroughly discussed, as was recommended by the Select Committee on the Bill of the noble Lord, Lord Joffe, as long ago as March 2006. I hope that the opponents of assisted dying will respect the Supreme Court's clear message that safeguards and checks at the time of a person's decision to end their life are better than our present system, under which any inquiry happens only after a person's death.

There is also the opinion of a large number of people in this country—80% according to one poll—reflected by the *Times*, the *Guardian*, the *Observer* and the *Evening Standard*, that Parliament cannot duck responsibility for considering the plight of terminally ill patients whose suffering cannot be relieved by palliative care in the final weeks of their lives. I recognise that palliative care is effective in the large majority of cases of terminally ill patients, but it is not effective in all. There are still many for whom the final weeks are ones of severe pain or distress, and that is why many patients look towards the end of their lives with dread.

Like many of your Lordships, I have had letters from patients who are in constant, severe pain which treatment cannot remedy. It is a great source of worry to them that, in the last six months of their lives, they may be forced to live in terrible pain and discomfort. Others write to me about relatives who died recently from inoperable brain tumours, for example, but not before they had been forced to suffer several weeks of intense physical and existential pain before finally achieving unconsciousness. There is plenty of evidence to show that modern drugs and care are not always able to control or alleviate pain at the end of life.

I declare an interest. In June 2011, I was diagnosed with myelofibrosis, a rare form of blood cancer, which can be cured in fit patients only by stem cell transplants. For patients older than 70 with poor medical histories, stem cell transplants are not recommended. The prognosis is that either the bone marrow turns to fibre and blood cells are manufactured in the spleen which becomes enlarged, or, in some cases, MF can transform to acute myeloid leukaemia, a serious blood and bone marrow cancer, which progresses quickly. These are unattractive prospects to look forward to in the last weeks of my life. I would expect that, in agreeing to this Second Reading, your Lordships would give the tens of thousands of people diagnosed with conditions that may similarly lead to weeks of torture before they die the means of escape from that unnecessary fate.

11.11 am

**Baroness Finlay of Llandaff (CB):** My Lords, like many others, particularly doctors who will be expected to be involved in assisting their patients' suicide, I do not support this Bill. But the Supreme Court has asked Parliament to look at the issue and we should not oppose it at Second Reading. I have worked caring for dying patients for more than 25 years and I have registered my interests.

This Bill has broad categories into which almost anyone can be shoe-horned and it comes within a whisker of full-blown euthanasia. Are there safeguards?

No, there are only broad categories into which you will find some doctor who would state that almost anyone fits. Let us take a prognosis of six months: there is no accurate test at all. Even a best guess is so surrounded with inaccuracy that the only honest answer to the question, "How long have I got?", is to say, "I honestly can't tell". Even of those thought to be likely to die within 48 hours, about 4% improve and some even go home. But this Bill is not about them or about better care at the end of life; it is about assisted suicide, effectively on request.

Nor is it about a right to die. Everyone will die. If you do not want treatment that might prolong your life, you can refuse it. For those with motor neurone disease on a ventilator who want to stop treatment, we can manage their dying peacefully and gently as they die of their illness. When treatment is withdrawn, it is not withdrawn with the doctor's intention of bringing about the patient's death; when lethal drugs are supplied, they are supplied with that intent. This Bill is about licensing doctors to supply lethal drugs to some of their patients and helping them to commit suicide, however long their life might otherwise have gone on for. I have seen the strongest people, including politicians and senior doctors, be the most vulnerable when facing dying—vulnerable to coercive influence and vulnerable to their fears. The role of my profession is to address those fears and to support those people, not to encourage them, even silently, to believe that they should foreshorten their lives.

Today's doctors are worn down by workload. They do not know their patients in detail. They know only what they are told in a brief encounter. They cannot possibly detect coercion from family. I cared for a lady whose family we all believed were loving but they stopped visiting as much once her fixed-term life insurance expired. What about subtle coercion from staff attitudes that are negative or instil hopelessness?

The signature of a second doctor provides no assurance. Who is going to find this second doctor? He or she is likely to be known to the first doctor as someone who sees physician-assisted suicide as a reasonable response to severe progressive illness. Let us not forget that Dr Shipman's 176 cremation forms were all countersigned by a second doctor.

Of course, palliative care does not have a magic wand to make everything right. Nothing in medicine has 100% success. Even assisted suicide sometimes fails to kill. But we do not kill patients with morphine properly prescribed to relieve pain, or with nerve blocks or other interventions. The Francis report showed how bad care can be. The well intentioned Liverpool care pathway failed: it became just another tick-box exercise. That is what this will be—a set of forms to be filled in, without proper scrutiny of the assessments, the processes and the administration.

Those of us at the sharp end who care for terminally ill patients day in, day out know that the real work of assisting someone to die is not just something on a to-do list. It calls for good care, dedicated support and time, and not the quick fix of offering the medical equivalent of a loaded gun.

11.16 am

**Lord Mawhinney (Con):** My Lords, we are all indebted to the noble and learned Lord, Lord Falconer, for introducing this Bill. I say that as someone who is not in favour of it and will do his best to see it amended and subsequently defeated. He is right to identify the fact that this is now a major public issue that needs to be taken seriously and to be resolved. I came much later than he did to the view that this Bill should go into Committee. I initially thought that we should take care of it today, but I am persuaded that it should go to Committee stage to be examined. The danger of this Bill lies in the detail, not in the generality.

Not for the first time, my noble friend Lord Tebbit and I have similar thoughts. When I read about the safeguards and how important and how good they would be, my mind also turned to abortion and the 1967 Act. Exactly the same arguments were deployed then as are being deployed now in relation to doctors. In that case, seven grounds had to be used. The Library tells me that in 2013 there were 185,000 abortions in England and Wales, and that 36% of them were not for the first time. As regards the six months proposal, my mind turned to the Lockerbie bomber.

We have twice been told that more than 70% of the public think that this is a good idea. But we have not yet been told that in the very same polls, 47% thought that it would lead to abuse of elderly and people who are dying. That abuse led me to my second thought. I will not repeat stories from letters that we all have received, except for one paragraph from a lawyer, whom I do not know, who suffers from multiple sclerosis. He wrote:

“Vulnerable people, especially those with progressive conditions, can feel a real burden on the people around them. Diagnoses can be very frightening and isolating. Such individuals will undoubtedly feel pressure to end their lives if Parliament decides to pass this Bill”.

Last year, my beloved mother died. She spent the last 18 months of her life in a home. She died of Alzheimer’s and increasing dementia. She kept telling us that she was a burden. I like to think she did that in the confidence of knowing that our love for her was such that, however big the burden, it was but nothing compared to the love that we shared, and had shared, throughout all our lives. I thought to myself, if my mother thinks she is a burden, in her context and with the love of her family, how many others will think that they are burdens and will not be met by similar support and love?

The one thing that is missing from this debate—and I was glad the most reverend Primate the Archbishop of York spoke about it—is that there is no philosophy of life in this Bill. I am a Christian. I have always tried to take my faith seriously. I believe that life stems from and is a gift from God, and that this belief, widely shared, should govern our views on the end of life as it pervades the thoughts of many at the wonder of birth.

11.20 am

**Lord MacKenzie of Culkein (Lab):** My Lords, I am sorry that I am unable to support the Bill in the name of my noble and learned friend, although I know that it has been introduced from the very best of motives. I

speaking as a nurse who has been on the nursing register for some 39 years. It is some time since I practised, but I have spent a good deal of my working lifetime representing nurses and nursing. Of course, nursing has changed in that time; social attitudes have evolved since my first entry into nursing as a student nurse. But I am clear about this: what has not changed is the ethical basis and ethos of nursing.

I have always understood the central tenet of nursing to be duty of care—about promoting and maintaining health, preventing and/or treating illness and injury and helping patients to recover and, where that is not possible, giving the best quality of life until death. I do not believe that giving the best quality of life until death can include the nurse delivering and assisting the patient to ingest a lethal lytic cocktail on the authorisation of an attending physician.

Doctors are busy people with time at a premium. It is nurses who are with patients for 24 hours out of 24, so it is likely to be the nurse who would be, in the words of the Bill, the “assisting health professional” duly authorised to carry out the function of actually assisting the death of the patient by preparing these lethal drugs. I hesitate to use the word “medicine”, which is in the Bill, because medicine, if my Latin is any good, is something to do with healing and not death. The nurse would prepare the medical device, load the syringe driver or, as the Bill says, assist the patient to ingest.

The Bill tries to give safeguards by saying that the final act of self-administration lies with the patient. How will a patient with motor neurone disease who cannot swallow and cannot move their arms because they are paralysed carry out that final act? They will not. They are excluded from the Bill. So the compassion, which we all share, is selective. It does not apply to all people with serious, progressive neurological conditions, for example.

I do not want nurses to be in a position where in the course of their normal duties a patient might say—it could be said as a joke, but it might be said seriously out of concern by a vulnerable patient—“I hope, nurse, you’re not one of these who assist dying”, or perhaps in the more vernacular, “I hope you’re not one of these who bumps people off”.

Many in the medical profession say, rightly, that assisted dying facilitated by a physician will fundamentally alter the patient/doctor relationship. In my opinion, that applies in exactly the same way to the nursing profession. I see any legislation based on the Bill as leading inexorably, maybe a long time in the future, to assisted suicide as a right rather than an exception. We have heard about slippery slopes. I am sure that the noble Lord, Lord Steel of Aikwood, when introducing the Abortion Bill in 1967, said many of the same things that have been said today. Now we see how society has evolved and that position has changed.

If that happens in this country to the public perception of assisted dying, it could follow that there will be seen to be a duty on nurses and doctors to be involved. That is not something that I want any part in facilitating, conscience clauses notwithstanding. This is an enormously difficult area, but there are too many unresolved issues at the heart of the Bill, not the least of which, as it is

presently drafted, is that it would lead to nurses being in serious contravention of the Nursing and Midwifery Council code.

Given the intervention of the Supreme Court, there is a powerful argument, despite what my noble and learned friend has said, for a royal commission to take a long, hard look at this issue before it returns to Parliament. For those reasons, not the least of which is the potential for serious damage to the ethics and ethos of nursing and the public trust of nurses, I regret that I cannot support the Bill.

11.25 am

**The Earl of Glasgow (LD):** My Lords, I have long been involved in the campaign to see assisted dying legalised, but I am reluctant in this time-sensitive Second Reading debate to repeat the arguments that I made in earlier debates. Rather, I have chosen excerpts from three of the many letters that I have received from the public, which put the case for assisted dying far better than I can.

A lady GP called Jane Robson said:

“I have been a GP all my working life ... I have seen and welcomed the development of palliative care, the Hospice movement, and the improved drugs and facilities available for the care of the dying. However the fact remains that for some people the process of dying is still horrific. It is not just a question of pain, but the slow decay of the body—the bedsores, the ulcers, the intolerable itch, the failure of the gut, the liver, the kidneys, with all those attendant miseries, not to mention the loss of autonomy and dignity. Many people, who have seen a relative go through this, wish that the sufferer had had some choice at the end, and would wish it for themselves in the same situation—I certainly do”.

This is from another lady. She said:

“Should my health deteriorate, and I become terminally ill, I dread, not only the physical suffering I might have to endure, but also the emotional suffering my family would have to bear, in order that the law, as it currently stands, is adhered to”.

She continues:

“If this Bill is passed there will be fewer dying adults, and their families, having to face unnecessary suffering at the end of their lives. It will also allow mentally competent adults, like myself, or for that matter, any member of my own family, to request life-ending medication from a doctor, which they would self administer at a time of their own choosing ... I would like to re-iterate, above all, that this Bill will give dying adults like myself, peace of mind that the choice of assisted dying is available. That I, myself, will not have to continue to live daily in dread of the suffering that I fear the most”.

I have one final letter, if I may. It states:

“I know that I, and numerous others, will feel much happier and confident to know that we are able to decide when to end our own lives should we become terminally ill. I believe no more people will die because of a change in the law but far fewer will suffer unnecessarily. It is a tremendously important Bill and I believe is supported by an overwhelming majority of the public”.

I could not put the case better than any of those three ladies.

I get very angry when those who oppose the Bill misrepresent what it is actually proposing and fail to mention how limited its aims intentionally are. It applies only to those who are already terminally ill yet still in sound mind who want, as we all surely do, some control or say in the manner of their own death. It has nothing to do with coercing vulnerable old people into killing themselves. Yet our opponents use emotive

words such as “legalised killing” or “euthanasia” and talk about this being a slippery slope that could lead to the eventual demise of the frail, disabled or mentally ill. No, it does not. No, it is not. The Bill is about personal choice and the alleviation of unnecessary suffering—the choice to decide how, where and, to a small extent, when you want to die.

Finally, it is worth pointing out, as my noble friend Lord Purvis of Tweed has done, what has been demonstrated in those countries and American states that allow assisted dying. When a dying patient has the peace of mind of knowing that he has the option of an assisted death, only one in three actually takes the pills that will put an end to their suffering. The will to live, we must remember, is very strong. The Bill is not pressuring, encouraging or inviting anybody to die. It is giving them a choice that they do not have at present.

11.29 am

**Lord Blair of Boughton (CB):** My Lords, I declare the interest that I was a member of the commission of the noble and learned Lord, Lord Falconer, on assisted dying. I agreed with its findings and I support the Bill.

I will talk in my short time about the commission. First, this was a comprehensive inquiry, which took evidence for 18 months. It ended with a comprehensive report, which is over 300 pages long. It is therefore a little unnecessary to suggest that we need another royal commission. Secondly, it is worth remembering that, while not being the complete answer to the principle objected to by some, every proposal in the Bill is voluntary. It is voluntary for those who wish to die; it is voluntary for those who wish to assist them, whether or not they are healthcare professionals. Thirdly, in the visits that the commission paid to Oregon, which is the only equivalent jurisdiction with an equivalent law, we found evidence neither of a slippery slope down to involuntary euthanasia nor of the elderly being pressured. Fourthly, the Bill is particularly well circumscribed. It does not include anything to do with those without mental capacity to make such a decision, nor does it include those who are disabled, however fundamentally, but who are not dying. One of our commissioners, who signed up to the report, was Dr Stephen Duckworth, himself a disabled campaigner and a person suffering from serious disability. Fifthly, that means that the Bill is aimed at the very small number of people who are dying, who are unable to kill themselves and whose pain cannot be treated.

One of the people who came to give evidence to the commission was Dr Ann McPherson, an Oxford GP and founder of Healthcare Professionals for Assisted Dying. She died of cervical cancer before the report was published. I would, with a heavy heart, recommend that noble Lords Google or look at her daughter Dr Tess McPherson’s account of her mother’s death; it is in the *British Medical Journal*. Ann had access from the inside of the profession to the best that medicine could provide to ease her passing. It could not. The account of her death is harrowing, shocking and—bluntly and sadly—quite disgusting. It is the compassionate aim of the Bill to prevent others from dying so badly.

[LORD BLAIR OF BOUGHTON]

Others are better qualified to speak about those kinds of points. I want to talk about one part of my own expertise. For as long as the law remains unchanged, as I said in a debate last December, while prosecutors may have guidance that makes the prosecution of assisted suicide unlikely, each such death means a police investigation. The house will be a crime scene: tents, officers in forensic clothing, photography and the seizure of computers, last letters, presents and bank statements. This is a homicide scene and it is immensely distressing for those left behind. The funeral will be delayed for a post-mortem. Relatives will be faced with months of anxiety, waiting for a prosecutorial decision. It is also an extremely unpleasant task for the police and an entirely unnecessary one.

Thelma Stone is a friend of a friend. She recently wrote to me about the death of her husband Alan, who was terminally ill with motor neurone disease and took his own life. Your Lordships may think that she puts this rather mildly:

“One feels a certain loneliness on top of the bereavement when one is treated as a potential criminal at such a painful time”. At the end of “King Lear”, Kent says of the dying king:

“O, let him pass! He hates him  
That would upon the rack of this tough world  
Stretch him out longer”.

It is not just the dying but their relatives and friends who need to be released with compassion and safeguards from the rack of these kinds of awful deaths.

11.33 am

**Lord McColl of Dulwich (Con):** My Lords, one of the essential issues raised by the Bill is whether it is possible to amend the law to relieve the distress of someone who wants assistance to end his or her life, while at the same time providing adequate protection against the foreseeable dangers that will arise as a direct result of such an amendment. I shall focus on three such dangers.

First, there is the risk that one might create a society in which the vulnerable, the dependent and the weak believed that they had a duty to die. Such people may convince themselves that they wished to end their life when they would not otherwise have done so. I do not believe that one can legislate away this risk. It takes time and effort to look after someone who is seriously ill. Even when it is time and effort willingly given, the person who is ill may feel that he or she is a burden to others and to society at large. It is but a small step for that person to feel that he or she ought not to go on living and should request assistance in dying. I cannot support legislation that is likely to create a society in which the dependent and the sick feel a subtle pressure not to go on living. A duty to call for assistance in dying may sound far-fetched now and it is not what the supporters of this legislation intend to create, but it is, in my opinion, an unintended consequence of changing the law as proposed. The proposed safeguards against this are inadequate. It is all very well to refer to,

“a clear and settled intention to end their own life which has been reached voluntarily”,

but just how voluntary is such an intention if it is induced by a perceived duty to die? Words such as “coercion” and “duress” are insufficiently nuanced to protect against this danger.

Secondly, there is the risk that the bond of trust between the doctor and the patient is weakened or destroyed. The bond of trust is easily broken and, once broken, is not easily restored. At present, there is a clear rule. The doctor’s duty is, above all, to do no harm. The medical team is trained always to care and never to kill or assist in killing. That trust will be undermined when assisting in death comes to be regarded as just another treatment option, which is the effect of the Bill.

Thirdly, there is the risk that the boundaries set by the Bill will prove to be logically unsustainable: the “slippery slope” argument. The safeguards in the Bill are not safe; they are defective. They are the equivalent to first aid boxes in a lifeboat that turn out to be empty. It is instructive to learn from the legislation of safeguards in other areas of life. Section 14 of the Factories Act 1961 says:

“Every dangerous part of any machinery ... shall be securely fenced”.

This was replaced by the Provision and Use of Work Equipment Regulations 1998, which require that dangerous machinery shall have guards and protection devices that must,

“be suitable for the purpose for which they are provided ... be of ... adequate strength”,

and,

“not be easily bypassed or disabled”.

The safeguards in the Bill fail each of those requirements. For all these reasons, I urge the House to reject the Bill.

11.38 am

**Lord Mawson (CB):** My Lords, it is good that we are having this debate today, but I am afraid that I cannot give the Bill my support. I will set out a few reasons why.

First, 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 the circumstances that the Bill describes. As a jobbing clergyman who has spent the past 35 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 have 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 like 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 which show that people change their minds over whether they want to live or die. The body often needs time to adjust to severe injuries and illness. An intelligent debate has to acknowledge these anomalies. Life is not a simple process of rational judgement and behaviour—far from it. It is very complex.

In writing this speech, I am conscious of a number of people who have relayed their family stories to me in recent weeks. I think today of the young Bengali man who faced a moment such as that which this Bill seeks to legislate for. Life seemed to be at an end; the illness he was diagnosed with and the prognosis seemed at the time all too clear and he wanted to die. However, because of the present legislation, time was on his side. Only months later he made a considerable recovery and today lives a good life. 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 have to be one of us—or 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 30 years and 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 and, 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? Indeed, 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. All our family cultures are a can of worms. What training do our doctors have to be able to demonstrate this wisdom of Solomon in our inner cities when we live in multicultural communities? When faced with a human circumstance like this, they will simply see the world through a biomedical prism. They will be unsighted, I suggest, on nine-10ths of the human picture that will affect the decision.

Secondly, we tend to have a blind faith that doctors and social workers will protect the vulnerable, yet we are given daily examples where we are failed by specialists. It has been my great privilege over many years now to work with some very good and trusted doctors, but it has also been my lot to have to sort out a number of doctors who were not trustworthy—indeed were downright dishonest—and had other agendas on their minds than that of the patient. Doctors are not gods, they are people, and the culture of the NHS is very prone to taking simple legal safeguards and slowly, over time, building a whole culture around them that has many unintended consequences. I have buried people who paid the price for this incompetence and cultural malaise. The health service is in some chaos at the moment, with healthcare professionals rushed off their feet, and the idea that doctors will have the time, let alone the competence and space, to deal with these very challenging matters properly seems fantasy to me. How will this work in practice in the present climate in the health service?

Finally, so much of this debate has been 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 affects upon us all. Human beings can achieve great things, but we can also behave like sheep, and once the herd starts to move on this it may well move together and we will not be able to stop or fully understand its inner logic. The people who will pay the price will be not the well meaning but the vulnerable.

11.43 am

**Baroness Warwick of Undercliffe (Lab):** My Lords, I put my name down to speak in the debate as the scope of the Bill, because it is so limited, seems to address a real need and to be an important step forward in the process of thinking as well.

Like many other noble Lords in the debate, a personal experience has influenced me. The process of my mother’s death gave me a firm commitment to the right of patients to full disclosure of information about their illness and to the right to choose how and in what way they will be treated. I do not use my mother’s case in support of the Bill—I do not know what she would have chosen had she been fully informed—and can bring only my own convictions to this debate.

During the attempt of the noble Lord, Lord Joffe, to bring in legislation in 2005-06, I was very struck by a comment from a colleague from these Benches whom I greatly admired, Nora David. She said:

“As somebody aged 92, I think it is patronising for opponents of the Bill to suggest that elderly people are unable to make informed decisions about their lives”.

Like everyone else in your Lordships’ House, I received scores of letters on the subject prior to this debate. They have all been extraordinarily moving, and I was struck by the number that made the same point as Baroness David. She also said:

“If I were terminally ill, I believe that I would be the only person with the right to decide how I die and whether I preferred palliative care to assisted dying. It would provide me with an additional option on how to end my life, which I would find tremendously reassuring, whether or not, in the end, I decided to exercise that option”. —[*Official Report*, 10/10/05; col. 46.]

That had a powerful effect on me. I strongly believe in personal autonomy, and there is no more crucial point in life where that seems relevant than when one is close to death. The letters—all of which I have read very carefully, as I know all noble Lords will have done—show that, for some, the option of palliative care, even when it is excellent, is not what they want.

I appreciate the very real anxieties of many in the House, including many of my friends, about whether there are safeguards for the vulnerable and about fully informed consent. It has taken some considerable time for me to reach the conclusion that compassion, none the less, requires us to act. My noble and learned friend Lord Falconer set out lucidly the terms of the Bill and, in particular, the safeguards that would apply. I felt they were comprehensive, but perhaps they can be strengthened even more as we take the Bill through the House. The decision of the Supreme Court last month set the criteria which we should apply. I have been convinced that this Bill, with its narrow scope and the safeguards it contains, will ensure that the decision about how you die in the context of a final

[BARONESS WARWICK OF UNDERCLIFFE]  
illness will be in the hands of the individual concerned, and will give the individual the control that they want over the last days of their lives.

11.46 am

**Baroness O’Cathain (Con):** My Lords, I believe that a great strength of this House whenever we look at a Bill—we have looked at a lot of them—is that we seem to have a mental checklist of things that we should always take into consideration; an impact statement, in effect. One of the things we always take into consideration is the effect of the Bill, whatever its subject or object, on the population as a whole, particularly on the vulnerable and on those who do not really have the capacity to decide what is the right way of doing things. In my view, this proposed legislation turns that on its head. In effect, there is a grave danger that if the Bill were to be enacted, the vulnerable would be the most negatively affected. We are talking about the vulnerable as if they are the subject and object of the Bill, but we are not going through the effect on individuals.

We know this from the huge number of letters we have received and, indeed, from our own personal experience. Time and again we are moved by these letters, but the thing that shrieks at me from them is whether anybody has done anything about depression. In fact, I do not think depression has been mentioned at all in the debate so far. I have personal experience, both from my own very close personal relationship and from my best friend. Both cases were desperately difficult deaths over the long term—years and months. In both cases, when the victims, so to speak, were actually treated with anti-depressants and given a regime aimed at lifting their hopes, they became much more amenable to friendship, to discussing life and to planning for reuniting with their maker, in a way that would not have been possible if they had had this option, three or four months earlier, to say, “I want to end my life”.

Time and again I have read of the serious deep anxiety that many have of the prospect of being a burden. I am sure most of us feel that—I feel that. That is fine, up to a point, but what we have to do is instil a complete change in our attitude to the elderly in terms of realising that they can still, even at the end of their lives, teach us a lot and help us with many things which we will use in the future. What about the effects of assisted dying on those who administer the means, whatever they are, of moving these people on? We had a moving speech from the noble Lord, Lord MacKenzie of Culkein. So far as I could gather, his point was that is all right for us who do not have to do the deed, but what about the people who do and how long does it stay in their memory?

Polls have already been referred to and, I am sure, will be again. We have had so many polls that we are befuddled. The one result of polls of which I am certain is that people constantly change their mind—even the *Guardian* today has changed its mind. What really bothers me, however, is that, behind the headline figures, the polls show a shocking apathy. I think that, when people are polled, they do not think of the depth of the meaning behind the question. The ComRes poll

that appeared yesterday gave the most disturbing result that 47% of supporters of the Bill would still support it even if it resulted in people being pressured into ending their lives early so as not to be a burden. Are we really sure that this is what this country believes?

Let us not forget that the World Health Assembly adopted a ground-breaking resolution on palliative care on 23 May this year. Nowhere was assisted suicide—or its euphemism, assisted dying—mentioned. Instead, the need for greater palliative care and the importance of hospices in end-of-life care were resoundingly echoed by elected health experts from around the world. Not for the first time in your Lordships’ House, I wholly endorse that hope.

11.51 am

**Lord Brennan (Lab):** My Lords, to make it lawful for doctors to assist people to commit suicide is a profound step. This morning’s editorial in the *Guardian* said that it would change the moral landscape of our nation. A Bill that proposes this therefore demands, whether you are for it or not, rigorous examination. If one applies that examination at this early stage, the Bill can be seen to be dangerous in its effect.

First, it favours the few invulnerable against the many vulnerable, who may be pressured into it by fears of being a burden, either through physical dependency or financial cost or both. I use those adjectives, “invulnerable” and “vulnerable”, following Lord Sumption, one of the judges in the recent case. He used them in counterpoint to explain the difference between the strong and clear-minded and the weak, depressed, ill and confused. At paragraph 228 of his judgment, in referring to the risk to the vulnerable, he said:

“There is a good deal of evidence that this problem exists, that it is significant, and that it is aggravated by negative modern attitudes to old age and sickness-related disability”.

The problem will surely get worse. Over the next 25 years, people of 60 and above will become 50% of the population of the nation, presently estimated to take up 60% of the National Health Service’s costs. Can it be doubted that the problem that Lord Sumption identified is not going to get worse? Of course it is, both in the individual case and in society, where the cost of living as an old or sick person will be balanced against the treatments of death under these arrangements. We must be realistic. Limited today, it will be extended soon enough if necessary.

Secondly, there is a danger to the medical profession. This Bill dismantles the Hippocratic oath by creating two kinds of doctor: those who will not help you to kill yourself and those who will. I cannot imagine more diametrically opposed medical standards than those. How is it to be resolved within the profession? How can it help public confidence in doctors and nurses?

Thirdly, the Bill is limited in its effect, but the prospect of litigation and further legislation is obvious. The more we are told about autonomy and choice, the more a group of litigants will say to the court, “I want to exercise my autonomy and my choice. Why is it restricted to the terminally ill? Why six months? Why the discrimination between those types of cases and

me? Look at the Equality Act”—et cetera, et cetera. It will come. The noble and learned Lord, Lord Falconer, has not told us, nor has any of his supporters thus far, what they will do in the future if this Bill is passed. Is this a first step or the last step?

Fourthly and finally, there is a danger to Parliament. If one doubts that it is as serious as I have suggested, look at Clauses 8 and 9. The Bill states that execution, oversight and regulation are given by us to the Executive to devise and implement without reference to Parliament. I find that astonishing.

I accept the misery that can come with illness and the time near to death, but in the 21st century, with all the technology and medical advances that we have, are we driven to the conclusion, in the words of one of the royal colleges, that it is best to be compassionate by eliminating suffering through elimination of the sufferer? Surely we can do better than that.

Legislating for hard cases nearly always produces bad law. In the rigour that we apply to this Bill, let us make sure that we do not make that mistake again.

11.57 am

**Lord Birt (CB):** In a free, secular society, my Lords, the presumption should be that adults are free to do what they wish, subject only to not impinging on the rights of others.

I can see no reason at all for denying individuals the right to manage their own imminent, irreversible and prospectively painful, wretched or deeply distressing death—in their own interest, and in the interests of the loved ones that they will shortly leave behind.

A civilised society must offer, too, expert advice and support to ensure that the individuals who have made that choice can reach the last and gravest of life's milestones with dignity and certainty. One part of that advice and support must be to ensure that the individual's decision is freely reached, without pressure from others; and that it is considered and settled. Of course, honest medical professionals, working voluntarily in these difficult and challenging circumstances, must have legal protection as well as obligation.

This carefully constructed Bill meets all these needs. It vitally extends our freedoms and it has my unqualified support.

11.58 am

**Lord Empey (UUP):** My Lords, sometimes we perhaps overestimate our ability to bring about events. Everybody wants to see suffering diminished, but this House cannot end suffering. We cannot bring an end to suffering; we cannot bring an end to poverty. Therefore, what is it that we are trying to do? We are trying to help; we are trying to bring, I suspect, the best that we can do in the legislative framework to help the human condition. But we are requiring a specific group of people to do it in this Bill. We are requiring the medical profession in the broadest sense to be the people who implement what is proposed in the Bill.

Two weeks ago today, I had the privilege of attending a graduation ceremony, at which my daughter was graduating in medicine, along with 300 other students. It was a great privilege to see those young people, who

had put five years of their lives behind the idea that they could go out into the world to help and bring healing to many people for the rest of their lives. Those people have not been taught or trained in how to bring life to an end.

I come from a region where we have seen the long-term consequences of asking a group of people to do a specific job, such as protect the community. Many years later—and we shall see this with our troops in Afghanistan—those people began to show the symptoms of post-traumatic stress. I fear that asking a very small group of our community to carry out something that is almost the very antithesis of what they have been trained for could, in the long term, have serious consequences for those individuals. I just do not believe that it is possible to bring precision, however well meaning it might be, to this situation.

We have 14 days, six months, six days, two doctors and one health professional: what does all that mean? It means that, ultimately, some doctors will specialise in nothing else because so many will not do it. I fear that we have not thought through the consequences for the health professionals who will be at the sharp end of this. However much any of us could face, we do not know what we will face.

It is not only older people who will be affected by the Bill. Many young people will find that they have conditions that become terminal. We must think through what it means for the people we ask to implement this legislation. They will be the people at the sharp end. Have we really thought through the consequences? What will we teach them in university in a few years' time? What will we be training them for? It will be the opposite of and go against the atmosphere of hope that I was privileged to see two weeks ago. Will we damage that and, ultimately, damage those young people?

12.02 pm

**Baroness Blackstone (Lab):** My Lords, I congratulate my noble and learned friend Lord Falconer on introducing this Bill. Parliament must have the courage to consider these issues, as the Supreme Court has said. The current law is not working and those who claim that it is are being complacent. The law now needs to be clarified, as others have already explained so well.

We live in a society that promotes individual autonomy and values allowing its members to choose how they spend their lives. We value freedom of speech, of association and of movement. We value tolerance and allowing people to make their own choices, even if we wish to make different choices. The same freedom of choice that applies to how we live should also apply to how we die. If we respect human rights, we should not deny those who know that they are dying the right to bring their lives to a more rapid end to alleviate their misery.

I do not normally talk about my own experience in this House but today I will break my own rule. I have been haunted for a long time by the death of my grandmother, to whom I was very close. Hospitalised with terminal cancer, she longed to die and to escape her agonising pain. She told my mother that she had a bottle of sleeping pills with her, prescribed before she

[BARONESS BLACKSTONE]

went into hospital. The morning after my grandmother died, my mother found the empty pill bottle in her handbag. She had made her decision without being able to talk about it, and taken the pills with no one to hold her hand or comfort her—with no one to say goodbye to—by herself in a hospital bed.

When my former husband was diagnosed with stomach cancer and given six to nine months to live, eventually becoming overwhelmed by horrible pain and terrible discomfort, he was cared for at home by superb hospice nurses, for whom I had the greatest admiration. But it was harrowing for him and for those who loved him. Ten days before he died, he said to me, “I just want this to come to an end”. I asked the health professionals if they could help him to die as he desperately wanted. Of course, they could not.

Those who argue that palliative care can always ensure a peaceful and painless death are flying in the face of the evidence, as I know from my own experience. I greatly admire the doctors who have chosen this specialism, and of course I want to see more patients benefiting from palliative care, but I would admire them much more if they admitted that not everyone can be freed by this treatment from the viciously painful death that they are suffering. It would be more compassionate to accept this and to reflect on a system that combines palliative care with legally assisted dying for those whose suffering has become unbearable.

I have received many letters from members of the public describing the horrors of the prolonged and painful deaths of people they love, or violent and lonely suicides such as that of my grandmother. These letters are of course anecdotal, as is my own experience, but what is not anecdotal is the strength of public opinion about the need for a change in the law. As others have said, opinion polls show that an overwhelming proportion of those asked favour change. A recent survey also showed that most Anglicans, Catholics and Jews back assisted dying. So I beg religious leaders to respond to the views of their congregations. I also hope that those who are against this carefully constructed Bill will think again by looking at the evidence from Oregon, where assisted dying has not led to the slippery slope or to countless dying people being pushed into it.

Let us be clear: the safeguards in the Bill are strict. The numbers wishing to make use of its provisions will be limited. Let us therefore back it in the interests of love for our fellow human beings, compassion, the relief of suffering and respect for the right of individuals to make their own decisions.

12.07 pm

**Lord Harries of Pentregarth (CB):** My Lords, there is clearly a general desire that this issue should be debated; I shall not, therefore, oppose the Second Reading of the Bill. However, I am filled with a deep disquiet about it.

First, I recognise from research done in Oregon and elsewhere that the main reason people wish to take lethal drugs is that they fear losing control over their lives. I can well understand this; I have exactly the same fear. However, this reason is closely linked to

another: the worry about becoming a burden on family or friends. The 2013 report on the situation in Washington state revealed that 61% of those supplied with lethal drugs gave this as one of their main reasons, while 50% did so in Oregon. Certainly, if I knew that I had an illness of body or mind that would make me totally dependent on others, I would seriously ask myself whether it would not be better for them if I died. We must ask ourselves whether we really want to put people in a position where they will inevitably be tempted to seek an early way out, rather than become an increasing burden on those they love.

Secondly, if the Bill is passed, it is absolutely certain that one that allows people with severe illness at any age to seek lethal drugs would follow in the course of time. The reason is simple: if we are moved by compassion for people who have only six months to live, how much more do we feel compassion for someone who may have a totally incapacitated life ahead of them for years, if not decades, such as poor Daniel James, the young paraplegic injured in a rugby accident? It is totally inconsistent to argue for autonomy in the case of those who are dying and not others who may be in even greater distress.

Many supporters of the Bill in this House have been quite honest in saying that they see it as a first, tactical step to obtain what they are really working for. Others also make it clear that they would like to take a step beyond that. For example, the co-sponsors of the Bill in Luxembourg said that they were deeply disappointed that it did not include children or dementia cases. In other words, they wanted not just assisted dying and assisted suicide but euthanasia for those who lack the mental capacity to make the decision for themselves.

The noble and learned Lord, Lord Falconer, stressed that there is no slippery slope. He says that the law you get is the law you enact, but one law can follow another. The rational case can be made for all the steps I have described, but that rational case is based on exactly the reasons behind this Bill: the overriding of personal autonomy over everything else and the desire or pressure to alleviate suffering at whatever cost.

I stress that I am not arguing for or against such steps at the moment; I am just saying that, if the Bill is passed, we have to face the consequences. I fear dreadfully for the whole attitude of our society to the vulnerable and incapacitated. I see the Bill as a tremor, warning of a seismic change in our society towards those who require costly, arduous care day and night. I believe that we should stick to the present law, together with the sensible guidelines of the DPP. Keeping the present law sends out a clear message that our society values every human person, however dependent on others they may become, and even if they feel that they are a burden as a result. We should concentrate on the priorities indicated earlier by the noble Baroness, Lady O'Neill of Bengarve.

12.11 pm

**Lord Cormack (Con):** My Lords, we have had some extremely moving and powerful speeches this morning; none more powerful than the speech just made by the

noble and right reverend Lord, Lord Harries of Pentregarth. I am bound to say that I agree very much with the substance of his arguments.

I do not for a moment question the total integrity and sincerity and desires of the noble and learned Lord, Lord Falconer of Thoroton; I do not think that anyone in this House does. I think that we have to conduct this debate in a spirit of mutual tolerance and respect, and it is crucial that we should do so, but we also have to remember that, day after day in this House, we talk about the importance of the rule of law and our obligation to help those who are least able to help themselves—the most vulnerable in our society.

This morning, we have been dealing with both those issues, because we are dealing with the rule of law and how, or whether, we should change it in this regard, and we are dealing with how we are best able to help the most vulnerable in our society. I entirely agree with my noble and learned friend Lord Mackay of Clashfern and the noble and right reverend Lord, Lord Harries of Pentregarth, that the Bill should be given a Second Reading, because it is crucial that these important issues should be debated and discussed in minute detail and that this House should come eventually to a decision on whether the law should be changed and, if it should, how it should be changed.

In this context, the noble and right reverend Lord put his finger on it, because if we go down this road, this will be merely the first stage. When I listened to the noble Lord, Lord MacKenzie, who made a very moving speech, and the noble Baroness, Lady Finlay—two people who have given their lives to medicine, to helping the weak and the vulnerable—I realised that I do not wish us to embark down that road, which will end when it will be entirely permissible for anybody to do virtually anything.

We must recognise that we are embarking on a very difficult adventure if we indeed agree to support the Bill of the noble and learned Lord, Lord Falconer, at the end of the day. I sincerely hope that we will not. We have heard some powerful arguments. The noble Lord, Lord Brennan, made an extremely powerful and moving speech, and I hope that it is one that all noble Lords who are not present today will read, mark, learn and inwardly digest.

It is often said:

“Thou shalt not kill; but need’st not strive  
Officiously to keep alive”.

Of course we are not in the business of seeking to increase suffering, but the fact is that the present law allows a degree of latitude without placing our doctors and nurses in the position in which the noble Lord, Lord Empey, does not want his daughter to be placed in a few years’ time.

Why have I come emphatically to the view that this would not be a good law to embrace? I will tell your Lordships in one or two sentences. First, I am powerfully influenced by the fact that the noble Baroness, Lady Campbell of Surbiton, who will speak shortly, is against it. The noble Baroness, Lady Grey-Thompson, is against it. Here we have wonderful examples of what the triumph of the human spirit can achieve. If they say that they do not want to go through that legal door, I am strongly persuaded to support them.

I end with a brief quote. We have all had many letters. I received one this morning from a Roman Catholic parish priest in Lancashire, which read:

“Whilst we should not take extreme measures to prolong life, we certainly should never take deliberate steps to end or shorten life, nor assist in suicide”.

We should not, and I hope and pray that we will not.

12.16 pm

**Lord Alli (Lab):** My Lords, this is a difficult and incredibly moving issue, as evidenced by the previous 28 speakers. I am no stranger to difficult moral issues in this place, but I have always had the certainty that what I believe is right and my opponents were always wrong. I do not have those certainties here today, and I do not believe that anyone in this House is entirely right or, indeed, entirely wrong. One thing that we learn in this place is that there are very few moral absolutes.

The Bill challenges so much of what we hold dear. It takes a big principle that life is precious, God-given and should be preserved and challenges it. The Bill says, “In some circumstances we, the state, should help you to terminate your life”. It is like an act of war on a personal scale—justified, perhaps in the extreme, but nobody wants to do it.

I have thought long and hard about the Bill, and the easy option was not to participate in this debate today; with more than 125 speakers, that was probably the wiser option too. But to go with the crowd and hope not to be noticed would feel like a dereliction of duty and, like everyone here today, I think that that is not the way that this House operates.

With limited time, let me set out what I believe—not what a court believes, not what a judge believes but what I believe. I believe that I am the guardian of my own life; I believe that my behaviour is my responsibility; and I believe that, in the end, I should have the right to decide whether I wish to bring my life to an early close. I also see the dangers of that position: the dangers to the vulnerable; the dangers to a moment in time; the dangers of abuse and, yes, of unintended consequences.

The Bill, in these specific circumstances, lays down some measures to protect the vulnerable and limit the potential for abuse, but we have to think about that much more carefully. However, I add my support to it today. I fully understand that it could open up a broader debate, as the noble and right reverend Lord, Lord Harries, said, about how we end our lives, but we in this House should not be afraid of that debate or of passing the Bill because, for me, it is not about a future position. Equally, I am confident that this House and the other place are competent to deal with the future as it presents itself. I say to my noble and learned friend Lord Falconer of Thoroton, thank you very much for introducing the Bill. I admire you greatly for doing so, as I do every Member who has spoken in this debate or put their name down to speak.

12.20 pm

**Baroness Campbell of Surbiton (CB):** My Lords, I have fought for autonomy the whole of my life. I have fought for that for myself and for others. I do not want this Bill.

[BARONESS CAMPBELL OF SURBITON]

First, I must declare a very important interest. This Bill is about me. I did not ask for it and I do not want it but it is about me nevertheless. Before anyone disputes this, imagine that it is already law and that I ask for assistance to die. Do your Lordships think that I would be refused? No; you can be sure that there would be doctors and lawyers willing to support my right to die. Sadly, many would put their energies into that rather than improving my situation or helping me to change my mind. The Bill offers no comfort to me. It frightens me because, in periods of greatest difficulty, I know that I might be tempted to use it. It only adds to the burdens and challenges which life holds for me.

However, it is not just about me. My story is echoed by the majority of disabled and terminally ill people in Britain today. Many of them are outside this House, protesting against the Bill. I urge your Lordships to go and talk to them. Many more will have written to your Lordships. Supporters of the Bill argue that there is a hard and fast distinction between terminal illness and disability. I can tell you absolutely that there is not. We, the folk this Bill claims to serve, know that. The Bill purports to offer choice—the option of premature death instead of pain, suffering and disempowerment—but it is a false choice. It is that of the burglar who offers to mug you instead. That is not choice. Pain, suffering and disempowerment are treatable—I have to believe that—and they should always be treated. My long experience of progressive deterioration has taught me that there is no situation that cannot be improved.

I have spent my life developing ways to prevent people in vulnerable situations feeling powerless and burdensome. They do get cajoled and do feel a burden, especially when they are at home with no one to come and assist them to go to the toilet and to have dignity. I have seen this transformation when people have been helped. Those whom society once saw as totally dependent have become active and valued human beings. I am afraid that assisted dying will bring back outdated beliefs that devalue disabled and terminally ill people, when we have tried so hard to get away from them. Small wonder then if some succumb to those beliefs and see premature death as the only answer. Small wonder if family, friends, doctors and others see it as their duty to support that goal. It appears easier, cheaper and quicker—and it is.

The Bill is motivated by fear and pity but as the greatest French novelist, Balzac, observed,

“pity is death to us—it makes our weakness weaker still”.

Death is seen as a release from pity, for both giver and receiver, but there are far better ways of responding. We must put our energy into providing the best support, be it medical, social, practical or emotional, to disabled people and terminally ill people. We are nowhere near there yet. Helping people to live with dignity and purpose must surely be our priority. Disabled people and terminally ill people do not deserve pity. They deserve so much better. The Bill has become a runaway train, and the more frightening because of that. Please let us pause and find ways to reflect further. The Bill is not the answer.

12.25 pm

**Lord Baker of Dorking (Con):** My Lords, that was a most moving speech. I am sure that your Lordships will recall that there are disabled Members of this House who do not share the noble Baroness’s anxieties—the noble Lord, Lord Low, is one. Many severely disabled people who are waiting to die would also not share her anxieties. All this goes to show is that every group is divided. The disabled are divided and the doctors are divided. The Church of England is also divided and I would like to touch upon that, since we have the two archbishops in the House.

All Christian sects, and indeed most religions, have condemned suicide—none more eloquently than the Catholic Church. Chesterton, the great Catholic writer, said that the act of suicide was the worst sin of all because it put man’s judgment above the judgment of God. However, I am not a Catholic but an Anglican. The great advantage of being an Anglican is that since 1533, we have been allowed an infinity of interpretations. My church has thrived by dispute and by being disputatious. It is the very nature of the Church of England to do that. Dean Stanley, the great Dean of Westminster in the 19th century, said that the Church of England was neither right nor left, but broad. That broadness has been demonstrated by the two archbishops in the House today who, in the Synod this week, managed to reconcile views on gay marriage and women bishops. That is a triumph and when I see them pitched against the noble and right reverend Lord, Lord Carey, the former Archbishop of Canterbury and the Bishop of Buckingham, I am quite sure that I look upon that not as a crisis but as almost par for the course. I am quite sure that by being broad, the two groups would be brought together—and being a Conservative, I am aware of being a member of a broad organisation.

I am not too concerned about divisions within the Church of England. I take the view of the noble and right reverend Lord, Lord Carey: I believe that God is a loving, compassionate and caring God and that he would not wish to subject any of the creatures which he has created to long periods of suffering, which can in fact be mitigated or eliminated. That is a view which I share. The suffering of someone such as Chris Woodhead, the former Chief Inspector of Schools who has motor neurone disease, has been eloquently expressed. Motor neurone disease has been described as a disease where you live in a prison which gets smaller by six inches every year. If it ever fell to me to be in that position and not be in control of my bodily functions, I would not want my gift of life to continue—and I would want to be the person who made that decision.

Before I sit down, I have one thing to say about the legal side. I am not a lawyer but it is quite clear to me that the present law on suicide cannot be enacted. I see a former High Court judge nodding, so I must be right on that. That is why four years ago, the Director of Public Prosecutions introduced the concept of compassion. All the judges frowned at that and said, “Compassion has nothing to do with the law. You can’t define compassion. It is a bundle of sentiments and attitudes. It is subjective and not objective”. But

the Director of Public Prosecutions made that statement four years ago because he knew that juries would not convict. In cases that were brought, juries did not take rational decisions on the state of the law. Their hearts were plucked and they decided on humanitarian values. When juries will not convict, the law should be changed. This has happened in our history. It was once a provision that everyone who stole more than £10 should be hanged. When juries then did not convict offenders, particularly those who were young people, the level was slowly raised and then abolished.

When a law cannot be enacted, it should really be changed and it should be for us legislators to change it. I do not think it is the job of the noble and learned Lord, Lord Neuberger, and the Supreme Court to do that; nor do I think it is the job of the Director of Public Prosecutions. As legislators, we have a responsibility to change the law and if one of the roles of legislators is to reduce suffering then I hope that we will fulfil that duty, and fulfil it well.

12.28 pm

**Baroness Meacher (CB):** My Lords, I support the Bill of the noble and learned Lord, Lord Falconer, and I will respond to a few of the concerns expressed by the Bill's opponents. I am very saddened to find a number of people who I greatly respect on the other side of this argument.

Several Peers have told me that their main concern about the Bill was that it might change our attitude to death, but we must change that attitude and end the taboo which has prevented terminally ill people talking about their plight. People often go to their graves lonely and in fear and misery, feeling unable to talk to anyone about what they face.

Former Archbishop Desmond Tutu is surely right; he called for a mind shift in the right-to-die debate. That shift has, of course, happened in a very safe way in Oregon, the example followed closely by the Bill. We know that more than one-third of terminally ill people in Oregon have in fact talked about their forthcoming death. Many choose to discuss their options and have had their fears allayed and wishes met. The result is that only 752 people have finally taken the pills or whatever out of nearly 500,000 deaths since the introduction of the law 17 years ago. I must add that there has been no move to abolish the law—or indeed to extend it to other groups, a fear that many have mentioned. Everyone in Oregon benefits from knowing that they can end their suffering if it becomes unbearable. We all know that any suffering is more bearable if we can do something about it.

Our opponents say that they fear unscrupulous relatives. In Oregon, concern about being a burden to the family is not a significant factor in choosing an assisted suicide. The former chief executive of the Oregon Hospice Association, no less, told us that concerns about being a burden are commonly voiced by terminally ill people, whether or not they seek an assisted death—that is a common feeling when you are terminally ill. Our opponents need not fear abuse by relatives; the safeguards have been shown in Oregon to deal with this relatively small problem very well.

In their literature, our opponents have taken a quote from Keir Starmer, the former DPP, out of context to imply that he is content with the law as it stands. I spoke to Keir Starmer last week. This was not his meaning, but his guidance has resulted in the investigation of 84 cases of assisted dying. In every one, the relatives have been deeply compassionate and none has been prosecuted. I hope that the misleading quote from the former DPP will be removed from our opponents' literature.

Our opponents have suggested that people who are depressed and may not have capacity have had an assisted death in Oregon. The former CEO of the Oregon Hospice Association, a convert to the Assisted Dying Act since it was introduced, made it clear that only those whose judgment is sound will have an assisted death. Many people with depressive feelings have those feelings because of their terminal illness, and their judgment is perfectly sound.

Lastly, a medical Peer said that, as a doctor, she could not face both ways. My noble friend does not need to. The guiding principles for every doctor in all their work are, of course, to follow the best interests of the patient and to respect a competent patient's autonomy, wherever that takes them. These principles provide a clear direction of travel for any patient wanting help to end their intolerable suffering.

12.32 pm

**Lord Brooke of Alverthorpe (Lab):** My Lords, I, too, am grateful to my noble and learned friend Lord Falconer of Thoroton for stimulating this debate by tabling his Bill. I say that not because I support it but because I do not see him as an opponent; I still see him as a friend. I believe that the noble Lord, Lord Joffe, started the ball rolling with this, and since then the momentum has gathered pace. My noble and learned friend's commission, followed now by the Supreme Court's intervention, requires that we address this issue and find a way through it.

This also gives me an opportunity today publicly to thank the scores and scores of people who have written to me on this topic—people whom I would judge, rather like myself, as ordinary people expressing their views overwhelmingly in the majority against the Bill. They are frightened by the possible change that such a law might bring, no matter how it may be dressed up or caveated with safeguards for the time being. They are frightened that it will be the start of a journey that will lead to other changes that not only will be about assisted suicide—helping someone with six months to live—but will go beyond that, as indeed we have started to see in Belgium.

Many who have written to me are carers, disabled people, nurses, doctors. They are people who, from reading their letters, are as compassionate as any of us can be. They are people who give service to the public over a wide area. They are people who have been expressing, too, the concerns that they have had in dealing with death and changes within their own families. They have written to me about their emotions and feelings on seeing loved ones depart, sometimes with suffering. They have also described their fears about where this change may lead and how it will affect their

[LORD BROOKE OF ALVERTHORPE]  
vulnerable family and friends. Those with disabled members of the family are particularly concerned that that may be further down the line under another agenda.

The unintended consequences cannot be ignored. I wonder how in law we can avoid someone coming back to raise fundamental questions, amendments and challenges to the law. Like my noble friend Lady Meacher, I raise the point about death. We have not had sufficient debate previously about death and how we approach it. Those who have written to me have talked about their fears, not just about their family but about how they may approach death, and their fears of it.

I am frightened of dying too, as I get older; it is an issue that comes into my head virtually every day, in a way that it did not when I was younger. That leads me to consider the nature of my life, where I am going and what it is about. It leads me to think about whether I can continue to control everything in my life—and I have controlled a good deal of it, for much of my life. But I know that, as I get towards the end, I will not have that control open to me. I have learnt that I will be required, and need, to accept what is coming to me—to embrace it and to move forward, whichever way life or death is taking me.

I have come to the view that there is a power in my life that is greater than myself, far greater than the controls that I can exercise, and I must render myself up eventually to that power, as all my forebears have done. Do we now have more suffering than our forebears had? Do we have greater difficulties in dying than they had? I believe that death is part of the journey, the final rung on the ladder, and that we need to concentrate increasingly on those unfashionable issues of trust and faith that, regrettably, have not been mentioned too much in the debate today.

12.37 pm

**Viscount Craigavon (CB):** My Lords, I strongly support the Bill, not because I want my views to prevail but because it gives people who are eligible the choice to decide for themselves. I am grateful to those who have written to us individually, giving their personal and sometime very moving stories, with support for the principles and practice of this Bill. Attitudes and public opinion have changed over time and are changing, but I feel desperately sorry that we are not able to move faster to meet the needs of those who are currently suffering. In my brief contribution, I shall focus on how attitudes have changed and, in my opinion, will continue to change, both in the House and outside. Like others, I look forward to discussing the detail in Committee.

I have to say that I am astonished that we are still being told by some to take comfort that suffering is somehow a virtue. Some people still also take refuge in asserting that palliative care is the answer to everything. Like most people, I wholeheartedly support palliative care and its extension, but we have had numerous descriptions and reports of conditions where in 10% or 15% of cases such care is not successful or not

wanted. Individual choice should be respected. We heard two very good examples from the noble Baroness, Lady Blackstone.

In debates like this, we should say again and again that those who want to believe that suffering is a virtue, and those who want to believe that palliative care solves everything, can claim that belief, but I would say: please do not inflict that on unwilling others. It should not be a premise for any respectable argument, nor to avoid addressing real need or distress.

As the noble and right reverend Lord Carey has written, we should be grateful for the courageous examples of Nicklinson and Paul Lamb, even though their cases may be outside the terms of this Bill. We should be very grateful to the noble and right reverend Lord for leading the break-up of the apparent Orwellian consensus in the Church of England, supported by the first serving bishop to back the right to die, the Bishop of Buckingham, and aided by the clear-speaking Canon Rosie Harper. A YouGov poll of the laity showed a clear majority of the Church of England in favour of such a Bill as this. The opposition to the church leaders is not from secularists, but from within the churches themselves. Similarly, a historical “thus far and no further” policy crumbled on women priests and then on women bishops; the new front of same-sex marriage has still to be resolved. With bishops, as with some medical royal colleges, soundings of the members are not readily reflected at the top. I was grateful for the particularly fine speech of the noble Lord, Lord Baker, on this subject.

At the end of this process, in bringing assisted dying, with safeguards, into being, I hope that those on the wrong side of history might want to acknowledge, eventually, the continuing suffering they will be causing.

12.40 pm

**Lord Stone of Blackheath (Lab):** My Lords, I do not like conflict; through this aversion, I am able to suggest win-win solutions that do not present themselves, normally, to those on opposite sides of an argument in the various other arenas in which I work. So, with your permission, I would like to spend two minutes on a suggestion that seems to me to allow, in this instance, personal choices for those like me who would want assisted dying, but also allows appropriate safeguards for those who do not wish to have that option.

I have never been frightened to die; it is the manner of my death that sometimes troubles me. Were I to be diagnosed with a terminal illness and be told that I had six months, or less, to live, I want the choice to control the manner and timing of my death. I would like to be given the choice to spend my last days with my family and friends to see them individually and collectively. Wanting to see me end my pain and relieve them and me of a burden is not a pressure, it is love. In the last minutes, having put myself, as I am able to with meditation, into a state of mindfulness, perhaps with some Bach in the background, being allowed, with medical assistance, to drift off at a time of my choosing would be a good death. I would not want to be sedated into obscurity for days on end. While I do not want that, I appreciate that others may.

The word “choice” is key here. If people with religious conviction or medical professionals opposed to assisted dying do not want this option, they could simply choose not to partake. For my part, I am reassured by the safeguards in the Bill that two doctors, plus other relevant care professionals, would assess me against the eligibility criteria and then, if I qualified, I could choose when and how I took the medication, if I took it at all.

This Bill should go through to the Committee stage to be looked at in detail, clause by clause. Those who, should they become terminally ill, do not want to have an assisted death could perhaps consider what amendments would reassure them. This would allow me and the majority of the British public who want to have a choice to have it. I am president of HealthTalkOnline, which was co-founded by the late Dr Ann McPherson, who was a saint. It helps inform patients living with more than 80 different illnesses and conditions about choices they can make to manage their lives. We have collected thousands of on-screen interviews with patients, conducted over 10 years across 10 countries, and posted them on our website. Ann was a GP and campaigner on issues including patient choice, covered by HealthTalkOnline, young people’s healthcare—she wrote *The Diary of a Teenage Health Freak*—and assisted dying. In the months leading up to her death from pancreatic cancer, Ann developed immunity to the effects of morphine, could barely move and was unable to eat solids. Ann’s wonderful daughter Beth, herself a GP, has written of her mother’s death:

“She expressed beyond doubt a wish to be put out of her misery. Yet there was nothing her doctors or loved ones could do to achieve her wishes without breaking the law. She received fantastic care ... but still she died a slow, painful and undignified death ... Even when heavily sedated she was still not comfortable ... In those circumstances, to deny her the right to choose her own method and time of death was nothing short of cruel”.

Assisted dying will not cause people to die—their terminal illnesses are going to be what kills them—but a law which enables assisted dying would stop people living the end of their life in fear of a terrible death. I sympathise with people who, for whatever reason, choose to accept a death like this, but we must allow this Bill to progress so that other dying people can have the choice denied to my friend Dr Ann McPherson.

12.44 pm

**Lord Tombs (CB):** My Lords, today’s debate has already shown how complicated is the proposal for mercy killing—for that is what we are discussing. The desire to relieve seemingly unbearable suffering is understandable and even praiseworthy, but the means chosen may involve even more suffering for others, whose vulnerability may not be immediately apparent.

We rightly seek in our society to protect life, and so murder and suicide are illegal, as is assisted suicide. This Bill seeks to protect an individual deliberately assisting in a suicide from the consequence of his or her action and opens a number of other difficult problems. The present law deals with this by requiring that the sick person involved is mentally competent to acquiesce in a decision to terminate his or her life and has not been subjected to arguments or actions seeking

to influence that decision. Both these requirements are difficult to satisfy with certainty and the Bill seeks to pass the buck to doctors.

Determination of adequate mental capacity is a difficult process requiring specialised skill, and to further determine that external persuasion has not been used is a virtual impossibility. The Bill seeks to place the responsibility for these judgments on the doctor, ignoring the fact that family doctors are heavily overloaded with everyday work and are generally do not specialise in psychiatric matters. The great majority of doctors are opposed to the Bill, having become doctors to treat their patients, not to kill them. The approach of the Bill is to regard patient suicide as part of a patient’s treatment.

External influence may be based on the burden of care placed on others by the victim’s condition or on financial considerations. The doctor is in no position to judge these difficulties, lacking detailed knowledge of the family background. It is not surprising that most medical practitioners do not support the Bill. To suppose that lay people have superior or even adequate capability in this dangerous area is presumptuous and irresponsible.

The law as it stands is clear and has performed well. Participants in the suicide themselves presently bear the responsibilities which the Bill seeks to pass to doctors, seemingly impervious to the effects on other participants who are left clear of responsibility for their actions.

Overseas experience of assisted suicide is not encouraging. In Belgium, assisted death is available to seriously sick children, and in some adult cases it has been reported that cancer-treating drugs have been refused and assisted suicide offered as the only alternative.

Many hazards to our society lie in the acceptance of the proposed Bill and the gradual so-called normalisation of its provisions, as has occurred in other countries adopting similar proposals. Safeguards prescribed in legislation become disregarded in practice, and audits cease to be performed. Effectively, euthanasia has arrived by stealth, an outcome which has proved unhappily common.

It seems perverse to promote such measures at a time when the UK leads the world in palliative medicine and the provision of hospice care. Surely we should build on these advances to strengthen the caring attitude which underlies our support for charities in needy countries and volunteers to support that work. To seek to hazard such resources by a steady erosion of care in society would surely be tragic.

This Bill seeks to damage caring responsibilities in families and society at large by introducing crude measures amounting to a blank cheque in a highly sensitive area which have not been evaluated. I oppose the Bill.

12.49 pm

**Lord Macdonald of River Glaven (LD):** My Lords, if this Bill passes into law it will, I believe, herald a fundamental and irreversible shift in the attitude of the state to the deliberate application of death. If it takes place, I am sure that this shift will in time, and

[LORD MACDONALD OF RIVER GLAVEN]  
perhaps not long into the future, bring further changes in our approach to death by human hand. Many people will support this present shift and some will support the shifts to come. For my part, I do not.

When I was the Director of Public Prosecutions between 2003 and 2008, scores of these cases came across my desk. They are always considered by the DPP personally, not by a lawyer in his office. I did not in a single circumstance authorise a prosecution against anyone who, through compassion, had helped a son, a daughter, a husband, a mother or a friend to die. It was as long ago as 1949 that Hartley Shawcross, the great Nuremberg prosecutor and Attorney-General in the post-war Attlee Government, reminded the House of Commons that it has never been the law of England that in every case where there is sufficient evidence for a prosecution, that prosecution must be brought. That is because in this jurisdiction we have always understood that inflexibility and justice rarely go hand in hand. There is nothing new in that; it has been part of our system of justice over the years. So it is that prosecutors have, and always have had, a discretion. Where there is sufficient evidence, they have always asked themselves, “Would it be in the public interest to prosecute this case?”.

The position we have arrived at in this country is this: a broad prohibition of law to deter those who might take action through venal motives—and such people do exist. It would be foolish to assume that everyone counselling a suicide acts from pure motives or that venality is always absent. However, coupled with that prohibition of law is a clearly defined discretion to protect those who face an impossible choice and who act from motives that are beyond reproach. Under the system as it presently exists, they do not and they will not face prosecution. To those who respond by saying, “But these people face the uncertainty of investigation before they are relieved of the threat of prosecution”, my response is that surely it is unthinkable, even under the scheme being proposed by the noble and learned Lord, Lord Falconer, that there should be no inquiry following an assisted death, if only to determine that a detailed and prescriptive law such as the one he is proposing has been complied with and not broken. There will always be an inquiry, and there should always be an inquiry. If I am wrong about that, and if in fact we are being invited to enter a world in which the deliberate infliction of death is protected from inquiry, I believe that we should decline that invitation, as I do.

12.52 pm

**The Earl of Sandwich (CB):** My Lords, in our last debate on this issue, when we considered the Bill brought forward by the noble Lord, Lord Joffe, I mentioned a friend of mine whose husband was kept needlessly alive after brain surgery against his wishes. He died a few years ago in considerable pain, and he would have opted for an assisted death. His wife is now in her 90th year and she says that she is not afraid of death, but of the process of dying and of the prolongation of suffering in life—what she calls “this ever-present death”. Being a classicist, my friend has a Latin quotation to offer us from Pliny the Younger. In

Book III.16, Pliny writes about a Roman lady called Arria, who was famous for her courage. She used the following words for her caring family when she was herself preparing for death,

“potestis enim efficere ut male moriar, ut non moriar non potestis”.

“You do not have the power to prevent my death, but you can make sure that I will die badly”. In other words, carers, with the best of motives and their undoubted skills, can also be the unwitting agents of the most horrible suffering that could be said to be worse than death itself, which then comes as a blessed relief.

Life may be sacred, and yet doctors already intervene at various critical points in people’s lives, including at the end of a terminal illness. I do not think that the church, the palliative care community or even doctors, let alone families, should have a legislative monopoly on death. Let us give that right to a small number who are suffering needlessly.

“I can’t understand why I have to go on living like this—why can’t I just die?”,

said Dr Ann McPherson, who was mentioned earlier by the noble Lord, Lord Blair. She died in terrible pain after suffering from pancreatic cancer for four years. What right has the church or any other institution to prohibit death or to prolong life in these circumstances? What right has the palliative care community to provide the ultimate comfort if it allows suffering and falls short of providing the ultimate relief? I agree that doctors are in a separate category and I admire those who already take the law into their own hands. The Crown Prosecution Service has also shown, in its own way, commendable compassion to those families who decide to go through their ordeal in Switzerland. We must be grateful for that, but it is not enough. The law does not offer proper protection.

This is a limited measure which helps only a very few; it is not the tip of the iceberg or the slippery slope. It is a humane gesture towards a small number of people who are suffering intolerably. Of course I acknowledge that there are risks, and the noble Lord, Lord Alli, set out very well what the risks on the other side are, but let us take courage like the Roman lady and take this modest step forward. I urge the House to accept the Bill.

12.56 pm

**Lord Elton (Con):** My Lords, I can enter a debate like this only with extreme trepidation. I should like to say first that we are debating the Bill in outline and that it will be very different when we have finished with it in Committee, so it is important that the Committee stage should be gone through properly. The second thing I should do is declare two interests. The first is shared by many, which is that I am 84 years old. I suspect that the second is not shared by quite so many: I have had cancer since 1997. Therefore in two senses I am in the frame for the provisions of this Bill. I thank the noble and learned Lord, Lord Falconer of Thoroton, and the noble and right reverend Lord, Lord Carey of Clifton, for extending their compassionate hand to me, but I have to say with the greatest courtesy, “Thank you, but no thank you”.

The reason takes us into the larger scale. I long to deal with many of the points that have been raised, but it seems to me that the great continental drift through which we are living—our tectonic plate in history—is as has been described in detail by the noble Lord, Lord Brennan. What takes control of legislation once it is out is the administration, and the context in which that happens is a peculiarly sinister one at the moment. First, as has been mentioned two or three times, we are becoming increasingly aware here in the United Kingdom of the limitations and great expense of care which, if it is to improve, will become even more expensive. The second is the limitations and huge expense, which is projected only to increase, of the National Health Service. The background to that is a recognition—which we are only now beginning to take on board in this country—of the dangers of a very rapidly increasing global population, impending shortages, and therefore strife over food and water.

An administration aware of these pressures can only think, “Not how compassionate but how convenient is this piece of legislation?”. It opens the door to a new concept of social priorities and social duties at the end of life. What I look forward to—my interest is limited because I shall not live that long—is the world in which my children and grandchildren will live, where there will be increasing pressures to regard people at a specified age, which no doubt will start very high but diminish as pressures increase, as being not very public-spirited if they go on. That is a whole new social climate, and I think that it is deeply hostile to the only thing that actually makes life in this world tolerable, which is the suffusion of love throughout society. Love is what makes the world go round; it is what makes it possible to live here and rejoice. Therefore I am in principle against the Bill, but I cannot say what the Bill will be like when we finish.

Finally, I declare another interest. It has been said three times, I think, that we need to change our concept of death. I heartily agree with that. My third declaration of interest is that I am a Christian. I regard death not as a pit but as a door; not as an end but as a beginning of something far more glorious. I tell your Lordships—those who will come to consider that in their closing days—that it is true, and wonderful, and you should seize hold of it and live more happily.

*1 pm*

**Lord Stirrup (CB):** My Lords, the proposers of the Bill are good people, of good conscience, and with good intentions. Their objective is to alleviate suffering, and who could not be sympathetic to such a cause? Like many noble Lords, I have witnessed loved ones undergoing a painful and prolonged death. I have been humbled by their courage and distressed by their anguish. They have borne their suffering with fortitude, but I have wondered why, when their lives have been so full of love, their ends should have to be so full of pain.

I, for one, have no moral or religious objections to people seeking to end their own lives. I understand why some choose to do so, and they should have that freedom. However, I have very serious concerns about people helping to take the lives of others, which is

what the Bill proposes. The term “assisted suicide” appears—and perhaps is designed to appear—fairly innocuous. However, in essence it proposes to legalise participation in the taking of someone else’s life. Yes, the circumstances envisaged in the Bill are special, the person whose life is involved wills the act, and the act is intended for humanitarian purposes. However, the fact remains that individuals will be taking another’s life, which is a very serious matter indeed. Such a change in the law would be of the first importance. As a consequence, there is a very great burden of proof on those who propose that to show that they are not opening a Pandora’s box.

That is doubly so, given the involvement of doctors in the process. I have close family ties to the medical profession, and have thought long and hard on this aspect of the Bill. Very properly, we have a prohibition on doctors actively taking human life. Some would argue that abortion crosses such a line, but I believe that the laws on abortion are based on a judgment of when a person’s life might be deemed to start. That is of course a matter of debate—sometimes violent debate—but, accepting the disagreement on that point, the logic of the position seems clear. Doctors may of course withhold artificial support to life, and death may be the result. However, they are not in that case actively involved in the taking of a life. The absolute prohibition remains intact.

The Bill seeks to remove that prohibition. Some might say that the act cannot be ascribed to the doctor. The patient administers the drug; the doctor merely prescribes it. Doctors very rarely administer the drugs they prescribe. However, if a doctor mistakenly prescribes an incorrect drug or dose, and a nurse administers the drug and the patient dies as a result, the doctor remains responsible. He or she cannot avoid accountability just by the addition of further steps in the treatment process. Under the proposals of the Bill, doctors will be killing people. The killing is, of course, intended to alleviate suffering. It is at the patient’s express wish, and with their active participation. However, a line will have been crossed. What will then be the next step? How long will it be before the circumstances in which assisted suicide is legal will be broadened—each step small and seductive in itself, but adding up to a great distance? Where will it end? How, in the absence of the absolute prohibition, will we defend against further encroachment and the obvious dangers that could result? The Bill answers none of those questions.

A good military defensive position requires suitable terrain—a river, or perhaps high ground. If one intends to retreat from that position, one needs to know in advance where the next defensible line is, otherwise one simply keeps retreating, and risks the retreat becoming a rout. The Bill takes no such precaution, and therefore opens the way to an unpredictable and potentially very dangerous future.

*1.04 pm*

**Baroness Symons of Vernham Dean (Lab):** My Lords, I, too, thank my noble and learned friend for introducing the Bill and the whole House for the way in which it has debated this issue.

[BARONESS SYMONS OF VERNHAM DEAN]

In November 1990, my father, aged 77, was diagnosed with acute myeloid leukaemia. He was terminally ill, but the doctors thought that they could prolong his life for some months with chemotherapy. He died before the chemotherapy began. Less than 14 months later, my husband, aged 38, was also diagnosed with acute myeloid leukaemia, which was well advanced and very aggressive. He was given less than two months to live. Again, the doctors sought to prolong his life with chemotherapy.

My father was elderly; he died without pain, and at peace. In contrast, my husband was relatively young, but suffered almost unbelievable pain, and was in acute mental anguish. I was called into the hospital in the early hours one morning. My husband's pain was overwhelming. The only way to administer morphine was to spray it down his throat. When at last he could speak, he told me that he wanted to stop the pain and mental torment. He said that he wanted to go gently, and asked me to accept that.

I relate those experiences because they illustrate two fundamental flaws in my noble and learned friend's Bill. My father and husband were both given little time to live, and suffered from exactly the same terminal illness. One, suffering little pain, and at peace, who very much wanted to survive a few extra months, died within days. The other, suffering constant and appalling pain, and very much not at peace, longed for release.

My noble and learned friend's Bill tries to define a terminal illness but fails to do so, because such a definition is impossible. It was impossible in the 1990s, given the advances in medical science; now, 20 years later, any definition becomes less and less plausible. What was thought to be terminal last year may be treatable this year, and that is no basis to end a life.

My second concern is the following. Several years ago, when we debated the Bill in the name of the noble Lord, Lord Joffe, one of my noble friends—a supporter of assisted dying—told me that the Bill was aimed not at young people with terminal illnesses, such as my husband, but at those who had largely lived their lives. However, of course, the Bill does not distinguish between one adult and another. The same provisions must apply to those aged 18, 38 or 80, as they do in the Bill. Yet so often it is the young who despair, particularly young men, as the suicide statistics tell us—suicide being the greatest cause of death among young men in this country. Those young men cannot face the tragedy of a life not to be lived, and opt for the release that is offered them. I fear not only for the elderly under my noble and learned friend's Bill, but for the young.

I cannot know what would have happened in my own family. I do not know what the outcome would have been if my noble and learned friend's Bill had been on the statute book. However, I am profoundly grateful that it was not. I know that my husband longed for release, and that today my son still has a father, and I still have a husband.

1.08 pm

**Baroness Tonge (Ind LD):** My Lords, I, too, thank the noble Lord for bringing the Bill to the House. It is difficult to think of something different to say after

this long debate. However, my thoughts for this debate were stimulated by a remark made by a GP friend of mine, who wrote of the intolerable burden the Bill would place on doctors if this measure became law. That puzzled me, because my clinical experience has been rather different, and quite varied.

I practised medicine for over 30 years, working in general practice and community health, and then I was managing a district nursing team. Dying patients fell into roughly three groups. The first was a very small sample who, when faced with agonising and terminal cancer, treated the pain as part of their purgatory and a preparation for the afterlife, which they genuinely looked forward to. Suffering they saw as a sort of down payment, which would shorten the time it would take them to get to heaven. Not having a religious faith, I was nevertheless impressed by these people, and of course respected their view and did all that I could to help.

The next group were patients who wanted to die and did not want to prolong their suffering, or that of their relatives around them. A dear friend of mine came into this group. She pleaded with me to help, but I could not. I was not brave enough to break the law and end her suffering. It meant that I seldom visited her after that, in the last weeks before she died, because I could not bear her reproachful stare. I had let her down. She understood why, but that did not relieve her suffering. That to me is an intolerable burden, too.

There is then a third group who have been saved in some way or other by heroic medicine and face the prospect of a life of tubes, respiratory machines and artificial feeding. Some say that God should determine the end of life, but does modern medicine ever give God a chance? I sometimes feel that the people in this category, who may have locked-in syndrome or a long-term neurological condition, are in the words of Article 3 of the European Convention on Human Rights, being subjected to torture or to inhuman or degrading treatment. Should we allow this? They have no choice because they can no longer express themselves. Sadly, this Bill would not apply to them, but I hope that we can discuss this further in Committee.

But my opinion is irrelevant, in any of these cases. I respect all patients and the views that they have or might have had. That is why I support this very modest Bill, which will allow some patients who are able to make the choice whether to live or die and how and when they do it. It is not our decision—it is theirs.

1.12 pm

**Baroness Wheatcroft (Con):** My Lords, we have heard that hard cases make bad law, but we have also heard that there are so many hard cases that, as my noble friend Lord Baker said, it may be incumbent on us as legislators to try to find a way in which to alleviate this situation.

My belief in the need for change stems from personal experience. Many noble Lords have spoken about their own experiences, and I am sure that we are all delighted to have heard the happy ending to the story told by the noble Baroness, Lady Symons. But my own mother's experience with leukaemia did not have such

a happy ending. She fought it for as long as she could, made the most of her life and adored getting to know her grandchildren—but, in the end, she was in a hospital bed, begging for help. She was in agony. I, too, begged for help; I ran around the hospital trying to find a medic who would do something. But they argued that she was getting as much morphine as they dared to give her, that any more would be illegal and that they could not help.

The noble Baroness, Lady Finlay, referred to this Bill as offering a loaded gun. If my mother could have grasped that loaded gun, she would have fired it—and, if she could not have done, I think that I would have fired it for her. It was a terrible situation, but it was many years ago and we are now assured that palliative care is so much better. Nevertheless, I do not believe that my mother would have wanted to fade away in what the noble Lord, Lord Lester, referred to as dazed oblivion. I think that she would have wanted to say her farewells and choose the time to go with dignity—and I, too, would want that option.

Of course, there need to be very strong protections. I share the horror, itemised by the noble Lord, Lord Tebbit, at the apparent sanctioning of gender-based abortions. I am appalled when I hear that the two doctors who, in theory, are required to sanction abortions in this country, apparently routinely sign the forms without ever seeing the mother in question or even her medical records. So this Bill will need to make the most stringent demands on the doctors who are to be involved in potentially accelerating death. It may be that as the Bill goes through Committee there are further safeguards that can be put in. However, I do not think that we should believe, as the noble Lord, Lord Empey, suggested, that we are risking creating a generation of Dr Deaths, keen to bump us all off as soon as possible. Compassion has always been the route of the best doctors—and this Bill is all about compassion.

I struggle with the concept of a mother's right to choose to end the life of a healthy baby, but I have absolutely no doubt about the right of an individual to choose when their life is very nearly over that they would like to go with dignity.

1.16 pm

**Baroness Grey-Thompson (CB):** My Lords, the Bill that the noble and learned Lord, Lord Falconer, is proposing is simply not fit for purpose. However, this debate is an important one. It is too simplistic to suggest that this is simply a debate about compassion versus suffering. Making law is not a popularity contest, and we should not pass legislation based on emotion; it is about protecting the whole of society, not just the strong-willed and self-confident. The Supreme Court urged your Lordships' Chamber to consider whether the law should be changed; it did not say that the current law does not work.

This Bill proposes a fundamental change in the relationship between doctors, patients and families. We have to recognise that not everyone's motives are altruistic; not everyone has a caring family. People can be coerced. We do not live in a halcyon world where choice generally exists for everyone. Our position here

in your Lordships' Chamber gives us an extraordinary ability to make choices over every single aspect of our lives. We are privileged; we should not assume that everyone is in the same position as us. It is difficult to measure whether choice is being freely given or not. Will two doctors really have time accurately to assess this? For many people, life is something that happens to them or even passes them by. They have no choice—and, soon, they could have less.

The Bill suggests that people could be offered other alternatives—but what if you live in the wrong postcode or no alternative is available? Then there appears to be only one choice. In essence, it would be licensing assisted suicide within the National Health Service. The Bill does not contain safeguards; it has initial criteria, and no detail how those will operate. The Secretary of State may, if he wishes, issue a code of practice.

Some in favour of this Bill are expecting a Hollywood death, where you slip away, versus what is otherwise portrayed as a bad death. People need to know the practicalities of what this change in law could bring. Will it be at the exact time of their choosing? Will it be at home, or with family close by, or are there going to be a number of Dignitas-style facilities around the country? Peter from Redcar wrote to me and said that he believed it was the first step to euthanasia, especially as it coincides with current economic times.

We continually hear that this Bill is based on Oregon, not on Holland or Belgium, and we have been told that it is a modest Bill for a handful of people. Oregon is smaller than Yorkshire. Of course, the numbers are small, but there is a rising trend, and no audit is carried out about how requests for assisted suicide are handled. In 2012, the population of Oregon was 3 million, compared to 56 million in England and Wales—so we could be looking at 1,600 people per annum. This is not a modest number. I was very interested to listen to the noble and learned Lord, Lord Falconer, on Radio 4 this morning, and I am sorry that he is not in his place at the moment—

**Noble Lords:** There he is!

**Baroness Grey-Thompson:** Apologies—the noble and learned Lord is not in the place where he was sitting earlier. I listened with great interest to what the noble and learned Lord said. He must stop being reluctant to discuss the precise figures. People need to know how many people this may affect.

Professor Theo Boer, a regulator of Dutch law, said that recent developments and extensions were not intended by the legislators who drafted the original law. We should listen to him.

Why are people worried? It is because many disabled people are not terminally ill. However, many terminally ill people experience some sort of impairment and there is a great deal of confusion around that. There is a myth that our lives are so tragic or painful that we must want to end them. Just this week I was told, "You must have wanted to kill yourself many times in your life". No, I have not. I have experienced excruciating pain. When I was 19, I snapped a metal rod off my spine that came out through my skin, but I have never

[BARONESS GREY-THOMPSON]  
considered killing myself. The fact is, however, that many people expected that I would ask for that. What if those people were related to me?

Becky got in touch with me this morning and said that a doctor very recently told her—I quote verbatim—“You cost the NHS too much money. It would be better off if you were dead”. A mum wrote to me to tell me about her son who, at a low point in his life, expressed a desire not to carry on. She checked the criteria in the Bill and found that he would qualify. He is not terminally ill, as we think about it—he has severely complicated diabetes.

Some of the cases highlighted in the media concern people who are not terminally ill and would supposedly not fit the terms of the Bill. However, this raises concerns that this is just the tip of the iceberg or an attempt to soften public opinion. The charity Care has shown that those who support the Bill in principle change their mind when they are presented with the reality of assisted suicide. Then the percentage of those who support it drops from 73% to 43%.

Finally, the noble and learned Lord, Lord Falconer, wrote in his own inquiry, when referring to whether this provision was for disabled people:

“not at this moment in time”.

This is why I and many others are deeply worried.

1.21 pm

**Lord Young of Norwood Green (Lab):** My Lords, I have listened carefully to the 45 contributions so far. When I have been out of the Chamber briefly, I have watched them on the screen. I regret that I have to disagree with, the noble Baroness, Lady Grey-Thompson, whom I have come to respect and regard as a friend, as I do the noble Baroness, Lady Campbell. We do not often disagree and I deeply respect their views and concerns. However, I have to say that they do not represent the entire disabled community. There are other views, as the noble Lord, Lord Baker, drew to our attention. Therefore, I have to balance my feelings of friendship and concern with what I have just heard.

I make it absolutely clear that I support palliative care. It is a mark of our civilised society that we do not push people out into the snow in the winter and say, “Well, that’s your lot”. However, there are limitations to palliative care. The most reverend Primate, who, unfortunately, is not in his place, gave us a moving account of someone who was helped through the most difficult period of their life. However, that does not gainsay the right for people of sound mind to have the right to choose to end their suffering. I believe that having that choice is a fundamental right.

We have been reminded that the church is not absolutely solid in its conviction on this issue. Archbishop Tutu, the former Archbishop of Canterbury—the noble and right reverend Lord, Lord Carey—and, more recently, the Bishop of Buckingham, have all said that they have changed their minds, and I can understand why.

We have heard very genuine concerns about whether this is the start of a slippery slope and about the position of vulnerable people. Of course, I share the

concerns of everybody else in this Chamber. During my brief ministerial career, I learnt that there was no such thing as perfect legislation. However, that does not mean that the situation cannot change. We are not embarking on a voyage that no one else has tried before. Noble Lords, including the noble Baroness, Lady Meacher, in her careful, forensic examination of what has happened in Oregon, have shown that this has not proved to be a slippery slope. The statistics may be different in different circumstances but they are there and this practice has taken place over a long period.

I do not claim to provide an answer to all the concerns, but I make a plea that we should not make sweeping allegations that cannot be substantiated and which, in many cases, unfortunately, are anecdotal. I have great respect for the noble Baroness, Lady Finlay, but I winced a bit when she said that the Bill was within a whisker of promoting euthanasia. That does not help us to have the kind of debate that we should be having. I also have great respect for my noble friend Lord MacKenzie, but he said that the Bill would trample over the Hippocratic oath. I do not believe that it would. I do not believe that the vast majority of doctors and nursing practitioners in this country would see the Bill as a blank cheque, as someone described it. It will not transform the landscape. Those people will continue to maintain their position. I am glad that my noble and learned friend Lord Falconer brought this legislation forward.

People have said that the current law is sufficient. However, that is not what the Supreme Court felt, or at least it felt that the matter was worthy of examination. I do not profess to have enough legal expertise to decide whether or not that is the case, but we have been invited to address this issue and we should do so.

I am glad that there seem to be a lot of signals that the Second Reading of the Bill will not be voted down, unlike what happened on the previous occasion on which we debated this issue, and that we will have the opportunity to address some genuine concerns that have been expressed here today. I look forward to that opportunity and thank my noble and learned friend Lord Falconer for giving it to us.

1.26 pm

**Baroness Nicholson of Winterbourne (LD):** My Lords, I offer three short stories to illustrate the false thinking behind this mistaken Bill.

The first takes place in a dark private room in a famous nursing home. I am the visitor beside the bed of a very sick, motionless and almost speechless friend. In comes a doctor who, during a brief two-minute patient record check, comments loudly that this patient would be better off dead. Five minutes later, an agency nurse comes in. I thank her for her work to ease the patient to a more comfortable head position. She answers, “This patient should be dead; we need the bed”. I murmur an objection, fearful that the patient can hear and will feel distressed. The nurse replies, “All these old people taking up NHS space should not be allowed to survive. Those beds are needed for the living”. The wish to dispose of the old is prevalent in

our society. We must fight it and not succumb to its throttling embrace through death on demand, which underpins this Bill.

Another night, another private room—this time in a famous NHS teaching hospital. The patient asks for more curative action from the nurses. The doctor explains that no more remedies are available and that all curative channels have been exhausted. The patient, understanding, asked next for palliative care. That never came; instead, the executioner—the youngest nurse—came with the dose of death. I realised that I, the visitor, was witnessing an unrequested, enforced and medically authorised killing. It was not a comfortable death and it left behind an overhanging sense of personal guilt for all, and of mistrust of the health professionals—another fundamental weakness of this Bill.

A third and final tale concerns the great Lord Tony Pandy, formerly the much loved Speaker of the other place. His stomach cancer, he was told, was terminal. “How long?”, he asked, and was told, “You have still three weeks to live”. As he lay on his bed across the river, gazing from St Thomas’ at this Parliament, where he had given so much service to us all, an ancient Roman Catholic priest came as an unknown visitor to him, a lifelong Methodist. A real miracle took place and later that afternoon doctors declared him in full remission. His life, and joy in being alive, continued for another 20 years.

Doctors, as they are the first to say, are not God. They truly cannot tell when death will steal upon us. That argument underpinning this Bill is also false. Nor will the doctors act as the executioners themselves: the nurses will be instructed to act, or, more likely even, the untrained, unmonitored health assistants. The rigorous overview the Bill offers will not take place in the cash-strapped, overworked NHS. I do not want our trusted NHS to turn from being the National Health Service into the national death service—the change that this Bill offers. As for pain and caring for the acutely ill and dying, just five minutes walk away inside St Thomas’, I found the Lane Fox ward, the ultimate in NHS hospital permanent palliative care. It is calm, welcoming and staffed with brilliant professionals, where the memory of the late Lady Lane-Fox is gleaming. The patients have real lives, and each one exhibits personal value despite their highly vulnerable medical conditions.

Do not use my taxes on the proposed state death department, with its inevitable growth in records of hits and misses, of targets and bonuses for each bed emptied. Instead, spend funds on replicating the best of care offered by the model across the bridge, by the hospice movement and other home-based forms of GP-led patient care. I profoundly oppose this Bill and strongly oppose the thinking behind it for the malign actions that it would create.

1.30 pm

**Lord Moser (CB):** My Lords, I want to make two points. First, speaking as a statistician, I want to refer to a number of recent social surveys on this subject. They all come out with between 75% and 80% in favour of a Bill along the lines of today’s Bill. The

leading organisation, the National Centre for Social Research, in its last survey two years ago, reported 81% in favour. This is just to highlight public opinion on this subject, which clearly ought to be in our minds today.

I have long been interested and concerned about this incredibly complex and important topic, have spoken in a number of recent debates here, and confirmed my views elsewhere. On balance, I am totally in favour of the Bill of the noble and learned Lord, Lord Falconer, and I am sure that when we have detailed, proper debates on the subject, we will be able to amend and improve it.

However, I pick out one crucial issue. I am now in my 90s and obviously think even more about this difficult subject. As I do so, I have not the slightest idea about how I would feel if I were unfortunate enough to suffer from a terminal illness, apart from the obvious suffering, which, if at all possible, should be avoided. One thing I know for certain, however, even at this stage, is that I would want to have a choice—a clear, voluntary choice. If there are ways out of such a terrible situation, I would not want to be blocked by the law—which is the present situation—and would, to put it mildly, be very upset.

In short, among all the issues that have already been well covered in this debate, the one that I would pick out for sure is that if and when anyone gets to the position of having a terrible, terminal illness—given all the safeguards in the Bill—they should have every possible choice and no legal barriers put in their way.

1.34 pm

**Baroness Cumberlege (Con):** My Lords, my interests are declared in the register. I am aware of my limitations. I am not a philosopher, a theologian or a humanist. What I do understand is the health service. As a GP’s daughter and someone engaged in the NHS, social services and charities, I have seen the services from many different angles. The people who work in the health service have to be practical, highly skilled and very busy. They are ready to make bold decisions and are always trying to do their best. We have a public who expect the health service to always get it right, and when it does not do so they frequently sue. We want things to be medicalised—bad behaviour, obesity, and alcoholism. We are squeamish about death, and this Bill seeks to provide a solution—a gagging draught of poison to sort that one out.

So what are the realities of this Bill? The hope that the GP, who has known us all our life, will spend three or four sessions counselling us about our expectations of life and death is pie in the sky. Most people are registered with a practice, often a large one, which is open five days a week for 10 hours. Any doctor may see us. The doctor of our choice may, allowing for holidays and training courses, be available for 25% of the hours in a year. With a list as long as your arm, time for long, philosophical chats and analysing medical uncertainties is really not on.

Granny and Grandpa have made their wishes known. They have signed papers. Then what happens? They say: “Well it’s best done in hospital isn’t it? After all they know best. We wouldn’t like it at home, it’s not

[BARONESS CUMBERLEGE] nice". It is realistic to expect that 80% of those being put to death will be in hospital. There will be a lovely ward with beautiful murals, piped music and easy access to the undertaker set apart from the main hospital whose business is caring and cure—and the budget is out of control. Wait for the great scandal. More legal doses are given at weekends when staff are short, tempers frayed and the drunks are rolling in, causing mayhem. Doctors are busy. They will sign death certificates en bloc for trusted colleagues. The doctor who questions will be sidelined. It was not meant to happen but it is practical. The same will happen with the high hopes of the Bill. We are not talking about a slippery slope. This is a glacier. Doctors are wary because they know the realities; try as they might they may get it wrong. We gave up executing murderers, in part because, on occasion, we got it wrong.

The NHS is magnificent but it loses notes and muddles patients' names. Bits of paper saying "Please put me down" will end up in the wrong place with the wrong person. If we extrapolate the Dutch experience, we would expect up to 40,000 deaths per annum in seven or eight years' time. Is this really the triumph we seek? Is this compassion? Is this humanity?

Most of us subscribe to our local hospices, a movement started by Dame Cecily Saunders that has inspired similar work in the rest of the NHS, led by the noble Baroness, Lady Finlay. It is they who show true humanity. They bring goodness to death, whereas this Bill brings only despair. In practical terms, would we prefer to die in the arms of one who cares for us, or be administered with venom by a licensed killer?

1.38 pm

**Lord Rea (Lab):** My Lords, I take a rather more optimistic view of the National Health Service than the noble Baroness. I speak as a retired GP who now supports the Bill.

Assistance in ending a life is of course rejected by the official voices of the medical profession. However, there are signs of change among the membership. All noble Lords will have received the letter from Sir Terence English—former president of the Royal College of Surgeons—and 26 other distinguished doctors. They are not satisfied with the current state of the law and back the provisions of the Bill. They feel, as I do, that this is a humane Bill.

The well known phrase based on the teachings of Hippocrates, which guides the work of doctors and nurses, and often quoted in French,

"guérir quelquefois, soulager souvent, consoler toujours"—

to cure sometimes, to relieve often, to comfort always—applies particularly at the end of life. However, some people, even if their pain is largely relieved by good palliative care—the best, of course, is excellent—still clearly and logically wish to end their life because its quality is so poor, with no end in sight. Of course, depression may play a part in this, as was pointed out by the noble Baroness, Lady O'Cathain. In some cases good medication and psychological support can sufficiently lift their pessimistic outlook, and of course efforts must be made to identify where that is the case.

However, there remain others of sound mind, who are not clinically depressed and clearly and logically have decided that they have suffered enough and want to end it all.

I can understand why palliative care givers are very reluctant to accept that helping to end a life can, in a small minority of cases, be the ultimate and appropriate form of compassion. Judging by the Oregon experience, this minority amounts to 0.2% of deaths, which if applied to the UK would work out at some 1,000 deaths annually. These people would have died soon in any case, but often in pain and distress, not where and when they chose. The Bill would allow just that.

It is normal practice for your Lordships' House to allow Private Members' Bills to have a Second Reading. I hope the House will continue that tradition today.

1.41 pm

**Baroness Warnock (CB):** My Lords, it seems to me obvious that the law has to be changed. We are often told that it works well, but the trouble is that Directors of Public Prosecutions change and the law is not stable. The guidelines are therefore not stable and uncertain. It is clear that we do need to change the law; that is what we are being offered in the Bill.

It is sometimes said by those who are hostile to the Bill that the number of people involved is very small and therefore those people who are suffering have to be sacrificed, as it were, for the sake of the common good and for the rest of society because of our attitudes to the dying and so on. However, it is not completely clear to me that the numbers are so small. They are certainly not particularly small at the moment as palliative care is not, alas, available to everybody. It has been estimated that there are as many as 30,000 bad deaths a year for those who have no access to proper palliative care. Even if the numbers were much smaller than that and even if palliative care were evenly distributed and easily accessible, it still seems to me very hard to say that we know people are suffering but they have to put up with it as any attempt to alleviate that suffering will adversely affect an uncountable number of other people who will be put at risk. That is the core of a great many of the arguments that we have heard.

On that point, the older one gets the more one is told that one is vulnerable. Of course, everybody is vulnerable as far as that goes, but there is one form of vulnerability that I do not fully understand. It is somehow thought to be wrong that people who are approaching death and are terminally ill should take into account the suffering, expense and misery they are causing to their family as they are being a burden. Of course, they are also a burden to the state. Why is it that this is thought to be a wrong motive, or part of a motive, for wanting to end one's life when it is coming to an end anyway? I totally agree with Matthew Parris, who wrote in the *Times* on Wednesday that if he were terminally ill that would certainly be a large part of his motive for wanting to die. I completely agree. For all of one's life up to that stage, altruism is regarded as rather a good thing, a virtue. If one sacrifices oneself in a modest way for one's family, that is also thought virtuous. I do not understand why one should not be

allowed to exercise that virtue at the very end of one's life, and not have it assumed that this is an idea that has been put into one's head by somebody else. It is not; it is there already.

Finally, there is a point that is quite difficult to make. People sometimes talk as though life were a kind of stuff, which perhaps has been given by God, but whether it has or not, it is a kind of stuff that is valuable in itself, rather like water. We might well be told to save water at all costs. There is no life whatever that is not lived by some living creature. If a person, a human being, has decided that his life has no value, that he does not like it and that it is hateful to him, then he and he alone is in the position to say whether it is valuable. I do not think there is such a thing, such a stuff, as life that is abstract and common to everybody. Everybody has his own life and values, each for himself.

1.46 pm

**The Lord Bishop of Bristol:** My Lords, many of us will speak today in the name of compassion, but, as is clear, we shall take very different views in terms of what compassion looks like in relation to those who are suffering unbearably and, in particular, as to whether my noble and learned friend Lord Falconer's Bill is fit for the purposes he and his supporters pursue with such vigour.

I am neither a doctor nor a lawyer, but for some years I was a chaplain to a hospice at home. There I observed people who were able to die well and free from pain. What I consistently saw there was both affordable and effective palliative care.

Many of us who are opposed to the Bill are greatly concerned by the unintended consequences that it will inevitably bring into play. It is simply not good enough for those who support the Bill to dismiss out of hand this genuine concern. It is for them to give us consistent evidence that our fears are unfounded. Sadly, the available evidence appears to raise, rather than allay, anxiety. The rising numbers in applications for assisted dying wherever the law has been changed are clearly worthy of note. I note that the supporters of the Bill quote Oregon but are strangely silent on the Netherlands. Let me quote directly from a Dutch ethicist, previously in favour of assisted dying, who said that the rise in the numbers has been driven in part by some form of assisted death becoming the,

“‘default’ mode of dying for cancer patients”.

In Oregon, the percentage of referrals for psychiatric monitoring to aid the assessment as to whether a person's decision to take their own life is from a “clear and settled intention” has fallen dramatically. That is in spite of the reality that almost 60% of those who express a wish to die suffer with issues of depression.

There is surely a rightful concern that some people will be put under severe pressure to request the right to die with assistance. My noble and right reverend friend Lord Harries of Pentregarth has already mentioned that, in Washington, 61% of those who requested the necessary drugs did so because they did not want to be a burden to their families. Which one of us does want to be a burden to our families? It is a common reflex

not to want to involve our families in our ongoing care, but it is also a reflex that is capable of ready manipulation by others.

We need time to think again. My sense is that we need to halt the progress of this Bill and I agree with my colleague the right reverend Prelate the Bishop of Carlisle in calling for a royal commission with a balanced membership. Theo Boer, who has already been quoted, is a member of the regional review group on euthanasia in the Netherlands. Having previously been a supporter of the legislation, he advises us in this way:

“I used to be a supporter of legislation. But now, with twelve years of experience, I take a very different view. At the very least, wait for an honest and intellectually satisfying analysis of the reasons behind the explosive increase in the numbers. Is it because the law should have had better safeguards? Or is it because the mere existence of such a law is an invitation to see assisted suicide and euthanasia as a normality instead of a last resort? Before those questions are answered, don't go there. Once the genie is out of the bottle, it is not likely to ever go back in again”.

Noble Lords will be pressured to vote for this Bill because not to do so would be lacking in compassion. But the route suggested by the noble and learned Lord, Lord Falconer, is not the only way to alleviate the suffering of patients and relatives, and it is a route certainly fraught with danger and uncertainty.

1.51 pm

**Baroness Royall of Blaisdon (Lab):** My Lords, I emphasise at the outset that this is a matter of conscience. It must never be a party-political issue and I am of course speaking in a purely personal capacity.

I am a long-time supporter of Dignity in Dying and I welcome this opportunity to debate these issues, which are of fundamental importance to our society. I respect the strongly held views of those on both sides of the argument and those who are still wrestling with the complexities. The noble Lord, Lord Cormack, is absolutely right when he says that we must treat each other with respect and tolerance. We have already heard, and we will hear throughout the day, extraordinary and moving testimonies. We will hear of people's fears, we will hear of faith and we will hear of hopes for a change in the law, but it is right and proper that we are debating these issues. They relate to all of us and to every member of our society.

As has been said, the Supreme Court recently asked Parliament to address this issue and the House of Lords is the right place to do this before our elected representatives deliberate on these issues. We have the freedom to speak without the constraints that elected office can sometimes bring and many of us have the experience of death that comes with age. Four minutes per intervention is adequate for this Second Reading, but this Bill is of such profound moral significance that it requires detailed examination and line-by-line scrutiny in Committee. Society deserves no less.

Our own experiences naturally influence our views and the death of my husband was one of the deepest influences on my life. Many years before Stuart died, we used to talk about death, including with our children—it is part of life. But I am still afraid of death—my own death and the death of others. Stuart and I agreed that, if people are terminally ill and have a very short time to live, they should not have to suffer.

[BARONESS ROYALL OF BLAISDON]

When I voted in favour of the Joffe Bill in 2006, my husband was right behind me; it was not a decision that I took alone.

When Stuart was diagnosed with terminal cancer, these conversations were interspersed with tears, but there was also a great determination to live and to savour every moment that we were given together. However, despite the care of the NHS, the operations, the treatments and a drug trial, the pain increased and he got sicker. Having said that, when he died, he was not ready to die—we were still making plans for the future and at that stage he certainly would not have chosen to die. But I know—not from intuition but from our conversations—that if the disease had continued to ravage his body and if assisted dying had been available at the time, he would in due course have wished to exercise that choice. As it was, death arrived when we still nurtured hope.

A Christian friend had terminal cancer and was receiving superb care in a hospice but she was ready to die. This had nothing to do with being a burden—she wanted to die. Millions will not want to die; they choose life. Quite rightly, the will to live is strong, but the few people who wish to die should, in my view, be allowed to choose to do so. To be in favour of assisted dying is not a criticism of palliative care—it is not a question of either/or. Palliative care is often, and should always be, excellent. The noble Baroness, Lady Finlay, has ensured huge advances in this area and I pay tribute to her tremendous work. Nor is this a criticism of hospices, which have my strongest support. Palliative care and end-of-life care must be improved. Notwithstanding the quality of end-of-life care, some people in the final days or weeks of a terminal illness wish to end their protracted suffering or anguish, and they wish to exercise their freedom to die with dignity. When you have a terminal illness and you are in pain, it is not a weakness to want to die. I do not accept the vision of despair outlined by the noble Baroness, Lady Cumberlege, although of course she is right to express her views.

Of course, there must be the strongest safeguards and most robust protection for the vulnerable. That is why this debate is invaluable, bringing the most difficult issues to the fore so that they can be properly explored. It has also been the catalyst for a wider debate in the country, but ultimately this must be a matter for Parliament. Politicians have a responsibility to discuss these issues. I think that the Bill provides the necessary safeguards and protection and, while the proper arguments that have been made about a slippery slope must be considered, I am not persuaded by them. However, these are precisely the issues that must be explored in depth. I would say to my noble and learned friend that undoubtedly during our deliberations some changes to the Bill must arise, but I support the Bill. For me, the goal must be to allow people who are suffering at the end of their life to choose to die. This, I believe, is a matter of compassion and human dignity.

1.56 pm

**Lord Hameed (CB):** My Lords, there is already a “right to die”. There is nothing in law to stop us dying if we wish to do so. We hear a lot of talk about people

being kept alive against their will, but there is nothing in law to prevent a patient from telling a doctor that he or she does not want to continue with life-saving treatment. Indeed, a doctor who continued with treatment in the face of such a request would be guilty of an offence.

However, this Bill is about something else. It is not about giving us a right to die; it is about licensing doctors to involve themselves in deliberately bringing about the deaths of some of their patients. We sometimes hear the argument that, if it is acceptable for a doctor to withdraw life-saving treatment at a patient’s request, it should be equally acceptable for a doctor to comply with a patient’s request to be given lethal drugs. But there is a world of difference between the two situations. A refusal of further treatment is not the same as a suicide wish. A patient refusing treatment is accepting that nature should take its course. When a doctor complies with such a request, he or she is not withdrawing treatment in order to end the patient’s life. Intention is vital in such matters.

It is claimed that doctors sometimes end the lives of seriously ill patients on the quiet because the law would not allow them to do so. An assisted dying law, it is claimed, would introduce regulation into this area. The evidence for this is scanty and in some respects the reverse is true. The most authoritative research on the subject, by Professor Clive Seale, has concluded that such illegal action by doctors in Britain is—I quote his words—“rare or non-existent”. By contrast, other research has indicated that, where assisted dying has been legalised, the incidence of illegal action by doctors—that is, ending the lives of patients in a way not allowed under the law—is higher.

We should remember that laws do more than just regulate. They also change the culture. A law that says that it is acceptable for doctors to involve themselves in bringing about the deaths of this or that group of patients—in this case, people who are terminally ill—sends the message that this or that group should be seen as candidates for death rather than as patients to be cared for. The clinical ban on ending life may not suit every patient all the time, but it is necessary if we are to be able to place our lives in the hands of doctors with confidence and without fear.

2 pm

**Lord Cavendish of Furness (Con):** My Lords, I oppose the Bill as it stands, as I have opposed similar measures in the past. I am happy to accept the poll findings that suggest that there may have been a shift in public opinion towards the noble and learned Lord’s Bill and that social attitudes have changed. Against that, of the 30 informed and reasoned letters that I received in one post last week, 28 asked me to oppose the measure and only two, including one from the noble Lord, Lord Joffe, urged me to support it.

My contention is that, while the Bill may offer something for a tiny minority, it will add fear and distress for a vulnerable majority, exposing them to the risk of coercion, whether it is real or perceived. I also take issue with the noble Viscount, Lord Craigavon, who seemed to suggest that those of us on this side of

the argument felt that there was virtue in suffering. I have to say that I have not heard a single speaker on our side making that point.

My interest in this subject, which I declare, stems from my experience as a founder of St Mary's Hospice in Ulverston, Cumbria, more than 20 years ago and my subsequent close involvement with it. The hospice movement has changed attitudes to death and dying. Rather as the service of baptism traditionally invited the local Christian community to share in the responsibility of a new life, so now do communities through ownership of their local hospice share in supporting those taking leave of life, which echoes a point made by my noble friend Lord Mawhinney.

There is a modern tendency to speak of the great issues that face mankind as though they have never been talked about before. It seems to me that a sense of history enjoys less respect than it used to. When I turned to history, I found it instructive. From the ancients to the present day, assisted dying has been the subject of, if not furious debate, thoughtful debate. Then, as now, it was nuanced. Then, as now, opponents examined the question of unintended consequences, which has been so often mentioned by your Lordships. Mercy killing—a loose translation—was illegal in ancient Rome, but there were exceptions. The younger Pliny supported it, as the noble Earl, Lord Sandwich, told your Lordships. Pythagoras and Hippocrates opposed it. Francis Bacon deliberated it and appears to have reached a conclusion that what was wanted was better palliative care. While Thomas More's *Utopia* appears to recommend euthanasia, his book was intended to be a work of satire.

In the past, supporters of assisted dying often felt compelled to introduce a rationale, as with Plato, who said that,

“Mentally and physically ill persons should be left to death; they do not have a right to live”,

or Nazi Germany, which replaced the Hippocratic oath with an oath to the health of the Nazi state. Among those whom they put to death were crippled children and patients described as “useless and unrehabilitative”. Noble Lords should note the language. There is a historic tendency to make judgments as to the merits of those whom they wished to kill.

This Bill ignores the aspirations of those who want to live but who fear approaching old age, illness and death. That fear can only be exacerbated by the perception that public servants are to be accredited with a licence to kill them. What a glorious dawn it was that saw the end of capital punishment. As a young man, I remember feeling an enormous release. How dispiriting now I feel that we are considering once again a proposal to empower agents of the state to bring lives to an end.

A thread running through the centuries-old debate is a consensus that the issue is not easily resolved by laws and lawmakers. Our forebears often recommended forgiveness for those who helped the stricken towards a merciful end. In essence, that is what we have now. Since noble Lords better qualified than I remain unconvinced that acceptable legal safeguards are in place, I conclude that this Bill not only lowers the value that society places on human life, but takes us into unknown and dangerous territory.

2.04 pm

**Lord Aberdare (CB):** My Lords, I support this Bill. The primary reason is purely personal and I can speak only on a personal basis. I would certainly wish to have the option provided by this Bill if I ever find myself in the quite limited situation that it addresses, although I fervently hope that that will never be the case. I believe that I am responsible for my own life and how I live it, including the right to end it if I find it no longer bearable.

My mother and mother-in-law both had long-drawn-out deaths, which in the case of my mother-in-law was accompanied by great suffering. In the end, both took the only way out that they could by starving themselves to death. Neither would have benefited from this limited Bill, but their experience has been crucial in forming my views. So have the stories I have heard of so many others who have endured deaths of almost unimaginable pain and misery for themselves and their families because they have not had it in their power to end it and cannot legally call on others to help them. I think particularly of an article that Prue Leith wrote in the *Telegraph* some time ago about the death of her brother.

A key question for me is whether the safeguards in the Bill are strong enough to protect vulnerable, elderly, sick or disabled people, or those who may be open to some form of coercion to persuade them to die. To be eligible for an assisted death, a person must have a prognosis of six months or less of remaining life. They must be mentally competent, have a “clear and settled intention” to die, have made their decision voluntarily without external pressure, be well informed about alternative options and be given time to reconsider their decision, which can be revoked at any time. All those requirements must be certified by two doctors acting independently. One of the merits of the Bill is that these judgments have to be made before the death can take place, rather than any suspicious circumstances having to be investigated afterwards.

In my judgment, the proposed safeguards seem to provide an adequate basis to ensure that the Bill can be used only in the limited circumstances for which it is designed. No doubt they will be thoroughly tested and I hope improved in Committee, which I welcome. No one can have listened to many of the powerful, deeply felt and well informed speeches today on both sides of the issue without seriously re-examining and retesting their own views. Similar arrangements to those in the Bill have worked well in Oregon for 17 years. The number of assisted deaths, at 0.2% of all deaths, is not out of line with what one might expect as reasonable. Research shows that the law is working safely. Other states are beginning to follow Oregon's lead.

We have been clearly told by the Supreme Court that the present law is not working and that parliamentary guidance is needed. This Bill gives people in the very last stages of life the option of making a voluntary decision to shorten the process of dying that they feel they can no longer bear. Above all, the Bill seeks to offset the appalling cruelty of forcing people and their families quite unnecessarily to endure an agonising

[LORD ABERDARE]

final period of life in the face of their often desperate pleas to help them to end their suffering. It is surely time to listen to those pleas.

2.08 pm

**Lord Winston (Lab):** My Lords, this is an eloquent and emotional debate. It has to be emotional because, essentially, the decisions that we make in this debate are largely emotional ones. Unlike the noble Earl, Lord Glasgow, I do not think that this is a small Bill; it has massive implications. I have spoken before in your Lordships' House about the experience of my mother. She was a brittle diabetic who, in the last six years of her life, was regularly admitted to hospital, often unconscious, in various degrees of decay. She was a brilliant woman, an amazing public speaker, a great mayor of a borough of London and an extraordinarily good thinker. But no one would have thought that had they seen her in bed in one of our local hospitals. She was never in a single hospital; she went to at least three during her diabetic episodes. What I am going to say about her experience under the National Health Service is not specifically directed at any one hospital, it is a universal experience, which is widely seen by many elderly people who cannot impress themselves on others in the ward.

In the four-bedded ward where she was last admitted, two patients were lying in their own excrement and urine for at least an hour, even though when I was visiting I pointed it out to the nursing staff. Food was supplied, but not actually fed to the patients who could not feed themselves. In my mother's case, she often missed her insulin as a diabetic and of course not having regular food did not help her diabetes. Drugs were frequently not given. But the key issue is shown very simply by a matter-of-fact thing that we see again and again with old people who are addressed invariably by their first name and not given respect in hospital as old people.

The problem is the attitude of staff, and attitudes such as this will get significantly worse with the increasing pressures that we are bound to have in healthcare in our National Health Service. No matter what the noble Lord, Lord Aberdare, has just said, you cannot regulate against attitude, nor can you regulate against the attitude of patients who feel increasing anxiety in hospital or when they are not well.

Perhaps I might indulge myself briefly to tell noble Lords about my mother's death. For the last two or three years of her life we decided absolutely, given that there was modest and not inadequate medical care, that we would leave her at home and see to her ourselves and rotate regularly being with her. There was a 40-minute moment before her death when my mobile phone rang and it was my youngest son, Benjamin, who was with my mother in her bedroom. He said, "Dad, I don't think Granny is very well". "Tell me what is wrong", I said. He said, "She's not speaking". I said, "It's possible, Ben, that she might have died". He said, "What do I do?". I said, "Stay there. I will drive as fast as I can and will be with you in the next 30 to 40 minutes. Just stay with her. You've been

immensely privileged and so has she because she loved you very much and you are the last person she saw and she is the first person you have seen in this situation".

I got there, and my point is that we have been talking intensively in this debate about the dignity of a planned death. I do not believe in that planned death being dignified. There is much more dignity in many ways in being able to ensure that people wherever possible die with their relatives around them in an unplanned death in the way that my mother died, with her youngest grandson present.

2.12 pm

**Baroness Richardson of Calow (CB):** My Lords, most of you will know that I am a Christian and an ordained Minister of the Methodist Church, but I am speaking today personally because I cannot speak for my church. In fact, it would be impossible and perhaps improper to do so because there are different opinions within that church, firmly held, as there are between all churches, faith communities, the public in general and the medical professions.

We are honourable people. We all know the same things and look at the same issues. We all face similar situations in the deaths of our own families and friends and yet we come to different conclusions about what compassion means in these situations. That is why this is a difficult debate today, but it is also why it is essential.

If the Bill is not passed, that does not mean the end of assisted dying. It will still go on unregulated, unrecorded and capable of causing great guilt and shame to those who are caught up in it and who risk suspicion and prosecution. The dying will still request and plead for help in getting rid of a body that has become a burden to them. Sympathetic doctors and distraught families will collude in bringing about death. Some will take matters into their own hands and die alone so as not to implicate others. Some will die sooner than they need to because they fear losing the capacity to be able to act later. Compassionate people will still risk prosecution and police and courts will still agonise over the motives of surviving family members.

I am a Christian. I believe in the sanctity of life. I believe that life is a gift of God to be used responsibly with respect and generosity for the good of others. We live in relationships and a community and our choices affect others as well. When the Bible says there is,

"a time to be born, and a time to die",

we are not passive players in that. We manipulate conception, we permit abortion, we interfere with the processes of birth and we postpone death by surgical intervention and drug therapy, yet we refuse to allow the means which are there to reduce the length of the dying process, even when days of suffering and distress are not alleviated by devoted care.

Many people have spoken about the fear that the elderly and vulnerable will be put under pressure to die and not to be a burden. Of course, that is totally wrong and would be an abuse of the intention of the Bill. But it is not a reason for it not to be passed. It is the reason for it to be addressed vigorously in Committee so that we can make it as strong as it could be.

I am entirely in agreement with my noble friend Lady Warnock. Why should it be considered shameful for me to wish to protect my family and friends from the burden of watching me slowly die? If I am diagnosed with a terminal illness from which I will certainly die in a few months, I would wish to protect my family from having to watch me, from putting their lives on hold and making a rota to make sure that somebody is with me at all times. I would want to protect them from having to bear my anger, frustration and sheer peevishness, which often accompanies pain. How much better it would be to be able to say goodbye, give thanks, forgive and heal resentments, and share the precious moment of death together, and not for me to be left out of the wake that will happen when I have died. Is that not something that we would all choose to do—to die at home with our family around us? For the elderly, death often comes as a friend and for the religious it comes with hope and promise.

This Bill is an enabling Bill. For those who do not meet its qualifications or meet its qualifications but choose not to die, it is irrelevant. But for those people who want to die and wish to do so within the law, it is crucial. It will not be accessed by great numbers of people, and as we have heard already from the experience of Oregon, many of those who request help and have been given permission to use it do not feel the need to do so because they have been given the security, comfort and greater confidence to continue to live. But we need to make the regulations as strong as we can to put the safeguards in so that others may not fear this, and we need to do it in Committee.

2.18 pm

**Lord Maginnis of Drumglass (Ind UU):** My Lords, it is no secret that I oppose this Bill on the basis of both my religious faith and on my ordinary day-to-day sense of moral values—values, or what in my part of the world we used to call *ou dacency*. Am I not correct in thinking that that old *decency* is being incrementally eroded for mere financial and statistical convenience? Has intellectual arrogance totally usurped what in less interactive times was the natural progression of life?

Capital punishment ended in the 1960s but, if I remember correctly, its restoration was voted on a number of times right up until its irrevocable end back in 1998. It had involved those who had committed horrendous crimes, but we ultimately acknowledged that ordinary human judgment was inadequate to make decisions that meant the difference between life and death. I remember Enoch Powell and I being the only two in our party who consistently voted for the abolition of the death penalty or its continued abolition. It is almost 50 years since this nation decided that it was inhumane to convict people for attempting suicide, not with any view towards encouraging such an action but, again, in the realisation that our human judgment was inadequate to allow us to condemn others in such a situation.

Now we are faced with a challenge by those who sometimes feel that we have a responsibility to hasten to death those who are most vulnerable: the aged, the ill, the lonely and the neglected. However one seeks to

dress it up as a service to society, we, with some new intellectual self-assurance, are apparently no longer to be constrained by our own human frailties. How much more could we achieve? In fact, how many of us contribute or work to sustain the hospices that understand the aged, lovingly nurse the ill, comfort the lonely and tend the neglected, some of whom may say “I’d be better dead”? Our humanity, and whatever else drives and motivates our behaviour, should lead us to question our role and responsibility in such circumstances.

I doubt that I am unique in so far as I have never had, in almost 77 years of life, anyone say to me that he or she wanted to die or would want help to commit suicide; perhaps I am fortunate. In more than 90% of the letters I have received in the past week, the writers have asked me to vote against the intellectual arrogance of those presume to play God.

I am a simple old village schoolmaster. I do not say so out of any sense of false modesty; I mean that I am not a philosopher or statistician. However, I know that I am subservient to a greater power than I possess as an individual or that I believe doctors possess. I know that many of my colleagues here feel as I do, and I am rather alarmed that we do not feel able to admit that we subscribe to a higher power when we think about life, death and our responsibility to our fellow man.

My wife and I have a family; thank God they are a good family. We have been blessed. However, do we in your Lordships’ House really want to promote legislation that facilitates the worst elements of family carelessness and greed? Should we not be promoting a more humane society and a more compassionate message? Whoever you are, whatever your problems, is it not our responsibility to make you think in your last days and hours that you are valuable and have a place? It is not our role not to abbreviate that.

2.24 pm

**Baroness Howarth of Breckland (CB):** My Lords, after four and half hours of eloquent debate, what do I think? Do I understand the dilemmas that are faced in this profound question: to choose the place of your death against the sanctity of life? If this profound question is causing us difficulty, what difficulty is it causing to the general public? Because many of the arguments have been made, I want to address this debate from a different angle: how, whatever we take forward, we convey it clearly and accurately to the general public.

Like everyone else, I had a huge postbag; I think that it has been matched by equal marriage and, before that, hunting. From that, it was quite clear that, alongside those who supported the Bill because they thought that they had a right to end their life—never mind whether there was six-month prognosis or other boundaries, it was about their right to end their life—the other end of the spectrum was about the terminally ill, who feared that the Bill would give credence to anyone being able to take their life if they had a serious illness. We have to do a great deal to get that clarified, not only among the general public but among professionals. Noble Lords will also all have had letters from professionals who have profound personal experiences.

[BARONESS HOWARTH OF BRECKLAND]

Most moving today have been the personal stories, on both sides of the argument, from individuals who have felt this very personally.

I ask myself how I can free myself from any personal prejudice in order to come to some clear understanding of the concept. I am a Christian, but do I believe that suffering outweighs compassion? What do “suffering” and “outweighing compassion” mean? That is another profound philosophical argument that theologians have written volumes about.

Do I think that pain should be constant? I had a bit of bone slide into my spine 18 months ago, as many noble Lords will know. It was the sort of pain that I did not know existed. That pain taught me two things. It taught me that pain makes you extremely vulnerable. I, fortunately, was not near the end of my life, but if I had had six months to live, was ill and in severe pain, there was a point at which I might well have said, “I really cannot endure this level of pain any more”, because the drugs I was on had no effect whatever. I think I was poorly treated, but that is a different issue. The question is whether we feel vulnerable.

I felt that I had lost all my dignity. Screaming on a bed of pain when you are used to being in control of your life taught me that people who are sick and are coming to the end of their life lose their dignity. However, as the noble Lord, Lord Winston, said earlier, dignity is the one thing that we really should afford to people in this situation.

Then I thought, “If we have to weigh up these issues, surely the answer is in the health service”. We heard from around the House earlier about doctors’ different views of the health service. Although I have shared an office with her for 15 years, I disagree profoundly with my dear noble friend Lady Warnock. It is difficult for people not to feel like a burden. Just for those few months when I was ill, I felt a terrible burden on the people who cared for me. If you are old and think that you are near the end of our life, if you have a bit of money and your family need a house, there is a tremendous pressure not to be a burden.

We have to balance that with the fact that we are about to encounter a demographic avalanche. The numbers of elderly people and sick people are increasing. How will that affect the way that we view people in the future. One of the problems that concerns me more than anything else is that we become economic units rather than individuals.

My four minutes are up, and all I would say is that we still have to think through the issues very carefully. I do not like the Bill as it stands. I have known many people who have lived longer than six months after being given six months to live. We need to take a lot of time to look at the unintended consequences and our own prejudices.

2.30 pm

**Lord Sherbourne of Didsbury (Con):** My Lords, I have been in your Lordships’ House for nine months, and this is by far the most important subject to have come to us in that time. I support the Bill because I believe in the principle that, with the right criteria and

with the right safeguards and procedures in place, people who wish to end their lives should be allowed to make that decision for themselves. It should be their choice, and I am uneasy about saying to them, “No, you cannot decide this for yourself. We know better”.

Of course, I respect and understand the concerns that people have about the Bill. I understand, but do not accept, the argument that although the Bill could bring relief from intolerable suffering for individuals, there may be wider adverse consequences for society. I understand the fears that some people have about the “thin end of the wedge”, although I think that issue lies firmly in the hands of Parliament. I also very much understand that people have concerns about the details of the Bill. Are the safeguards strong enough? Are the procedures sufficiently precise?

However, today, I want to touch very briefly on one aspect, which was triggered by an article in yesterday’s *Telegraph* by the Chief Rabbi, Rabbi Mirvis, who opposes the Bill. He said:

“There is no greater value in Judaism than the sanctity of life ... It is a gift from God and it is not ours to cut short. Life has an absolute value”.

He carefully used the word “absolute”—in other words, it is not qualified or diminished in any way and not relative. I stand to be corrected, but I have no reason to believe that the Chief Rabbi is a pacifist and I presume therefore that he believes in self-defence. If one believes in self-defence, you have to decide at what point the taking of life is justified to defend life; and, in deciding that, you engage in some form of utilitarian calculation. I question the Chief Rabbi’s use of the word “absolute”; as the noble Lord, Lord Alli, said earlier, there are no absolutes. Indeed, as we all know, there are many distinguished people with deep religious convictions, and many in this House, who support the Bill.

When the Chief Rabbi says there is no greater value in Judaism than the sanctity of life, we understand and totally respect that he would never contemplate ending his own life—

**Lord Winston:** Has it occurred to the noble Lord that self-defence is the preservation of life?

**Lord Sherbourne of Didsbury:** I understand that. The point I was making was that when you engage in self-defence, you are in the process also of risking and taking life for that objective. That involves a calculation.

When the Chief Rabbi says there is no greater value than the sanctity of life, we understand that he would not contemplate taking his own. But are these people who could never contemplate taking their own lives because of their convictions saying that people who do not share those convictions should nevertheless be bound by them? Surely not, if you believe in religious freedom. All of us have our own moral beliefs, and it is society’s job to decide where morality and the law should overlap and then to shape the law accordingly. That is what this Bill seeks to do.

The Bill is so important, and the practicalities so crucial, that it needs to be scrutinised in detail. I hope therefore that it will receive a Second Reading.

2.34 pm

**Baroness Butler-Sloss (CB):** My Lords, I strongly agree with the last sentence of the noble Lord who has just spoken. I oppose the Bill but think it is extremely important that it should go to Committee. I declare that I am a vice-president of the Exeter and east Devon Hospiscare.

Many people, as many as 70% to 80%, support the Bill, according to the statistics. However, there must be many noble Lords around the House who, like me, have received an enormous quantity of mail about this. The interesting thing is that 95% of the mail that I have received has been against the Bill, expressing very considerable concerns or giving examples of why the writer is worried about the Bill. It is also interesting to remember that most of the royal colleges—in particular the Royal College of General Practitioners, whose members are the most likely to be involved in this—and the British Medical Association are against the Bill.

I did not read the Supreme Court decision in *Nicklinson* as in any way supporting the Bill. What it said of course, as previous speakers have said, is that we in Parliament should look at the issue. The President of the Supreme Court made the interesting point that the Bill would not help the applicant, Mr *Nicklinson*. Indeed, it would not help those who are most disadvantaged and crippled by serious disease or injury—for instance, those with locked-in syndrome. Anyone who could not administer it himself or did not have some device that, by a flicker of the eyelid, would do it, would not actually be helped by this Bill. From listening to the debate, which has been utterly fascinating and deeply moving, it is quite clear that we in this House are looking at a very difficult balance, which requires very careful safeguards.

My view is that the safeguards in the Bill itself are utterly inadequate. The safeguards that so many people have asked about need to be in primary legislation and not left to a Secretary of State to produce in regulations. I will just very quickly go through some of the points where the Bill is defective. How on earth are people going to find a doctor to be the attending doctor if their own GP is opposed to doing it—and the college of GPs is opposed? You will almost certainly not find a doctor who knows the patient. Then you have to find a second doctor, and both of them have to be in the minority group of those who support assisted dying and are prepared to help to kill. Is there not the real danger that there will not be an exhaustive assessment of the determination to die or a proper look at how vulnerable the individual is or at whether they may feel they have an obligation to die as they have got to an age where their family would like to have the money rather than paying for them? In order to find compliant doctors, will we end up with a sort of tick-box system?

There are also no criteria about mental ability to make the decision. How do you decide whether someone is in the first stages of Alzheimer's? Will there be an assessment by a psychiatrist? There is nothing there. There is no register of lethal drugs and no audit of doctors carrying out assisted dying. The question marks are there and should be addressed in the primary legislation. It is absolutely clear from the commission of the noble and learned Lord, Lord Falconer, that this is certainly seen by most people as the first step.

2.39 pm

**Lord Clinton-Davis (Lab):** Like many noble Lords, I have received a torrent of letters urging me to vote for the Second Reading.

Passionate views are held on both sides of the debate, as has been notably evident today. But eventually one has to support or oppose the Bill. Unhesitatingly, I favour the plea made by the noble and learned Lord, Lord Falconer, for this Bill to become law. There are deficiencies. They will be addressed in Committee, I am sure. A large movement, not only of suffering patients but also of their advocates from all professions and walks of life, shares this view.

I have to declare, tragically, an interest. I took my place here in the House of Lords in May 1990. My beloved son-in-law, who was then 34 years of age, struggled to be present. He had a suicide pill with him, and that brought him some comfort. He really suffered. He died a few days later.

Then there was Jo Beecham, whom we saw on television. She is now 50. She is a much loved family friend. She wrote in the *Guardian* and appeared on Channel 4, and explained that she keeps a cachet of lethal, so-called medication, by her side. She speaks out in favour of this Bill. There are people on the other side who feel equally strongly. I dare say that in some cases they have come to their views because of their faith. Although I do not share their point of view, I respect it. There are so many locked in this prison of hopelessness. Tragically, I saw two aunts who died in anguish. I will never forget the dreadful experience of seeing them during that time.

Palliative care can bring some relief but cannot ensure a compassionate death. This Bill has strong safeguards to prevent, as far as possible, the exploitation and abuse of vulnerable adults and pressure being put on them. I have no doubt that those safeguards can be strengthened. There is an offer for our fellow suffering humans a freedom from further acute emotional and physical pain towards the end of life when it is without quality or hope. Jo Beecham movingly inquired of her doctor, "What would you do if I were a dog?". In my view, that said everything.

2.43 pm

**Lord Hylton (CB):** My Lords, I am convinced that both the supporters and the opponents of the Bill are sincere in their views. They should therefore respect each other even if they are unlikely to persuade the other side. For me, Shakespeare summed it up when he put these words into the mouth of Edgar, speaking to Gloucester in *King Lear*:

"Men must endure  
Their going hence, even as their coming hither:  
Ripeness is all".

Since those days, great inventions in medicine—for example, anaesthetics, antibiotics, palliative care—have reduced the amount of endurance and suffering that we face. Yet with the benefit of modern medicine, we should not prolong life unnecessarily.

My concern is that this Bill is likely to destroy trust—trust, for example, between patients and doctors, and between family members, whether they are carers or beneficiaries under wills or just disinterested relatives. The story of *Jarndyce v Jarndyce* shows what can

[LORD HYLTON]

happen after a death. We could in future face similar problems and manoeuvres before death. I am impressed by how strongly medical opinion opposes the Bill. It has caused serious alarm also to many living with handicaps or serious disabilities. Those with chronic or progressive diseases are particularly concerned. Hitler consigned people with severe learning difficulties to the gas chamber, yet a smile from a person with such a disability can be worth a hundred words from those with full capacity. That is the experience of the L'Arche communities that I have known.

Highly qualified people have questioned the adequacy of the proposed safeguards. I suggest that we should uphold the humanity, equality and good care for all. This means not allowing the Bill to become law. It should have a Second Reading, so that it can be further tested in Committee.

2.46 pm

**Lord Davies of Stamford (Lab):** My Lords, I shall be very blunt. I tend to think anyway that the more important the subject, the more important it is to be direct, clear and unambiguous.

Unless we are killed by a violent accident or taken away by a massive heart attack or stroke, most of us are likely to have a slow death—slow enough to present us with certain theoretical choices. At the present time in this country, we would have two legal theoretical options available to us. One might be to mobilise the whole of medical science and technology with a view to maintaining ourselves alive for as long as possible. That is something which, when the medical profession is determined to achieve it, has some remarkable achievements to its credit. Ariel Sharon was kept alive for many years in an oxygen tent on a life-support machine, and Nelson Mandela for many months. Most people would say that they would not wish to have such an end, which is perhaps quite fortunate, because they are most unlikely to get it if they wanted it. First, the National Health Service could not afford it; secondly, partially perhaps as a result of that fact—I do not know—the general tendency of the British medical profession is not to admit terminal patients to intensive care and to discharge patients from intensive care when they reach the terminal state. I asked some Parliamentary Questions a few weeks ago about the numbers involved, and it is very striking how few people die in this country in intensive care beds compared, for example, with the United States.

In practice, there is just one choice, and it is the choice of palliative care. Palliative care is delivered with great dedication by doctors and nurses all over the country. I have some knowledge of that, having been for many years a patron of a Macmillan nurses hospice in Lincolnshire. Nevertheless, there are two particular problems about palliative care. Towards the end, when symptoms become too distressing and people are vomiting blood, short of breath, doubly incontinent and in great distress, terminal care, if death has not already supervened, tends to end in terminal sedation. Terminal sedation is a euphemism for giving the patient a dose of an opiate—usually diamorphine—or perhaps a barbiturate. It would not be sufficient to kill the patient, because that would be illegal in this country,

but sufficient to send the patient into a permanent coma. Then no further means of life support are supplied. There would be no oxygen, no antibiotics, no dialysis—in any case, hospices are not usually equipped to provide that kind of intensive support—and not even any food or water. There is no intravenous feeding at all. I have known patients who took 14 days to die in those circumstances; my mother took several days to die in that terminal coma.

The problem with the terminal coma is again two things. First, it is not always entirely honest. I suppose that many doctors try to explain the scenario to their patients very honestly. Maybe the Supreme Court's views, expressed the other day, on the necessity of consultation will have some effect, but I suspect that the very last words that many patients hear are more often, "I'll give you something to make you feel better", rather than, "I'm going to put you into a coma from which you will never awake". The latter, unfortunately, is more transparent and frank, but I understand why doctors are reluctant to say it.

The other thing that worries me is the hypocrisy of the situation. It is impossible, under the circumstances I have described, to pretend that doctors have no responsibility for determining the method or time of death of their patients. They do that the whole time. They do it indirectly or passively in the way that I have described. That kind of double-think or hypocrisy is, I say to the noble Lord, Lord Hylton, and others who have made this point, exactly the kind of thing that is likely to undermine confidence in the medical profession in this country. It is very undesirable.

There should be a second option available to us, which I make it clear I would almost certainly choose. That is the right to choose one's moment of death—to be conscious right up to the last moment if one so wishes and to have one's family available. I say to my noble friend Lord Winston that, if possible, if you do it in that way—if you know that you will be able to kill yourself at a particular moment of your own choosing, in your own way—you can make sure that all your family are there. That is a very important point for many of us. Then you will not have a situation with a family holding on for days while the patient is in a coma, waiting for the moment. Some of them will probably miss it because they have gone out to get a meal or something of that kind, which would be very distressing for them, quite apart from being very sad for the patient.

Therefore, I believe that the alternative that would be provided by the Bill would be the most dignified way of dying. It is certainly the way that many of us would prefer. It would not be at the expense of the choice of the traditional palliative care method that I have just outlined if patients preferred that. It would be additional. The Bill is permissive: it does not withdraw or abolish any options that currently exist, and I hope it will find favour with your Lordships' House.

2.51 pm

**Lord Carey of Clifton (CB):** My Lords, I, too, echo the opinion of the noble and learned Baroness, Lady Butler-Sloss: this has been a fascinating debate and there is more to come. There have been inspiring and powerful speeches on both sides.

The noble Lord, Lord Baker of Dorking, drew attention to the article that I wrote last week in the *Daily Mail* about my change of mind on assisted dying. I regret enormously the shock that I have given friends, some in this House, who disagree with my conclusions, but how can I really repent of a decision that I believe more closely models and reflects God's mercy and love? I have noted in recent years that those who accept the traditional prohibition on assisted dying tend—this used to be what I did—to conflate and simplify the terrible physical, mental and spiritual experiences of those who make that long and costly journey to Dignitas in Zurich and the normal experience of terminally ill people in our hospices. Like noble Lords, I have the greatest admiration for the work of our hospices, but even the best palliative care does not meet all needs. Dr Rajesh Munglani, the well known expert in pain management, writes that he frequently sees cases of excruciating pain that are unresponsive to powerful analgesics and can be alleviated only by very heavy sedation, to the point of unconsciousness.

I have, frankly, been shocked by the experience of those with whom I have discussed this. Let me give an illustration. Joan—not her real name—wrote to me about her act of assisting her close friend to die. Her friend was a woman suffering unbearable agonies, double incontinence and helplessness. She begged and pleaded with Joan over a number of years to help her to die. She was too ill to travel to Zurich. Joan very reluctantly agreed and, one evening, helped her friend to die. It was not an easy death because the lady was unable to swallow easily and the dose went down with difficulty. After the death, she phoned the police, was arrested and went through the experience that the noble Lord, Lord Blair of Boughton, illustrated. Eventually the DPP dropped the charges against her, but it is such cases that drive the demand for change.

Opinion polls show that at least 80% of the British population think that terminally ill adults should have the choice of an assisted death. That number includes many Christian people who believe, as I do now, that being a Christian is quite compatible with supporting the Bill. We need to bear that 80% in mind when we hear the noble and learned Baroness, Lady Butler-Sloss, saying, rightly, that our mailbag illustrates almost the other side of this. That figure of 80% of the population means that all our churches should listen to the heartlands and to what people are saying to us.

When suffering is so great that some patients, already knowing that they are at the end of life, make repeated pleas to die, it seems a denial of that loving compassion which is the hallmark of Christianity to refuse to allow them to fulfil their own clearly stated request—after, of course, a proper process of safeguards has been observed. If we truly love our neighbours as ourselves, how can we deny them the death that we would wish for ourselves in such a condition? That is what I would want.

As to those who chide me—and they have—by saying that my argument and change of heart are light on theological backing, let me tell them what my theology is all about. It is about accompanying those very sick and dying people to that place where they feel most abandoned, where they are already experiencing their own Calvary or Golgotha, and where they need

us to be with them to help them find peace of mind and to help them on that journey. If that is not theology of the best and purest kind, I do not know what is. That is why I support the Bill.

2.56 pm

**Baroness Morris of Bolton (Con):** My Lords, in a debate last December, I said that legalising assisted dying would mean licensing doctors to involve themselves in deliberately bringing about the deaths of some of their patients. The noble Lord, Lord Beecham, in a very moving speech, said that I was wrong, as the Bill of the noble and learned Lord, Lord Falconer, deals specifically with self-administering drugs. However, it is clear that, under the draft legislation, a doctor would become inextricably connected to the process of assisting a patient's suicide by obtaining the approval of their patient and the supply of life-ending drugs. If this was not the case, we would not have such a Bill before us. That is why doctors' opinions are so important when we consider amending the law. Most doctors do not want that responsibility and nor do their professional bodies. The Royal College of Physicians has stated explicitly that a doctor's duty of care for patients, "does not include being, in any way, part of their suicide".

It is undeniable that there are harrowing stories of painful and distressing deaths; we have heard many today. I am not without sympathy for the intent behind the Bill. However, I fear that its very existence, with its inadequate safeguards, could lead far beyond where its supporters envisage, as has happened in other countries, to a situation where voluntary death is normalised and expanded. I worry, too, about the pressure put on the elderly and the vulnerable, and about their state of mind.

When I was 18, I broke my back in a riding accident. I was in great pain and, after being taken off morphine injections, I was prescribed distalgesics. I had been very active but now did not know whether I would ever walk again and feared becoming a burden to my parents, who were elderly. So I became very clever at not taking all my tablets and keeping a store of them, just in case. I do not think I would ever have taken them; I just wanted to be free from the pain and I was obviously depressed—an important theme picked up by my noble friend Lady O'Cathain. I was lucky: a wonderful nurse befriended me and helped me to feel positive and, after a long time, I got better.

What if, instead of me stockpiling distalgesics, a Bill to assist suicide had been on the statute book and I had been in that frame of mind? I know that my circumstances were very different from those envisaged under the Bill, but they are not too different from some of those young people who seek support to end their lives in jurisdictions that have changed the law, which started off, not too long ago, with the same intention as the noble and learned Lord, Lord Falconer. Those jurisdictions which decriminalised assisted dying and euthanasia did so because assisted dying took too long. In Oregon, some people have taken up to four days to die, and six people have woken up after being given their lethal dose. None of them had a second go.

I told my story to illustrate how, when you are in desperate pain and question the quality of your life—which is the driving force behind most patients who

[BARONESS MORRIS OF BOLTON]

seek physician-assisted suicide in countries where it is legal—that is when you are at your most vulnerable and your mental state most fragile. It is then, more than ever, that you need the best possible medical care and the full and unambiguous protection of the law.

3.01 pm

**Lord Brown of Eaton-under-Heywood (CB):** My Lords, I do not suggest for a moment that those in favour of the Bill, as I am, have any monopoly of compassion, wisdom, insight or humanity on the question before us. I recognise that there are powerful arguments and deeply held convictions on both sides of the debate. However, by the same token as the Supreme Court in its recent judgment recognised that, essentially, it is for Parliament rather than for judges whether and if so how to change the present law, I urge that, in circumstances such as these, with strongly held views on each side, Parliament itself should pay particular regard to the views and feelings of the public at large and, in this instance, should try to accommodate what, from my postbag and the statistics, is the substantial majority, who clamour for change. It is clear that many people are deeply unhappy with the law as it stands. We defy their views at our peril. The peril is that we lose respect for the law. That is indeed a slippery slope.

I shall say a brief word on the particular relevance of the Supreme Court case touched on by other noble Lords today. The court was concerned with two appeals which dealt with very different situations from those addressed by the present Bill. The first, main appeal concerned two catastrophically handicapped patients: the late Mr Nicklinson, his appeal being continued posthumously by his wife after he had painfully starved himself to death because his earlier appeal had been dismissed; and another man, both paralysed. Neither of them faced imminent death, but both were desperate to end their lives, which, after many years of suffering, they were each finding intolerable. The other appeal concerned somebody who wanted to end his life by going to Dignitas in Switzerland. He needed assistance from one of his carers, and he was trying to get the court to force the DPP to issue clear guidance in relation to healthcare professionals.

As your Lordships will readily see, neither appeal therefore concerned anyone in the very limited category of cases addressed by the Bill today: the terminally ill, those who can truly be said to have reached the final stage of their lives and are desperate to bring the misery of the dying process to a close. Although not directed specifically to our situation, the general tenor of the judgments—I have read them all—seems to me clearly to support the very modest and limited objective of the present Bill. None of the judges thought the present law satisfactory; all of them recognised the importance of personal autonomy—the right to choose at the end of life, as during life.

I would not want to hide the fact that some members of the court did send out, in addition, a clear message that Parliament really needs also to address the further questions raised by the Nicklinson kind of case. To

that extent, at least, the noble and right reverend Lord, Lord Harries of Pentregarth, is right. The noble and learned Lord, Lord Neuberger, said,

“there seems to me to be significantly more justification in assisting people to die if they have the prospect of living for many years a life that they regarded as valueless, miserable and often painful, than if they have only a few months left to live”.

He added that, although it was understandable that in the case of those shortly to die the decision whether to permit them to be assisted should be left to doctors, it might well be preferable in cases such as that of Mr Nicklinson to have the decision taken instead by a High Court judge following a judicial process.

I rather agree with that but, with respect, that is for another day for argument on a very different Bill, which may well come but is not before us. The present Bill, I repeat, is confined to those already dying. I cannot accept that the relief of their particular plight requires or could easily accommodate the full panoply of the High Court process. Either way, the question of safeguards should be left to Committee; the Bill should be given its Second Reading.

3.05 pm

**Baroness Hayter of Kentish Town (Lab):** My Lords, we have heard today the views of some doctors, but we know that their views are not unanimous. Indeed, the position of the Royal College of Surgeons was decided by just 26 members of its council, not by a ballot of its members. The BMA is against, but the *BMJ* is in favour. The churches have helpfully supplied their views but, as we have just heard from the noble and right reverend Lord, Lord Carey, they are also not unanimous.

I say, with enormous respect, that whatever the position of medics or clergy, the decision is not for them, much as we welcome their input and advice. Medicine has let us plan our families and, mercifully, medicine has helped our coming into the world, making it much less painful for our mothers. For our departing this world, are we really to be denied the help of health medicine—as it was, for a time, denied to women in childbirth? Historically, some Christians believed, as Genesis says:

“In pain you shall bring forth children”.

Early medics thought that chloroform could complicate births, with a very respected professor, Professor Meigs, saying at the time that painful contractions during labour were,

“natural and physiological forces that the Divinity has ordained us to enjoy or to suffer”.

Luckily, Queen Victoria would have none of that and gratefully accepted chloroform for the birth of her ninth child. The rest, as they say, is history.

The lesson, of course, is that it is the patient—in this case, the dying and their families—who we should hear: those such as Grace Hall, who saw her granddad and aunt suffer, so wants people to have life-ending medicine to self-administer when they choose; Joanna Carrie, who would like to have it there for herself; Kathleen Muir, herself a devout Christian, who does not want to hear of people having to throw themselves down stairs in order to die; Don Lane, who saw his

father suffer terribly; Mr Hood, whose wife Camilla died of lung cancer; Pearl Prisley still, in her words, “torn apart”, by not having helped her father, “the strongest and bravest of men, a war hero”, when he begged her to end his misery; and Garth Weston, haunted by memories of his mother’s final pain as she prayed each night not to have to face another day. The lesson surely for us is to listen to those voices.

3.08 pm

**Lord Crisp (CB):** Speaking 70th—or perhaps 69th—I feel privileged to have listened to so many outstanding and moving speeches today, with more to come. They have certainly given me a great deal of food for thought. Although I disagree with the Bill, I agree that it should go to Committee for full scrutiny to see whether we can find a positive way out of the very difficult problem that we are addressing. The noble Lord, Lord McColl, put it well earlier by saying—I paraphrase him, because I did not write it down—that we are trying to balance the wish to improve the situation of some people dying in great pain and anguish with what he described as the foreseeable dangers of passing the Bill.

There are very good and important principles on both sides of this argument but, in the end, it will not be decided by reference alone to principles but by looking at the consequences, the details and the practicalities. As I see it, there are some obvious benefits and beneficiaries from the passing of the Bill. First, there will be a small but significant number of people who are able to receive assistance with dying. I am sure that not everyone would be able to receive and benefit from palliative care and that is very valuable. Secondly, there will be another group of people comforted by the thought that this ultimate option will be available to them. Thirdly, I am sure that there will be others whose conditions are not covered by the Bill but who will be comforted by the thought that this is a step towards a wider right to assisted dying. I thought that my noble and right reverend friend Lord Harris of Pentregarth made the point well when he said that the arguments about autonomy apply equally to voluntary euthanasia.

If there are clear benefits, what are the downsides? First, there is a real risk that some people will be pressurised—overtly or covertly, intentionally or, crucially, unintentionally—towards choosing an assisted death. In saying this, I agree with my noble friend Lady Warnock that feeling that your care and continued living are a burden on others is a legitimate reason that someone may choose to end their own life. However, it is also a reason why people may feel unreasonably pressurised into doing so. Sadly, we know that abuse and exploitation of older people exists. I suspect that we have all had e-mails and letters describing people’s feelings and fears about precisely this.

Secondly, there is the insidious impact on the valuing of life and therefore on how society sees disabled and dying people. My noble friend Lady Campbell explained this very well. The point has also been made about people being depressed. I would add the other side of that equation, one which we all know from working and caring for older people and people in the last stages of their life: the importance of offering them

reassurance and morale boosting and making that, wherever possible, a positive experience. We should also take account of the cultural point made by the noble Lord, Lord Mawson, which I do not think has been picked up by anybody else: that people from different cultural backgrounds within our society will see this differently and behave differently, and that pressures will therefore be applied differently. The noble and learned Lord, Lord Falconer, made an excellent opening speech but he dismissed these fears rather lightly. I would like to see him acknowledge them properly and give us his estimate of how large these risks and problems would be.

Thirdly, I add my voice to those worrying about the impact on nurses and doctors. This will change the relationship between clinician and patient. Do we understand properly what that impact will be?

Finally, I note and agree with the points made by the noble and learned Lord, Lord Mackay of Clashfern, and the noble Baroness, Lady O’Neill of Bengarve, among others. This is about assisted suicide and that is, at best, only part of dying with dignity. I am sorry that the slogan of “dignity in dying” has rather been taken as the marketing slogan for this debate. After all, how society looks after people in the last stages of life and how we think about death are profoundly important issues for us, going well beyond the remit of the Bill. I hope that we will return to those issues in this House on other occasions.

3.13 pm

**Lord Elder (Lab):** My Lords, I rise to make a couple of points. One is a sort of technical point about Second Reading and where we are with the Bill. The other is a much more personal point, as others have done before me.

On the technical point, I very much hope that the Bill will get a Second Reading today. Comments were being passed on our mail. It seems to be very well targeted, as other people seem to have had an entirely different experience. At least 80% of the mail that I have had is in approval of the Bill. I do not quite know what is happening out there but I think that the writing of letters is quite a sophisticated process. However, we may be in danger of not having got across to people what the process in this House is about.

If the Bill gets a Second Reading, the House is about to rise for two and a half months and there will be few sitting Fridays between then and the House rising for the general election. The chances of this Bill going through Committee, Report and Third Reading, even before it gets to the Commons and assuming that it is passed here, means that in reality any Bill based on this draft is a very long time away. An awful lot of the people who are writing in, at least from some of the letters that I have been getting, somehow think that this is going to solve a short-term problem which they have in their family and which they are worried about. It is not going to do that. We should try to be clear that this is the very start of what is bound to be a long and complicated process, even if it is supported.

Having said that, my main point draws on personal experience, as so many others have. Twenty-five years ago, I was dying of heart failure and I remember it

[LORD ELDER]

very vividly. I was too exhausted to speak or to listen to people speaking. I had to take three hours in a darkened room to recover from anything. I was hoping that I would get a transplant, which indeed I did—and here I am. However, I have always reflected on that period and thought, “Well, I wasn’t in pain but I knew that I was very time-limited”. If I had been in pain and there was a realistic prospect of continuing to live like that for another three or six months, what choices would I have wanted to consider? The fact of the matter is that I do not know what I would have done, to be honest. But I like to think that I would have had the choice, so that it would have been up to me as an individual to say, “I am sorry, but enough is enough. I want to finish it”. I would have wanted to be empowered in that way.

I am reflecting on a condition which would have given me no chance of long-term survival. In these circumstances, it is entirely sensible to look at empowerment of the individual. I think that is what the Bill does. I hope that it will be considered in detail in Committee and that we make real progress on it. I also hope that we are realistic about how long it will take but, at the end of the day, we have an opportunity here. The House of Lords is many things. People ask what we do but this is exactly the kind of debate which this House has but which is very difficult to have in another place. If we manage to get some coherent legislation through which is rational, compassionate and humane, we will have done a very good service to public life in this country.

3.17 pm

**Viscount Colville of Culross (CB):** I, like many noble Lords, have received a lot of letters. One of them in particular struck me. It was written by Professor Alan Thomas, who is a consultant in old age psychiatry at Newcastle University. He works with old people and vulnerable people with mental illness. He is an expert in assessing the capacity of people to make competent decisions about their healthcare. He wrote to me:

“My frequent experience is that many doctors do not know how properly to assess whether somebody is able to make decisions about their healthcare. The poor quality of such assessments is a daily frustration to me and to my colleagues”.

He added his concern about the Bill and said:

“My expert opinion is that large numbers of the vulnerable, especially those with mental illness and/or old people, are not competent but will be deemed to be competent, and killed”.

His comments go to the heart of the matter to me. If we are to give doctors the power to help kill us, we need to be absolutely sure that they and the patient know exactly what they are doing.

I agree with the concerns expressed by my noble and learned friend Lady Butler-Sloss that there are not enough safeguards in the Bill. Clause 3 specifies that the declaration has to be countersigned by two medical practitioners but it leaves who those practitioners are down to the codes of practice in Clause 8. Surely it should be in the Bill. The Mental Capacity Act, as mentioned in Clause 12, specifies that you have to prove that a person lacks mental capacity, the assumption being that everybody has a mental capacity unless proven otherwise. For a decision as serious as assisted dying, doctors need to be certain that the person has

mental capacity—a much higher hurdle to jump. At the moment, if there is any doubt about whether a patient has mental capacity, a multidisciplinary team meeting is held which includes a doctor—usually somebody who knows them quite well—a relative and, possibly, a psychiatrist. I fear that even if the codes of practice mentioned in Clause 8 specify that these people should be involved in making the decision, it is going to be hard to get them involved. Many noble Lords have mentioned the concerns of the BMA and the RCP, which say that although they support a good death, they oppose assisted suicide.

Even if you put a psychiatrist into the Bill or into the codes of practice, it could be hard to actually get them involved with the decision. The Oregon Death with Dignity Act 1994 has a clause that refers a patient to a psychiatrist if concern exists that the patient has a psychiatric disorder, including depression, that might impair their judgment. However, according to the Oregon state health department, whereas in 1999 10 patients out of 27 who were given PAS had psychiatric evaluation, in 2013 only two out of 71 were assessed by psychiatrists.

Psychiatrists can be central in coming to a correct decision about a person’s mental capacity. A terminally ill person’s mental health can be altered by the drugs that they are taking, a stay in hospital and, crucially, the onset of depression, as other noble Lords have mentioned. Depression can leave a person with an unchanged mental capacity but, as we all know, it can also radically change a person’s mental state.

In a 2008 article in the *BMJ*, the authors reported that in Oregon, of the patients who were terminally ill and requested aid in dying, more than 50% met the criteria for depression or met the criteria for anxiety that they were depressed. In an article for the *Journal of Clinical Oncology*, authors discovered that the risk of requesting euthanasia for patients with a depressed mood was 4.1 times higher than that for patients without a depressed mood.

Patients can also be deceitful about their state of mind so psychiatrists will often need to make another assessment, maybe a month later. I quite see that this sort of period can make the delay too long for many terminally ill patients, but when people are making the most important decision of their life, everyone involved must know exactly what they are doing. I disagree with the Bill and I do not support it, and I am not satisfied that that is what is going to happen.

3.21 pm

**Lord Browne of Belmont (DUP):** My Lords, there is much talk of compassion and choice in this debate but we must not lose sight of the core question before us. Are we prepared to license one group of people—in this case, doctors—to involve themselves in deliberately ending the lives of another group—in this case, those who are terminally ill? That would represent a major change to the criminal law of this country. I put it to your Lordships that before we can seriously contemplate going down that road, we need convincing evidence that the law that we have is unsatisfactory and that what would be put in its place would be better. On neither count has any convincing evidence been provided.

In a civilised society we do not license an action by law simply because we can empathise with it in exceptional circumstances. None of us would want to see a father who injured an intruder while defending his family sent to prison. None of us would want to see a mother imprisoned because in desperation she stole money to feed her starving children.

We would expect to see our laws against assault and theft maintained to protect all of us, and to see exceptional cases to be dealt with exceptionally. That is what happens with the law on assisting suicide. The law makes it clear that encouraging or assisting another person's suicide is a punishable offence, and it makes anyone minded to behave in this way think very carefully before proceeding. As a result, instances are fairly rare and they tend to be those where there has been serious soul-searching and where the assistance given has been genuinely compassionate and reluctant. In such cases, the law provides discretion not to prosecute. However, that is a completely different matter from creating a licensing system for such acts within the National Health Service. Would we create a similar licensing regime for other criminal acts in exceptional circumstances? I think not, so why are we contemplating it in this case?

The evidence of how such laws work overseas is, at best, dubious and, at worst, alarming. At best, we can look forward to rising death rates from legalised assisted suicide. Oregon's rising death rate is worrying enough; it equates currently to around 1,100 assisted suicide deaths annually in England and Wales if we had a similar law here. Neighbouring Washington is showing an even more alarming trend: its death rate from legalised assisted suicide has more than tripled in four years, and is now rising so steeply that one cannot help wondering whether Oregon has been providing an untypical and unreliable picture.

Embracing assisted suicide is a problem not just because it depends on perverse constitutional logic that undermines sensible, flexible approaches to hard cases, nor simply because of the scale of the deaths that it would facilitate. It is a huge problem because of the nature of the deaths in question. Here we come to the nub of the issue: the quest for a dignified death. In the 16 years that the law has been operational in Oregon, 22 serious complications—I do not intend to elaborate on those complications today—are known to have occurred. Six people have regained consciousness and not been counted as physician-assisted deaths. If the same percentages of complications occurred in England and Wales, on the assumption of the same rate of assisted death as in Oregon, 47 people would suffer from serious complications and 13 would regain consciousness each year. Is this death with dignity?

It is fascinating to look at the way that members of the public reassess their support for assisted suicide when acquainted with these facts. This is illustrated by the ComRes poll commissioned by CARE that was published this morning, which demonstrates how 73% support to 12% opposition becomes just 43% support to 43% opposition when people are made aware of the public safety considerations. I have no doubt that those who support the Bill have noble intentions, but I must say that I regard it as a dangerous piece of legislation.

3.26 pm

**Lord Sheikh (Con):** My Lords, not only am I opposed to the Bill but I am completely opposed to the principle of assisted suicide. The Bill would completely change the state's role in people's lives, the role of doctors in care and the way in which we look at the ill and the sick. The duty of a doctor is one of care and protection of life. A doctor is trained to do that. The doctor/patient relationship is an important one. A change in the law that effectively puts state-sanctioned killing in the hands of doctors would completely change the way that the public look at health professionals.

What is more, we would be asking doctors to make a life-or-death decision regarding matters on which they could not be completely sure. First, it is impossible for a doctor to know for certain how long a person will live. This has been proven many times. Secondly, the Bill makes no legal framework for psychological assessment or coercion. Suicide is as much about state of mind as it is about state of health.

On the subject of psychological well-being, it may be that outside pressures are being exerted on a person. There may be pressure from people who have a financial agenda. The right to die can easily become a duty to die. The law should not affirm that some lives are not worth living. A vulnerable person may start to think that they would be better off dead, but those tempted to think about that need protection and care, not the right to die. No life is less worth living than another. Life is sacred.

In my own experience, I have found that illness can bring families together. Before my mother died she was very ill and indeed she felt that she was a burden. But in caring for her my family was enriched. She died with us by her side, feeling close to her family and close to God.

The insecurity of the vulnerable would only be worsened by the passing of the Bill. This is a moral choice between right and wrong, between life and death. What we are talking about today is a dressed-up version of suicide. Suicide was illegal in this country until 1961 and is still contrary to most established religions. Indeed, it is those religions in which vulnerable people find solace in their final years.

This Bill is talking about ending the lives of the terminally ill, but we cannot pretend that this will end here. If you concede this for the terminally ill, you make it more difficult to argue the case against it for others, such as those who are disabled or are non-terminally ill. I suspect that those in favour of this Bill are well aware of this fact. This is about setting a precedent.

We could spend a long time talking about the necessary safeguards to make this change of law more acceptable, but no safeguards will make it acceptable fundamentally to change the way our society looks at the vulnerable. Most medical associations and colleges are against legalising assisted suicide. I would like to add that it would be against the spirit of the Hippocratic oath.

I shall conclude by sharing with noble Lords a conversation I once had with Dame Cicely Saunders when I met her as I have supported St Christopher's Hospice. As noble Lords may be aware, Dame Cicely

[LORD SHEIKH]

Saunders is widely recognised as the founder of the hospice movement. She recognised the important role that hospices had played in palliative care, but she emphasised to me that there is so much more to be done to improve palliative care. Instead of taking the easy way out and debating ending the lives of people who are suffering, I believe our time would be better spent discussing how the state, the medical profession and society at large could better take care of people who are vulnerable in the final years of their lives.

3.31 pm

**Baroness Neuberger (LD):** My Lords, as many noble Lords know, last year I chaired the panel reviewing the use of the Liverpool care pathway. It is important that we found no evidence that it had been used to hasten people's deaths, but it was nevertheless clear that many older people, who often have complex physical and emotional needs, were frightened that it might be used in that way. The sense of vulnerability of older people, particularly in hospital, emerged time and again. Indeed, the Liverpool care pathway review only highlighted on a small scale what came out of the Mid Staffs inquiry: that where care is less than good, it is older people, particularly the most vulnerable, who receive the worst care and are the most frightened. They should be able to trust their healthcare professionals, and now, for reasons of poor care, sometimes they do not.

That is why I do not believe that the decisions about who should receive medication to terminate their own lives should rest with doctors or our healthcare system more generally. Indeed, it is unclear that doctors themselves want to be the gatekeepers for this. Although I do not entirely oppose the prescription of drugs for the ending of people's lives in very limited circumstances, the Liverpool care pathway review and my pastoral experience have taught me to be very careful indeed about the involvement of healthcare professionals in this matter, and I would prefer to see an examining magistrate, or High Court judge, as the person who scrutinises whether a person is of sound mind and is clear that they want to do it and is not being pressurised by relatives or others. I totally take on board what my noble and learned friend Lord Brown of Eaton-under-Heywood said about the decision of the Supreme Court in the Nicklinson case, but nevertheless I think the principles apply. In that case, my noble kinsman-in-law, who is the president of the court, said:

"Indeed, it appears to me that it may well be that the risks to the weak and vulnerable could be eliminated or reduced to an acceptable level, if no assistance could be given to a person who wishes to die unless and until a Judge of the High Court has been satisfied that his wish to do so was voluntary, clear, settled and informed".

An examining magistrate might also apply.

Secondly, there is the timeframe of six months. I speak as the daughter of a mother who had a prognosis of a few weeks but was in the care of the North Camden palliative care team for five years. There are many others around of whom that could be said. Six months seems arbitrary and, as the noble and right reverend Lord, Lord Harries of Pentregarth, said, possibly even unkind because suffering that is longer than six months is suffering that we should take even more seriously.

Thirdly, it does not seem to me that the requirement in the Bill that someone comes with the drugs and is with you while you do it or takes them away if you do not is the right way to go forward. My pastoral care experience is that those who want it want it for reassurance, a form of comfort blanket, if you like. They want to have the wherewithal there should they become desperate. This proposal goes nowhere towards that. If people are worried about the drugs afterwards going on to the open market, we should remember that people who have palliative care at home often have far more dangerous drugs around and no one worries that much about them.

I believe that although there is an argument for allowing people to have the wherewithal to kill themselves in very limited circumstances, this Bill does not provide sufficient safeguards and leaves too much power in the hands of doctors. I therefore oppose the Bill as it stands, but not the nub of the principle within it.

3.36 pm

**Lord Shipley (LD):** My Lords, I am not a lawyer nor am I a medical professional. I have no strong religious faith and I have had no preconceived views on this Bill. I believe we should give it a Second Reading, first, because the Supreme Court has asked us to clarify the law and, secondly, because opinion polls show a large majority in favour of a change in the law. We have a duty to consider the Bill further at Committee stage when we can examine the detail.

My position is that in principle I believe individuals have a human right to exercise their own choice to end their own suffering. It is a right I would like for myself, to be taken with my family. But that human right for me does not mean that it must transcend the human rights of others to safety and security under the law. No person should feel threatened by any change in the law. As we consider the Bill, this issue should be paramount in our minds.

I have deep reservations about the Bill as it stands. The safeguards seem very weak. Surely it is not enough to have only the promise of an undefined code of practice to be issued by the Secretary of State. I think we run the risk of unintended consequences.

I shall raise some specific issues that we need to clarify. How will it be known that there is a reasonable expectation that an illness is terminal within six months? Why are only two doctors required? Who will select those doctors? How will it be known that a patient's mental capacity is unimpaired, particularly if the doctors do not know the patient? How will it be known that a patient is making an informed decision free from pressure or coercion? And, crucially for me, why is there is no judge or examining magistrate involved in the case?

The President of the Supreme Court has said that a High Court judge should consider the evidence and be satisfied that a wish to die is,

"voluntary, clear, settled and informed".

That is very different indeed from permitting assisted suicide within the NHS. Why does the Bill disregard this fundamental principle and leave all decision-making within the NHS? In any case, despite some notable individual exceptions, the medical profession has indicated

its significant opposition to the Bill. The difficulty is that, without the support of the medical profession generally, it is hard to see how the Bill can proceed without very major changes. I agree with the BMA that legalising assisted dying could have a profound and detrimental effect on the doctor/patient relationship. I agree also that it is unacceptable to put vulnerable people in a position where they feel that they have to consider precipitating the end of their lives. In a loving and supportive family relationship, I know that appropriate safeguards may of course prove adequate, but the Bill as currently drafted needs radical revision in Committee.

3.39 pm

**Lord Gordon of Strathblane (Lab):** My Lords, obviously this is going to be a very long debate, but frankly we do not talk about death nearly enough. After all, it is going to happen to us all. As Mark Twain said, death and taxes are the only two certainties in life. We seem to spend an inordinate amount of time finding out what our prospective Members of Parliament think about taxation, but given the timescale referred to by my noble friend Lord Elder and the fact, regrettable or not, that this is now firmly on the political agenda, it might be at least as important that people should find out at the next election what their MPs think about death and assisted suicide.

My quarrel with the Bill starts with its title. It is not about assisted dying but about assisted suicide. An assisted dying Bill would provide for the universal availability of palliative care, good medical care and good medical discernment of the moment when you no longer impede my natural progress towards death. The usual phrase,

“not officiously strive to keep alive”,

is often quoted. There is, however, a vital Rubicon between not impeding progress towards death artificially and deliberately taking life, to which the noble Lord, Lord Hameed, referred earlier. That, frankly, is a Rubicon that I do not think society is genuinely prepared to cross because it is the cement which holds society together. Once you allow it in one case, it will spread like wild-fire.

The same thing applies to our attitude to suicide. We treat people who attempt to commit suicide with compassion and understanding, but we certainly do not encourage them to do it. Indeed, we inaugurate measures throughout society to try to prevent people committing suicide. If a doctor or a nurse, or indeed any one of us, was walking across one of the bridges and found someone trying to clamber over the edge saying, “I’ve got only six months to live. I don’t want to live. Help me”, none of us would feel that shoving them off was the appropriate response. We would try to talk them down and persuade them that life is worth living after all.

The present law likewise says that we should never deliberately kill other people. This proposed Bill makes an exception of people with certain conditions. What does that say about those people? It says in effect, “Look, we don’t really think your life is worth living, so we are giving you the chance of ending it”. That is not a great encouragement to those who are in that

condition and who at that point need all the support and love that society can give them rather than inviting them to turn their backs on society.

There is also the point that many of the very deeply distressing cases which we are all aware of—I do not pretend to have an answer to how we should deal with the problem—are not covered by the Bill. Reference has been made to the comments of the noble and learned Lord, Lord Neuberger, in the Supreme Court on why we do not make this available to the chronically ill, who are going to suffer for a lot longer than the terminally ill. There is no logic to simply restricting it to the terminally ill. I can almost guarantee that before this Bill leaves the House of Lords it will be changed, and if not it will certainly be changed in the Commons, and if not then certainly within a year. This is going to go much wider than the proponents of the Bill ever imagine it would.

It is very important to realise that overt pressure from outside is not the main problem we are trying to guard against, but pressure from within oneself. Noble Lords have alluded to that feeling; people feel that they are becoming a burden, and therefore—as I think the noble Lord, Lord McColl, said earlier on—you feel that you should do the decent thing and just slough off this mortal coil. We do that at our peril.

I am surprised that more weight has not been given to the joint statement of all the faith communities. This is perhaps one of the very few occasions on which they have all come together, despite their different backgrounds, and have come out unanimously against the Bill. We ignore at our peril the experience of centuries that is contained in those faith communities. It is also important to notice that, although there are divisions, the official position of the medical community is firmly against the Bill. They do not want to be involved in killing—they are involved in care. Frankly, as a patient, I do not want my doctor to be involved in killing, even if it is not me.

It is also important to note that the relationship with GPs will be changed. There is also a danger—I put it no higher than that—because we should be finding a cure for the disease, not killing the patient. If we make killing the patient the easy and cheap option, that might just remove some of the urgency of finding cures, which I hope we can do for even the most intractable diseases.

It is time that we moved on to the next speaker. I am certainly in favour of giving the Bill a Second Reading, because it should be debated more widely and for a longer period of time.

3.45 pm

**Baroness Murphy (CB):** My Lords, I am afraid that the noble Lord, Lord Gordon, will be disappointed that I am one of those members of the medical profession who would be proud to be associated with the Bill. I certainly would not desist from becoming an expert under a code of practice to administer medication to those who had requested it, if the Bill was passed. Many members of the medical profession feel, as I do, that at the moment the provisions are fudged, the system does not work and it depends on regular, 24-hour hypocrisy to deliver the care that we are currently obliged to pretend that we give.

[BARONESS MURPHY]

Last time we debated this topic in the House, I rather lost my temper—egged on, I have to say, by the noble Baroness, Lady Boothroyd—so I have promised myself that I will not do so this time. However, one of the things that trouble me about debates in this House is that we go endlessly for emotional anecdote, talking about our experience, or talking about other jurisdictions as if we have looked at the evidence. I have sat here as a simple medical scientist—I was a practising psychiatrist and academic for 30 years, working with elderly people in the most deprived community in south-east London—and I have to tell noble Lords that I do not recognise any of the fears from evidence.

And there is evidence. Only one jurisdiction in the world has adopted the legislation that we are proposing here today: Oregon, which has now had it for 17 years. There are not only the annual reports on Oregon, which have very clear statistics on the issues we are talking about, on depression, and so on, but there is also—I will also refute what the right reverend Prelate the Bishop of Bristol recently said—a lot of independent research evidence from people outside the direct system who have gone to look at it and have done serious research. I am concerned about serious research evidence, not the anecdotes. There has been talk about the risk or fear about the doctor-patient relationship, but the country in the world that has the best trust in its doctors is the Netherlands. That is research evidence.

Returning to respecting individuals' choice, I have heard it said here today that we must set that aside because of the profound effect on others. However, we already accept people's decision to reject life-saving treatments if they have the mental capacity, regardless of any effects their subsequent deaths may have on those they leave behind, and we are happy to allow doctors to assess mental capacity for that purpose. I have heard other noble Lords say how difficult it is, and no doubt in the future others will say the same. The fact of the matter is that the Mental Capacity Act and the Mental Health Act and a lot of other legislation regarding mental health patients are totally predicated on doctors' ability to assess capacity, and they do so every day of the week. Therefore let us have none of that.

On the code of practice, no legislation on health and social care puts on the face of the Bill the detail of how the Act is to be implemented. We always ask for the professions, and of course the Department of Health involves the professions and the independent professional bodies in trying to deliver a code of practice that is acceptable to the professions who have to deliver the care. It will be the same in this Bill as in any other. I say that having spent a good part of my life on codes of practice for the mental health legislation.

I will make my last point on the issue of depression. The right reverend Prelate the Bishop of Bristol said that 60% had symptoms of depression. That is not true. One in six has some symptoms of depression. People who are terminally ill have symptoms of depression. However, that does not mean that they have a clinical depressive illness which can be treated, and there are ways of excluding that. Again, noble Lords will hear differently, and I ask them please to read the research evidence. We should make our decisions on evidence that exists today, not on supposition.

3.50 pm

**Lord Graham of Edmonton (Lab):** My Lords, we have sat through the beginning of this debate and have been privileged to do so. This House is unique in many ways. Of course, the topic is very important, but I cannot detect a partisan view in any of the speeches. Strong views have been expressed and the speakers have good experience, but kindness, understanding and tolerance have been shown. So it is a privilege for me to take part in this debate.

When I was having a cup of coffee earlier today, a colleague in the House said to me, "Have you ever seen such a big, long speaking list such as this?". I said, "Yes, in 1998, when we debated the House of Lords Bill, which was designed to change the House radically—and I was number 184 in a list of 192". I have good memories of that, which again was a matter of life and death to so many people.

I look across and see my friends the noble and learned Lord, Lord Mackay, and the noble Lord, Lord Cormack, who both struck the right note, saying that although they will give the Bill a Second Reading there are many things that they would want to raise in the proper stages—and that is how we should do it.

When I was looking for one or two things to say—and I certainly support the Bill—I was reminded that over another big issue I was able to say to the House of Commons that my constituents, by two to one, were asking me to support the retention of membership of the Common Market. There was a "Hear, hear", and I said, "Yes, I received three letters, two of them in favour and one against". On this issue we have had a deluge of correspondence, of which I have read and replied to every word. The first avalanche came from those who were in favour of the Bill and the next avalanche, which is still going on, from those opposed to the Bill. Of course, we ought to know our procedure, and it is understandable if they do not, but a Second Reading should provide the House to improve a Bill if it can be done.

As I was driven into the House today by my driver, Lee, he said, "You seem agitated, Ted—you want to get there for 10". I said, "You'll get me there for 10, and it may go on until 7 or 8 o'clock tonight". He asked me what the issue was and I told him, and he said, "My dad had liver complaints and was in agony in hospital, in a disgusting state. More than once, he said to me that he would like to die as soon as possible. Of course, I could not do that". When I told him what I was going to debate, he said, "If I had anything to do with it, I would take advantage of a Bill like that".

We have many views and there are many ways in which the legislation can be improved, and I look forward to the next stages.

3.54 pm

**Lord Condon (CB):** My Lords, in the past when we have considered this issue in your Lordships' House and, indeed, in the build-up to today's Second Reading, I have intuitively felt that I should support reform. Surely it is the compassionate thing to do. Clearly, reform resonates with public opinion; its time has come. However, in the past and again today, I just cannot overcome the reservations that I feel, which prevent me from supporting the Bill in its present form.

My reservations and concerns are narrowly focused on how the Bill would work, if enacted, and more broadly focused on the wider implications for society as a whole. Like other noble Lords, I am concerned about the absence of detail of how the new arrangements, if enacted, will be monitored and validated. At the moment, the law works. It is not perfect by any means, but it works. It allows suicide and discourages assisted suicide. The absence of advance licensing or approval of assisted suicide deters improper influence for whatever motivation, yet, as the noble Lord, Lord Macdonald of River Glaven, pointed out, the Director of Public Prosecutions has the scope to be compassionate and consider the public interest, taking all circumstances into account.

The Bill dramatically blurs that position. If enacted, the doctors considering the medical criteria in isolation may not be well placed to expose whether undue pressure has been exerted by family members or friends for whatever reason. “Doctor shopping” may well take place to find compliant doctors. Under the Bill, if a family member or friend alleged undue and improper influence, either before or after the death, the police would be placed in an impossible position, facing the dual criticism of either intrusive insensitivity in the new legal landscape or indifferent complacency, negligence and gullibility.

Even if I could overcome my specific concerns about the implications of the Bill, I would still have major concerns for society as a whole. Like other noble Lords, I cannot yet find a satisfactory answer to those who fear that the right to die will become a duty to die. I am persuaded by the moving testimony of so many people inside and outside your Lordships’ House that many sick, disabled and elderly people will feel diminished and downgraded by the Bill, if it becomes law. Once we decide that some lives are not worth living, I believe that there will be an inevitable, and probably irresistible, momentum to add other categories to the terminally ill in the list of those who can be assisted to die. Therefore, I cannot support the Bill in its current form. The recent Supreme Court decision may well have signposted a possible way forward—a judge-led approval process arrangement for the terminally ill facing imminent death who seek assisted dying. Such a system, with judicial involvement, would be required to satisfy more than just medical criteria and would provide greater safeguards against undue pressure and influence.

The Bill may not be the way forward unless we can dramatically improve it in Committee. A royal commission or similar endeavour may recommend a better balance between compassion for the terminally ill seeking assistance to end their lives while at the same time not damaging the lives of so many others who will fear that their lives are no longer valued and protected in the way that they were. As others have said, we owe it to society to find a way forward. There is momentum for change, but not necessarily with this Bill, unless we can significantly change it in Committee to provide better safeguards and wider reassurance.

3.59 pm

**Lord Howarth of Newport (Lab):** My Lords, I am against the Bill, but I think it right that your Lordships are debating it and the issues to which it gives rise. The

decision ought to be made eventually and in due course by the elected House, but the debate that has taken place in the nation at large has not yet been adequate to enable society and Parliament to come to a final view.

If I were terminally ill and in great distress, I would want to be assisted to die—or I think that I would. So I am not wholly opposed to the principle of physician-assisted suicide. However, that I might want that choice for myself is not a good enough reason for me to vote for the Bill. We are more than autonomous individuals; we are members of society. In many circumstances, there are things that we know that it is right to forgo for the benefit of others, and my legal right to be assisted to die would mean the vulnerability of others.

Safeguards are crucial and those in the Bill are wholly inadequate. The language of “coercion or duress” fails to capture the insidious, abusive pressures that family members and carers can bring to bear. The term “mental capacity” fails to capture the growing guilt and collapse of self-worth that may lead people to come to the view that they should not continue to be a burden to others. The doctors whose responsibility it would be to certify that the criteria have been met cannot be in a position to assess whether such pressures have occurred. I wonder indeed whether any effective safeguards are possible—but of course this ought to be examined in Committee. The very existence of a legal option of assisted dying would itself constitute an additional pressure.

Of course we should be deeply compassionate to the people in the predicament that this Bill seeks to address, but another form of compassion would be to invest in high-quality end-of-life care for all.

If the Bill becomes law we cross a Rubicon. We would have made it legal deliberately to terminate the lives of our innocent fellows before their natural term. To legalise is at least to go a long way to normalise, even to routinise. I am worried about a progressive coarsening of the sensibility of our society. I am sure that if the Bill becomes law it will distort the ethos of the medical and nursing professions. “Thus far and no further” may seem to be rock solid today, but it will crumble tomorrow. There will quickly be pressures of compassion and economics—so many dependent people, so little public funding available—to extend the scope of the legislation. It will be a short step to legislate for physician-assisted suicide for those suffering great distress with non-terminal illness, and then other short steps to euthanasia for infants born with disabilities or people with dementia. A course of events of this kind is what has been seen in Holland and Belgium, where, incidentally, reporting and monitoring have become lax. We have heard that in the state of Oregon the proportion of candidates for assisted dying who are referred for psychological evaluation has fallen.

I may give offence in what I am about to say and, if that is the case, I would very much regret it. However, I do not think that it is indecent, irrelevant or extravagant to note that history shows that periodically there are aberrations in societies from the norms of kindness and respect for life. There have always been spiritual, intellectual and political leaders available to justify the burning of heretics and witches, pogroms and genocides,

[LORD HOWARTH OF NEWPORT]

and the elimination of so-called degenerates such as homosexuals and mental defectives, as well as the enemies of the revolution. We have seen the horrors in Bosnia. We see today the horrors in Syria and Iraq. Civilisation is always fragile. We look back into history and look around our contemporary world at these psychosocial madnesses with horror. I would look forward with horror to a society in which it became normal to expedite the deaths of the very old, the gravely ill and the incapable.

That, of course, is not what the authors of the Bill wish for, nor does anyone in this House. However, the authors of the Bill invite us to take a crucial step along that path, which could lead us a very long way from where we want to be.

4.04 pm

**Baroness Masham of Ilton (CB):** My Lords, on a visit to Mexico some time ago I succumbed to Montezuma's revenge, a violent type of diarrhoea and sickness. When the doctor came, he was the most important person in my life during that visit. I felt so wretched and helpless, because when a paraplegic becomes ill with something such as Montezuma, it is much worse than if one is able bodied. The doctor explained what Montezuma was. He was kind and understanding and he gave me the appropriate medication. I had full trust and confidence in him.

If the Bill becomes law, many countries that admire our health system might follow suit. I would then not have confidence that a doctor would want to get me better. He might think that the best solution was to give me, a paraplegic feeling terrible, a lethal injection to put me out of my misery. A few disabled people want assisted suicide, but the majority do not. They want to live. The Bill makes them feel vulnerable. There should be adequate care so that they can live decent lives and die a peaceful death. How much research has there been of the results of dying by lethal injection?

In 1970, many of your Lordships and Members of another place worked very hard on the Chronically Sick and Disabled Persons Bill, which became an Act of Parliament, to give disabled people a better life. We must not go backwards and give up treating them, considering them worthless human beings. The relationship that elderly disabled people and children have with their doctors should be one of trust and help; doctors should not become killing machines. We who live in the north shudder when we think of what Dr Harold Shipman did to many of his patients. He killed them in their own homes; they were not protected from that monster. There have been other patients killed with insulin by nurses in hospital.

The Bill could, with good intentions, lead to opening doors wider, with dangerous consequences. Dr Theo Boer, the veteran European watchdog in assisted-suicide cases, sternly warns the UK not to legalise euthanasia. He said that legalising assisted suicide is a slippery slope towards the widespread killing of the sick. He says that in his native Netherlands, where euthanasia has been legal since 2002, the number of such deaths doubled in just six years. This year's total may reach a record 6,000. A surgeon has written to me—I received

the letter today—saying that, if the Bill becomes law, it could become a means of clearing elderly sick patients from hospital beds and killing off difficult ones to save money. Surely we must protect the vulnerable.

4.08 pm

**Lord Harrison (Lab):** My Lords, I support my noble and learned friend Lord Falconer's Bill, as indeed I supported the Bill of his predecessor, the noble Lord, Lord Joffe. I thank my noble and learned friend not only for bringing this forward, but for being one of the finest parliamentarians I have had the pleasure and experience of observing over the past quarter century or so.

If this Bill fails, there will be more examples of the unfortunate man suffering from locked-in syndrome; of loved ones and relatives suffering from excessive pain and damaged dignity. Those who are against the Bill offer nothing to mitigate this needless suffering.

If this Bill fails, there will be more examples of people travelling to Zurich to end their lives and more examples of, "If I should die, think only this of me: that there is a part of Switzerland that is forever England", when most—whose dignity is dying racked by pain and disease—simply want to die at home, surrounded by troops of friends and family fast by, and, yes, even the family pets.

If this Bill fails, this will still leave public opinion thwarted, ignored and repulsed. We will of course strive the harder to improve palliative care, pioneered by the noble Baroness, Lady Finlay of Llandaff, to whom we give very grateful thanks, but palliative care does not prevent, purge or rid us of the loss of dignity and pain, and the public will feel cheated yet again by politicians.

If this Bill fails, the law will still lack clarity in regard to medical staff who administer "easeful death". Giving a double helping of morphine to the dying is compassionate but it is a sleight of hand in which we all collude. The modest Bill of my noble and learned friend Lord Falconer at least brings legal light and understanding in its narrow reach.

Those who oppose the Bill, so narrowly and precisely drawn, often cite the slippery slope. However, the slippery slope argument is the most slippery I know. Once invoked, it allows every naysayer to slip in and espy every potential misdemeanour known to man. Apologists for the Church of England often invoke the slippery slope argument as a signpost to caution. But this debate is held in a significant week. The Church of England, after 2,000 years, has finally recognised women as worthy of becoming bishops. Further down the slippery slope, I predict, the Church of England and other religious groups will admit, admire and celebrate gay and lesbian marriages in local C of E churches and at the very heart of our local communities, where such marriages should indeed be celebrated. Let us leave the slippery slope to the cheese rollers at their annual event on the slopes of Gloucestershire.

I conclude with one other element. The information given to us by the Church of England raises a very important issue concerning action on elder abuse. It invokes 500,000 of our older people being at peril through threats from friends and others. This is cited

as being true of England when in fact the original figure relates to the United Kingdom and therefore must be treated with care. When research was done in 2007 by the then relevant Minister, that figure of 500,000 became deflated to 342,400. I say that because this is a difficult subject and we must ensure that the data we use are accurate and proper when we are trying to apply the law.

It is right and proper that this Second Reading will be allowed and that we will be able to discuss this matter in a mature manner, using the expertise and knowledge in this House. That is why, today, I support my noble and learned friend Lord Falconer in his ambition, and there are many outside who support him too.

4.15 pm

**Viscount Eccles (Con):** My Lords, on a rather different historical note, this Bill owes much of its existence to the Voluntary Euthanasia Society, which was founded in the 1930s. The first Bill introduced into this House under the society's aegis, fathered by Lord Moynihan, was the Voluntary Euthanasia (Legalisation) Bill 1936. Lord Moynihan was the leading surgeon of the day. The 1936 Bill, including its safeguards, bears a striking resemblance to this Bill. Its Second Reading debate makes fine, timeless reading. A Motion to defer meant that the Bill fell.

What has changed since 1936? Legislation has been introduced in several places, either as voluntary euthanasia or as voluntary suicide measures. The measure in front of us today is to legalise voluntary suicide. In 1936, the then Archbishop of Canterbury said about that Bill's purpose:

"this Bill is merely to unlock the door, but if the door is ... unlocked it will soon be opened wide".—[*Official Report*, 1/12/1936; col. 488.]

Since today's Bill in no way deals with the difficult cases cited by the Supreme Court, it is likely that the Archbishop's analogy is as apposite as ever.

Then, a leading doctor, Lord Horder, said:

"The mental clarity with which noble Lords ... are able to think and to speak must not be thought to have any counterpart in the alternating moods and confused judgments of the sick man".—[*Official Report*, 1/12/1936; col. 493.]

The letters and representations that we have received show the very wide variation in circumstances faced by most of those who are dying and those caring for them. It is difficult to see how this legislation could be helpful to society. It is designed for such a small minority.

As another Lord said then:

"there are no doubt some ... straightforward cases in which the processes detailed",  
in this Bill,

"could be carried out without much difficulty, but ... there is a very much larger number of border-line cases in which the proposed action would be far more difficult".—[*Official Report*, 1/12/1936; col. 495.]

The evidence we have received shows clearly that the highly complex and variable end-of-life circumstances faced by people are not amenable to simple solutions. This Bill's attempt at simplicity means that it would not work well and would radically change the relationships between doctors and patients, and widen the split in

opinions within the medical profession, to the great disadvantage of the majority. Maybe we need to revisit the words of Lord Horder when he said:

"Be it observed that the good doctor is aware of the distinction between prolonging life and prolonging the act of dying".—[*Official Report*, 1/12/1936; col. 490.]

Fortunately for us, science means that the medical profession could be in a much stronger position to follow Lord Horder's guidance. Thanks to organisations such as Marie Curie and the striking advances in palliative care, while there is still much to do, a change in the law is not the way forward. This Bill, with its fundamental challenge to the relationship between doctor and patient in pursuit of individualism, is no way to go forward.

4.19 pm

**Baroness Jones of Whitchurch (Lab):** My Lords, I am pleased to have the opportunity to support this Bill this afternoon, and to add my thanks to my noble and learned friend Lord Falconer for enabling us to debate this important issue. Like others, I have received a huge postbag often with very moving testimonies and I have read them with great detail. I have to say that unlike other noble Lords the majority of letters I received were in favour of the Bill.

However, I felt that the arguments in the letters represented a big shift in thinking away from deference towards professionals such as doctors and politicians, and maybe even the church, and towards a stronger belief that individuals with their families should be able to exercise greater control over their own lives. There is an increasing reluctance to let others decide our fate. But we also have a particular responsibility to give leadership and guidance on this matter, not least because of the Supreme Court's judgment. That is why this Bill is so welcome and so timely.

Today, we have heard a great deal of supposition and some rather alarming speculation about the motives of friends, families and doctors who would be impacted by the change in the law. But surely those who fear the consequences of such a change in the law can take comfort from the evidence that already exists. A number of noble Lords have referred to the Oregon example. There is a wealth of research that has demonstrated that the law works well there and safely, providing a safe choice to a small number of terminally ill people and a great deal of comfort for many more. Far from people feeling pressurised to die early, the safety net has given many people a renewed commitment to a life safe from fear. The small numbers who do opt for assisted dying clearly demonstrate that doctors are not using the powers inappropriately.

Incidentally, I do not recognise the rather jaundiced description of medical professionals in the UK that some have characterised today. As someone who sat on the GMC Fitness to Practise panels for many years, I know that the profession is not perfect, but an overwhelming number of doctors carry out their responsibilities with incredible care, compassion and diligence, and there is stringent regulation for those who stray. The requirement for two independent doctors to be involved should give us sufficient protection against a very small number of rogue doctors who, incidentally, characteristically act alone. However,

[BARONESS JONES OF WHITCHURCH]

I have listened to the debate this afternoon, and I am sure that those protections could be enhanced in Committee.

In addition, for those who fear that the Bill will open the door to assisted dying on a mass basis, in Oregon there have been no attempts to widen the law beyond the initial remit. We should contrast that with the situation in which we now find ourselves in the UK. In 2012, a Commons debate on the DPP's guidance on prosecution saw MPs unanimously accept the principle that amateurs who compassionately assist a loved one to die should not face automatic prosecution. That is the current position. But I do not believe that it is sustainable to allow amateurs to offer compassionate assistance to die while prohibiting the much safer option of proper medical assistance to deliver the same outcome. Many in the medical profession, for the highest of motives, share that view.

This is why I support the Bill. It will empower the terminally ill to choose the kind of death that they want rather than having to take matters into their own hands or operate with the help of amateurs with no medical support or supervision or, as we have heard, in a foreign country. The Bill represents true compassion towards the terminally ill and I urge noble Lords to support it.

4.23 pm

**Lord Singh of Wimbledon (CB):** My Lords, the Bill is flawed on many counts. In attempting to show compassion to a few, it neglects due compassion to many thousands of others. It has created immense fear in vulnerable people that they are being seen as a problem by society, with consequent damage to their sense of self-worth. Much has been said about autonomy in this debate—about our right to take decisions about our lives. But all too often it ignores the reality that what we do or omit to do affects others. This narrow view of autonomy is little more than an unhealthy obsession with self, which is considered one of the five deadly sins in Sikh scripture. The reality is that all of us are part of a wider society. What we say or do affects others. Importantly, our attitudes and decisions are influenced by those around us. Relatives, through what they say or omit to say, or simply by not being around, can affect the mood or even the will to live of the vulnerable.

The Bill stipulates the need for a “settled” state of mind for those contemplating assisted suicide. A feeling of not being wanted or of being a burden on others can, importantly, tip the balance towards a settled state of mind of not wanting to live. The proposed legislation moves us even further from focusing on enhanced care and compassion for the vulnerable in society. Worse, it can encourage uncaring or greedy relatives to persuade vulnerable people that their lives are not worth living.

All of us can at times feel that what Shakespeare called the,

“slings and arrows of outrageous fortune”,

are too much for us. However, it is also true that loving care and compassion can change our mood. This is particularly true for the infirm and vulnerable. Daily

reports of abuse of those who cannot care for themselves by family members or in care homes remind us how far we have moved as a society from our duty to help the vulnerable. Sikh teachings remind us that our own sense of well-being lies in devoting time to the well-being of others. It is a sentiment echoed by all major faiths.

Near where I live there is a new housing development with a large hoarding advertising it with the words “Assisted living”. The need of the hour is not to look at ways of helping people to kill themselves in the name of compassion, but to make compassion and concern for the vulnerable central to the life of a civilised society.

4.27 pm

**Baroness Young of Old Scone (Non-Afl):** My Lords, this has been a pretty amazing fortnight of public testament that the time is now right for the Bill to be given serious consideration and, I hope, passed.

For some whose poignant stories we have all heard, it is already too late. This legislation is overdue to ensure that dying adults facing unrelievable and unnecessary suffering at the end of their lives can, if they wish, choose not to go through the last few dreadful days or weeks, but choose the time and manner of their dying. It is a tightly and narrowly defined Bill, with several layers of safeguards. It puts the dying person back in the driving seat, as they should be, to be able to decide how they want to die. The noble Baroness, Lady Campbell, for whose determination I have huge respect, regretted that the Bill is about pity. The Bill is not about pity; it is about power—the power of being in control of one's own death.

The Bill is also about terminally ill people being able to have proper, advance discussion with their family and, above all, with their healthcare professionals. Evidence given to the Commission on Assisted Dying, on which I had the privilege to sit, showed that under the current law doctors and nurses feel at risk if they discuss the full range of options with their patients. This is not acceptable. As the noble Lord, Lord Gordon, said, we do not talk enough about dying.

I will tackle the issue raised by the noble Baroness, Lady Neuberger, that decisions about the settled, sustained and competent views of dying patients on having an assisted suicide should be decided by a judge. We considered that during the Commission on Assisted Dying, but felt that we were seeking that death and decisions about death should be taken normally and appropriately with families and medical advisers, without the hurdle of an artificial, judicial-level process which would take away the very autonomy of the individual that we are trying to achieve.

Some of those concerned about the Bill worry that dying people may opt for an assisted death because they feel, or are made to feel, that they are a burden. I believe that the ability for the certifying doctors to seek additional evidence, should pressure be suspected, is an important safeguard and should be clarified in the code of practice that the Bill enables. If the law is passed, the ability for patients to have a full and transparent upfront discussion with the certifying doctors about all the options, and the recording of those discussions, would add a further safeguard.

At the moment, under the current legislation, we simply do not know whether pressure is being exerted or not. An estimated 300 people are helped to die each year by friends and family, an estimated 1,000 people are assisted to die by medical practitioners and a number of people travel to Dignitas. We do not, at the moment, under the current legislation, know at all whether they have been put under pressure.

We all consider the impact of any decision we make on those who are close to us. We take it into account in decisions such as choosing which movie we go to with the family or what job we are going to take or deciding whether we are going to move house to a different part of the country. It is appropriate that we take the emotions of the people around us into account when we are making an important decision about our death—that is part of human life. The evidence from Washington is that concerns about loss of autonomy and loss of dignity, and the prospect of a struggling, joyless end, figure far higher in people's decisions to seek assistance to die than feeling that they are a burden.

If the Bill passes, people will not have to choose assisted dying. I have had to have quite distressing correspondence and e-mails with people who seem to think that, if the Bill goes through, they will have to choose to die. They will not have to choose to die; they will have the right to choose the death that they think best. I commend the bravery and energy of the noble and learned Lord, Lord Falconer, and his team in promoting the Bill and call on the House to allow it to proceed to a full and proper analysis in Committee. That is where our House excels, with its wealth of expertise in tackling these very difficult issues.

4.32 pm

**Lord Berkeley of Knighton (CB):** My Lords, they said that this would probably be the hottest day of the year and, emotionally and intellectually, I think they were probably right. The noble Lord, Lord Alli, hit the nail on the head when he said that there are no absolute rights or wrongs in this; we all bring our own feelings to it and it is impossible to say something is absolutely right or absolutely wrong. The letters we have all received are so deeply moving and passionate about the perceived primacy of their position that I found them to make almost unbearable reading—particularly those, which in my case were in the majority, that recount the helplessness of watching a loved one die in agony. One farmer told me that if he allowed his animals to die in this way he would be locked up.

Consultants in palliative care, who have been very persuasive in what they have said, say that nobody should suffer in this day and age in that way. However, they still do: the evidence is there in the letters and is all too familiar to families up and down the land. As a young man, I worked for a while as a phlebotomist at St Bartholomew's Hospital. It is strange to reflect that since those days, and in the aftermath of the appalling deeds of Harold Shipman, doctors have in many ways found themselves hamstrung in their dealings with the terminally ill and the dying. The days are gone when a country GP visiting a patient he or she has known for decades could quietly and gently ease them on their way. Perhaps some still do—I know many doctors who have done it. However, in curtailing

the ability to carry out this compassionate care, through the forensic analysis of deaths, I believe we have created the need for the Bill of the noble and learned Lord, Lord Falconer.

We have heard very strong medical and legal arguments, which nobody of intellect could simply dismiss. I certainly do not and, rather, would love to see them used to improve the Bill, which I still support.

The church seems divided on this issue and rightly talks of the sanctity of life. There could be no greater subscriber to the sanctity of life than me, but surely part of that sanctity is constituted by—how can I put this?—a sacred stillness, a dignity, a precious humanity that is undone by rendering a dying human being into a screaming animal, a shadow of their former and real self, utterly deprived of the inalienable right of personal autonomy. Here we come to that great conundrum of faith. No one from the church or anywhere else has ever been able to explain to me how I should try to comprehend the notion that an all-seeing, all-merciful God would want this sort of terrible suffering to be endured rather than relieved.

A natural death is what we all hope for, and we would all like to think that, if needed, we would be given enough drugs to make us comfortable, but what if, to achieve that, a doctor prescribes so much morphine that it leads to depression of the respiratory system, bringing about death or, perhaps, the old man's friend, pneumonia? My father, who had severe Alzheimer's, got, as I prayed he would, pneumonia. I had months before asked the sister in charge that, should that be the case, please not to treat it with antibiotics. He slipped into a peaceful coma. Yet was I not in one sense part of an assisted death? Are we are not dealing in semantics in saying that a withdrawal of treatment is not actively bringing life to an end? Is this Bill not in a way simply spelling out, trying to clarify, the right of each and every one of us to have the final decision about our lives should disaster strike and to have as peaceful a death as possible?

4.36 pm

**Baroness Kennedy of The Shaws (Lab):** My Lords, this is one of the most challenging moral issues of our times. On the one hand, we are dealing with the right to individual autonomy and to bodily integrity, and with the right to make decisions about our own lives. So it is a profound issue of human rights. On the other hand, there is the need to preserve the wider fabric of an ethical society with an overriding principle that human life is to be valued and guarded against violation and abuse.

That is the bigger picture of sustaining the culture in which human rights, particularly those of the vulnerable, will be protected. This Bill, I have no doubt, is derived from good motives. I respect the aims of those who wish to relieve the suffering of people at the last stages of their life. But it is about respecting the individual. The conception of human rights that we have developed in Europe is different from that in America. We believe that it is not all about individual rights; it is about striking a balance with other rights and it is always about considering the impact on wider society. It is why we here find it so baffling that in the United States

[BARONESS KENNEDY OF THE SHAWES]

they cannot get control of their gun laws, because the individual right trumps the needs of the wider community. That is not so here.

This Bill carries us unfortunately across a line. It takes us to a different place and to deny that is not right. I believe that it will change the moral landscape. The question is whether we are creating a climate of greater compassion or stimulating a climate of chillier decision-making. Are we raising the bar of humanity or are we creating a society where our ethics are made of coarser cloth? We could with good intentions be planting a seed that bears unexpected fruit, so that we end up with different calibrations about the quality of life and about humanity. What is exceptional today so easily becomes standardised tomorrow. Sometimes that is to the good, but sometimes it is to the bad.

It is a fundamental principle of law that we should safeguard life—it is an absolute principle—and I think that it is too important for us to abandon it. Like the noble Lord, Lord Macdonald, I am concerned that this Bill creates immunity from inquiry, and I would like to hear more from the movers of the Bill about that matter. Is there to be no inquest after a death, so long as it ostensibly conforms to the Bill, with the forms filled and the consents secured? Is there to be no examination of the quality of the consent or the judgment of the doctors? Perhaps it is my experience as a criminal lawyer that makes me concerned about such total immunity from the processes of law and how the malign or reckless can misuse such processes. As the former Director of Public Prosecutions, the noble Lord, Lord Macdonald, said, these cases are currently examined. They cross the desk of not just any prosecutor but of the most senior in the land. In virtually every case nowadays, there is no action. However, it is important for people to know that there will be close consideration of the process and that there will be consequences for wrongdoing, because that is what prevents abuse.

We must ask ourselves whether this legislation will lead progressively to other changes in end-of-life care that we would not want to see, even if we can decide when the end of life is imminent—and I question whether we are able to do that with much success. It is inevitable that the creation of powers of attorney will be the next step. We can be sure that people will say, “I’d like to be able to name a person to whom I will give a proxy consent, so that when I lose my faculties they can make the decision for me”. Many would want to see that happen.

Like everyone, I am moved by the terrible stories of miserable ends. I think that sometimes doctors err too much on the side of caution in assisting the gentle passage of the dying because we have created a society laden with fear of accusation and litigation. We need to do more about the adequate training of all doctors in dealing with pain and death. Nor are we supporting doctors and nurses well enough as they make difficult decisions. Our medical world has been infected by a model of care that is increasingly commercialised. Reforms to our health and care system are reducing trust between patients and their carers—their doctors and nurses—and sometimes reducing compassion because there is so much pressure on the time of the carers.

Relationships are built through consistency and time spent, as they were in the past when we had the GP whom we knew, rather than saw someone different every time, and there were teams who consistently worked together with sets of patients. However, I am afraid time is in short supply in our market-driven regimes.

I share concerns about the pressure that we put on the aged and the disabled, expressed powerfully by many in this debate. I know that choice is the great aim of our age—choice in all things, as though we were all shopping. But who gets the choices? How many people in our communities have real choice? The issue of choice is a snare and a lure. I look around and I think that compassion is in short supply. Our society is becoming a harder place—harder on the elderly, the young, offenders, the unemployed and the poor. Society is full of people who have very few choices.

We must be careful about creating huge moral changes when we see austerity policies already having such an impact on the disadvantaged. We keep being told that this is just a small step and we will not go further. However, I am afraid I am not so sanguine about our society’s sensibilities. I look around and see such cruelty to refugees and asylum seekers. I see what is happening to the destitute and the effect of cuts on the poor. I am not so confident that our expressions of altruism can be relied on into the future. I am not so sure that there is enough commitment to the vulnerable.

Changing law is very important. Law is the bedrock of our nation; it is at its foundation. Some laws matter more than others, and this law will certainly matter. It speaks to who we are and how we want to be. Law is our national autobiography. There are good chapters and bad chapters. We should be very careful about what we are writing now.

4.44 pm

**Lord Rees of Ludlow (CB):** My Lords, we have all been much influenced and moved by the letters we have received and we surely all welcome the extensive discussion that the Bill has catalysed in the media. However, all this has perhaps obscured how circumscribed the Bill is. It identifies a small category of person to whom the general law against assisted suicide should not apply, allowing those of sound mind and firm intent with a terminal disease to end their lives in a time and place of their choosing, rather than suffer a lingering decline marked by loss of autonomy and pain that can be eased only by drugs that blur the mind. It is estimated that only two people in every thousand would choose that route, although many more of us would be comforted by knowing that the option was available.

Very few people consider extension of life at all costs to be a moral imperative. We can already make choices that make our lives shorter. We can ask not to be resuscitated if we have heart failure; we can decline invasive cancer treatment; we can be prescribed pain-relieving drugs that have the secondary effect of hastening death. None the less, some survive beyond the stage where they feel that life is worth living. That is why 300 people a year with terminal illnesses commit suicide. That is why about 30 make the one-way trip to Switzerland and why the lives of loved ones are sometimes ended

in ways that are, strictly, illegal. Those 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.

So the Bill should be welcomed. Unlike the present DPP guidelines, it mandates upfront safeguards and greater clarity than what now prevails. It is a misperception that support for the Bill betokens less admiration for the hospice movement or less motive to enhance palliative care. We surely need to prioritise those and, incidentally, the tackling of mental illness more broadly, and to support the far larger numbers who are driven to suicide by depression or social deprivation.

Likewise, it is a misperception that the Bill would render disabled and vulnerable individuals vulnerable to being threatened or pressurised. That concern has been expressed movingly by the noble Baroness, Lady Campbell, and others, but some offer contrary perspectives, including Professor Stephen Hawking, my colleague for 40 years. His crescendo of achievement against all the odds has been astonishing. He still craves new experiences and absolutely does not want to die. He thinks that suicide would be wrong unless one were in great pain, which, thankfully, he is not, but—this is the key point—he says that, none the less, the disabled should have the option, as others do, to choose to end their lives. Like him, I firmly support the Bill, although the safeguards may need scrutiny, especially the six-month rule and, perhaps, the need to assess emotional state as well as intellectual competence.

We in this House are not obliged to follow popular opinion, but it would surely be wrong if we did not fully scrutinise a measure with such broad national support.

4.48 pm

**Lord Finkelstein (Con):** My Lords, when Harold Macmillan was asked by Rab Butler in 1961 to legalise suicide, he replied: “I do not see the point of it. It is just to please a few cranky Peers”. He said that he thought that the voters would be unimpressed if the best that the Tories could boast after 10 years in office was that people were free to go ahead and kill themselves.

Let me briefly explain why the Assisted Dying Bill is not just about a few cranky Peers and why I welcome its introduction. I thank noble Lords for many wonderful speeches, which have been a privilege to listen to, particularly those noble Lords who have been brave enough to share their stories of the deaths of relatives. The question before us is not whether there ought to be a choice about how to die. That question has been answered by medical science: there is a choice. The question is, therefore, who makes that choice: whether I am allowed to make it for myself or whether the state should make it for me. The suggestion that I may not be able to make a good choice—that I may make it for the wrong reasons or under the wrong influences—is an argument that can be used against allowing people control over almost anything important. In fact, the noble Baroness, Lady Kennedy of The Shaws, made that point almost exactly.

I remember, when running for Parliament, encountering a woman who told me that she was not going to vote Conservative because she thought that William Hague

had a silly voice. “If you don’t mind me saying so”, I replied, “that’s not a very good reason”. “I do mind you saying so”, she said, “because it’s my reason”. It was her reason; she was entitled to it.

Failing to legislate for assisted dying is substituting our reason—Parliament’s reason and the state’s reason—for that of the dying person on the grounds that we are of sound mind and strong, and the dying person is not. We are even doing this explicitly. We say, for instance, that people should not have this power because they might use it as a result of a fear of being a burden on their relatives. But why should that feeling be illegitimate? Not wanting to be a burden is a perfectly understandable and naturally human attitude. One might try to dissuade a relative—one certainly would in my case—but it is wrong to make that emotion illegal. The state is arguing, “If you don’t mind us saying so, that isn’t a very good reason”. I want people to be able to reply, “I do mind you saying so, because it is my reason”.

We are told that this choice is different from others because it is a matter of life and death, but it is not. The Bill is for the terminally ill, so it is not about a matter of life and death but about the manner of life and death and over that—in harmony, of course, with the rights of others—I should be able to exert control. Of course, the vulnerable should be protected. The law should not allow anybody to tell anybody else how to die. However, that is an argument for the Bill, not against it.

If the growth in abortion is a convincing argument against legalising assisted dying, it must surely be an even more convincing argument against legalising abortion. Yet very few, or a minority, in this House would hazard that we should make abortion entirely illegal. The supporters of the Bill seem to be asking for something that is very modest but also basic in a free society. We live as free people and now we want the right to die as we have lived.

4.51 pm

**Baroness Turner of Camden (Lab):** My Lords, I support the Bill. I have listened with interest to a number of noble Lords who have spoken in opposition to it this afternoon but I have still not changed my mind. I have received more letters on this subject than on any other that has been before the House. The majority of the letters that I have seen have been in favour of the Bill.

Like many other noble Lords, I have friends who are, sadly, no longer with us and I think that most of them would have supported the Bill if they were aware of it. One of my friends died recently. When she found out how ill she was, she refused to eat. In fact, what she did was to starve herself to death. That was terribly sad. Something like that should not happen to anybody.

I believe that there are adequate safeguards in the Bill against individuals being pressured. It is clear that the decision has to be taken by the individual who is ill, not by relatives, neighbours or friends—not even by doctors. It is very important that the individual who is most affected has the job of making the decision for himself or herself. Also, two doctors must certify

[BARONESS TURNER OF CAMDEN]

that the individual is terminally ill and in a position to make his or her desires clear and that they have the capacity to do so. Moreover, the individual must be told of palliative and hospice care, as well as other sorts of care that are available. In other words, there are attempts in the Bill to make sure that there are adequate safeguards against people being processed in a direction which they do not want to go in.

Some Members have been saying that disabled people and elderly people would sometimes feel threatened. I do not think so. The intention is to ensure that that is not the case and that the individual concerned has been certified, more or less, to be in a dangerous situation. If they do not have the option available in the Bill, they may well face many weeks—perhaps even months—of pain and suffering. I do not think that anybody in this House would want to see that. I therefore support the Bill and I hope that we shall proceed with it by giving it a Second Reading and moving on to Committee. I believe that this is a matter for Parliament and that Parliament should do its job by making sure that the Bill eventually proceeds with the support of both Houses and lands on the statute book.

4.54 pm

**Baroness Howe of Idlicote (CB):** My Lords, it has been an amazing day so far. I think that we are about three-quarters of the way through. Like the noble Baroness, Lady Turner, I have had amazing numbers of letters. I have the solid bunch of them all here with me and every single one of them is against the Bill. It is only fair to put that into the balance.

The last time that the House was asked to consider a Bill to legalise what is being called “assisted dying” was shortly after I joined it. The first thing that I did when I saw the Bill tabled by the noble and learned Lord, Lord Falconer, was to look back at the Bill that the noble Lord, Lord Joffe, presented to the House eight years ago. The thing that struck me immediately was the title. The noble Lord, Lord Joffe, presented the Assisted Dying for the Terminally Ill Bill, but this Bill is the Assisted Dying Bill. Is that just an attempt at brevity or is it significant? The noble and learned Lord is insistent that his Bill would not offer assistance with suicide to anyone who was not terminally ill, but I cannot help thinking that, if I were presenting such a Bill and I had in mind that it might subsequently be extended, I might well think that it ought to have the more general title of Assisted Dying Bill rather than the narrow one that the noble Lord, Lord Joffe, used eight years ago. But maybe I am being overly suspicious.

Moving on from the title, I noted that the Bill of the noble Lord, Lord Joffe, set out a procedure for a doctor who supplied lethal drugs to a patient to report doing so. It also contained provisions for a monitoring commission to examine these reports to ensure that the law had been complied with. Yet when I turned to the Bill of the noble and learned Lord, Lord Falconer, I saw none of this. There is no requirement for a doctor to report, nor is there an arrangement for ensuring that the terms of the law have been observed. The Bill of the noble Lord, Lord Joffe, contained a

requirement, in line with the Oregon assisted-suicide law, that a doctor who had any doubts about the mental health of a person seeking assisted suicide must refer that patient for specialist examination. Once again, there is nothing like that in the Bill of the noble and learned Lord, Lord Falconer.

I raise these issues because those who argue for a law of this nature are insistent about what they call upfront safeguards, but there is nothing upfront or indeed safeguarding here. All that the Bill contains are broad and general statements of whom it is meant to apply to. These are not safeguards. It is not enough to say that having two doctors agreeing on a request is a safeguard. This is quite literally a life-or-death Bill and we need to be able to assess whether it is safe to unleash it on the public.

We are told that all this will be settled later by others and that we should focus on the principles of the Bill. Surely, though, safeguarding the public is itself a central principle of all legislation. To give the green light to a Bill with such far-reaching consequences for the safety of vulnerable people simply on the basis that it sounds fine in principle, without being given even a hint of how those people might be protected, would be nothing short of a dereliction of our duty as legislators.

4.59 pm

**Lord Haworth (Lab):** My Lords, it is exactly 10 years this week since I joined your Lordships’ House but this is the first time that I have spoken in a debate on this subject. Throughout all that time, assisted dying has remained one of the most vexed and divisive unresolved issues, but I believe that public opinion is changing.

I do not personally have a religious or principled objection to assisted dying or assisted suicide but I found myself unable to support the Bill of the noble Lord, Lord Joffe, in 2006 because I had been hugely impressed by the arguments of those who opposed the Bill and who argued for better palliative care as the answer, particularly the noble Baroness, Lady Finlay, whom the whole House rightly respects and admires. I was deeply worried about the slippery slope argument that a change in the law would somehow inevitably morph into something different and undesirable where an elderly person or perhaps a disabled person would find themselves increasingly pressurised into ending their life prematurely.

Down the years I have wrestled very hard with these points, and I have changed my mind. I believe that this Bill deals clearly and convincingly with these worries. It is tightly drawn. It does not permit assistance to die for anyone who is not already terminally ill. Indeed, as has been pointed out, this may be its biggest shortcoming in that it will not offer comfort to those who wish to be released from their unbearable suffering because they cannot be diagnosed as actually terminally ill. I have no ready answer to that except to say that if the public and Parliament were to want at some point in the future to modify the tightly drawn categories or relax the safeguards, there would clearly need to be fresh primary legislation. This Bill is not the thin end of the wedge.

This Bill will give reassurance and peace of mind to an admittedly small number of people who fear that their impending death will be painful and their suffering unbearable. This is a humane measure and the evidence suggests that it has widespread public support. My mailbag suggests the same. I have received many very moving letters over the past few weeks from real people, by which I mean from individuals rather than from campaigning organisations or organised lobbying, and the letters I have received have been almost all—not quite all, but about 90%—in favour of the Bill. They also appear mostly to have been written by elderly people and often refer to some previous experience of the painful and distressing death of a loved one. They express a strong desire to have the right and ability to end their own life in a manner and time of their choice.

Not every dying person wants to have palliative care, even if it is widely and freely available. If people approaching the end of their life seek that degree of ultimate personal autonomy, and provided they have mental capacity and a settled view, the law should not deny them.

5.02 pm

**Lord Phillips of Sudbury (LD):** My Lords, like other noble Lords, I thank those who have brought this Bill before us. I particularly thank the noble Lord, Lord Joffe, who has been the hero of this cause for more years than it would be polite of me to mention. He is still with us and still giving us the benefit of his advice. We must also thank the noble and learned Lord, Lord Falconer, for having taken on leadership of this cause. Like other noble Lords, I thank the extraordinary number of people who have written. I do not know about other noble Lords, but I expect all of us have had extraordinarily moving letters—not Cyclostyle letters with just a name at the beginning and a name at the end, but very particular, individual and moving letters. I am sure they have moved all of us and given us more wisdom and determination to scrutinise this Bill in subsequent readings to make sure that if it goes through, it goes through in the best possible form.

I should say very briefly that at the beginning of my legal career, a long time ago, I was a coroner's officer for many years and sat occasionally as a coroner. I was also a family lawyer and worked for 10 years for the Samaritans, so one way or another I have seen quite a lot of the pressures of life, suicide and all the rest of it, and that very much affects my view now.

This is without question an epochal Bill and, because it is genuinely that, I suspect that the public have never been more interested in what we are talking about and the way we are talking about it. The fact that it is so fundamental a change brings out the cautious side in me and in many noble Lords.

The other thing that must be made clear is that there are no perfect answers. Quite a lot of the speeches today—and how wonderful they have been—have implied that there is a perfect answer one way or the other, but there is not. As a long-in-the-tooth lawyer, I can assure noble Lords that this is a heck of a messy terrain and there is no conceivable way of wrapping it

up neatly so that it is waterproof and watertight. It is impossible. In the end you have to come down more on one side of the answer than on the other; more on safety and caution, perhaps—I do not know because it is not the right language. There is no competition in compassion either. I am sure that we have all been moved by the plight of people. I will not name those who have spoken, but we have heard some extraordinary examples of that plight this very day.

I would also like to say that whether or not one kills oneself is not an individual decision. It is surely one of those situations that John Donne would have been thinking of when he said:

“No man is an Island, entire of itself”.

There is no conceivable way that me killing myself is just for me. It is not just a question of the repercussions for one's family, there are repercussions for society as well. I have to admit that I am very concerned about that because of the pressure that will inadvertently be brought to bear on vulnerable people if this measure goes through. It is absolutely certain to happen, and I believe that it will happen often. I do not think that we should pretend that by tinkering with the language we can overcome that problem because it is huge.

I want to say a brief word about the context in which we are discussing the Bill; it is one that is in marked contrast to Oregon. We are not a nice country state; we are an urbanised, mobile and materialist culture in which loneliness and distress are rampant. They play straight into the argument vis-à-vis pressure on individuals when they feel that they are offending their relatives, outliving their days, or whatever else it might be. I believe that the status quo is actually not bad. The DPP has made it clear that he deals with things personally; I think that we have had only one prosecution. We therefore should not assume that we can easily improve on that.

Finally, the onus in this great debate should surely be on the movers of the Bill to satisfy the House that the fears which have been expressed and the anxieties that are felt can be better dealt with by this legislation than by the status quo.

5.07 pm

**Lord Kerr of Kinlochard (CB):** My Lords, I am not sure about that. I find all this very difficult, and this excellent debate makes it no easier. I am envious of those for whom it is clear and set out in black and white, but it seems to me to be a matter of balance. One is balancing personal autonomy against society's rules, prohibitions and taboos, and that is difficult. I have huge respect for those who argue against the Bill, and in particular I have huge respect for the noble Baroness, Lady Grey-Thompson, but I do not think that she is being quite fair when she urges the noble and learned Lord, Lord Falconer, to quantify what would be the precise effect in terms of the number of cases if his option became the law of the land. He has given the Oregon numbers—80 cases out of 30,000 deaths annually—but we all know that in Oregon there are many more people who equip themselves for an assisted death but in the end do not choose to go that way. What they were seeking was the comfort of knowing that they had the option.

[LORD KERR OF KINLOCHARD]

Moreover, if we turn the question put by the noble Baroness, Lady Grey-Thompson, on its head, no one here knows for sure—with all due respect to the noble Baroness, Lady Young of Old Scone, and her estimates—what the numbers are in this country right now. No one knows how many people currently try to do an amateur job on themselves and botch it. No one knows how many are helped by compassionate friends, relatives, nurses or doctors running the risk of a police investigation. Lastly, no one knows about the ill intentioned. The noble Lord, Lord Tebbit, has said that the Bill is a, “breeding ground for vultures”. Well, if there are vultures around, they must be out there now because, presumably, they are not sitting on the benches waiting for the Bill.

What about the safeguards? There would be two doctors, acting independently, and four tests, including the doctors’ need to satisfy themselves that the decision the patient was making was informed, voluntary and free from pressure. Will those safeguards not reduce opportunities for ill intention? It is quite hard to see how we could increase them. Does the noble Lord, Lord Mawhinney, really believe that no one now is persuaded to worry about becoming a burden on others—that that risk will arise only if the Bill becomes law? The noble Baroness, Lady Finlay, was very critical of the safeguards; she mentioned Dr Shipman, as did the noble Baroness, Lady Masham. My respect for the medical profession is rather greater than that. However, whether the safeguards are sufficient or not seems to be an excellent issue to explore in Committee.

Finally, I hear the slippery-slope argument. I heard it brilliantly argued by the noble Lord, Lord Brennan; we also heard it from the noble Lord, Lord McColl, and it was very strikingly argued by the noble Lord, Lord Haworth. The noble and learned Lord, Lord Falconer, gave the answer to it in advance. The law would not change again unless Parliament changed it. That is the correct answer to the slippery-slope argument. However, I can see that the slippery-slopists have a point. The Mansfield judgment was followed in due course by the Wilberforce Bill and the abolition of slavery. We used to hang little boys for pinching a purse. In the end, we now do not hang anyone at all. Society’s rules on the rules changed; the point of balance moved. Currently, public opinion is clearly behind the law; the DPP, wisely, applies the law only partially. The Supreme Court has nudged us to revisit the law. The status quo—with respect to the noble Lord, Lord Phillips—is a mess. That is why it is right that the Bill should proceed. I pay tribute to its opponents, who have agreed that that should be the case.

5.11 pm

**Lord Hollick (Lab):** My Lords, I, like other noble Lords, have been deeply moved by the many personal letters that I have received from those diagnosed with a terminal illness, and from their relatives and the relatives of those who have died after enduring long and painful illnesses. Those letters were on both sides of the argument, but the stories and testimonies provide a context so we can understand what is in their minds and what their concerns are. The concern of many is to be able to take a degree of control at the very end of

their life. I respect that, and I think most of us would respect it as well. Many are prepared to endure great suffering, eased by palliative care, while others wish for a swifter end to avoid the suffering, indignity and helplessness of their last days. Faith provides an important guide, and indeed an inspiration for many, but not all those of faith reach the same conclusion.

None of us can truly know how we will respond until our time comes. Will we wish to do all that we can to live for a little while longer, despite the pain, or will we want it to end sooner? Frankly, I do not know how I will answer that question, but I know that I want everybody to have that choice. The manner of one’s going should be a matter of personal choice. The right to die in peace is surely a personal choice, which should be upheld and recognised in law. It is wrong that a person should be forced to endure great suffering because of the genuinely strongly held views of others. We live in a democracy where citizens have the right in personal matters to make up their own minds and to act accordingly. Society should respect and protect the right to choose how you wish to die in the same way we respect other important personal freedoms.

Many important freedoms have been protected by law over the last 50 years. The right to make a choice to end your life in peace and dignity if you suffer from a terminal illness is a freedom which must also be protected and entrenched by law. The Bill will do that, and in so doing will enhance our freedoms and provide proper protection to those who help us to die as we choose. It will replace the rather murky, opaque and confusing status quo that we now have, where there is a lack of transparency and accountability. It will offer those whose only option—we have heard testimony on this today—is to starve themselves to death in lonely isolation.

The Bill is tightly drawn to permit only those with all their faculties intact, who have been diagnosed terminally ill and can be reasonably expected to die in six months, to choose the time of their death. In Committee, the Bill must be carefully scrutinised to ensure that, in both its principles and in its detailed implementation, it strikes the right balance between freedom to choose and the important protection of the vulnerable from harm. For instance, we must look carefully at the clause that defines terminally ill as someone who,

“is reasonably expected to die within six months”.

Many of us know people, or know of people, who have outlived that prediction, sometimes by many years. With medical advances, forecasting will become ever more treacherous. Perhaps a shorter period would provide greater certainty and assurance. How are the two registered medical practitioners to satisfy themselves that the decision to end life,

“has been reached voluntarily, on an informed basis and without coercion or duress”?

Key principles of the Bill will be underpinned by codes of practice, which in this instance we will wish to scrutinise most carefully.

There is much work to be done, and do it we must—otherwise the Supreme Court will take it out of our hands. This is an important and timely Bill, which is widely supported in the country, and it has my full support.

5.16 pm

**Lord Rowe-Beddoe (CB):** My Lords, I wonder how many noble Lords have seen a poster on the wall of Westminster Underground Station commending legislation on assisted suicide. The poster bears words typical of the sleight of hand that some campaigning for this legislation have used. It says, “No more will die, but fewer will suffer”. Let us look at that statement for a moment. It is telling us that, if we agree to change the law and supply terminally ill people with lethal drugs so that they can end their lives, no more people will die as a result. That is self-evident, I suppose—but the same argument will surely be used to justify supplying lethal drugs to anyone else, because we are all going to die sooner or later. If we die by suicide, in the words of the poster, “No more will die”. It is a very dangerous statement.

A fundamental issue here is not how many people are going to die, for as many of us will die as are alive. That is clear. A fundamental issue is how many deaths by suicide we are prepared to assist. As a society, we go to considerable lengths to discourage and prevent suicide deaths, and rightly so. But the noble and learned Lord’s Bill, whatever its good intentions, stands this on its head. It is saying, in effect, that there are some people whose suicides we should actually assist. This difficulty cannot be explained away simply by redesignating assisted suicide as assisted dying; it is assisted suicide, and the face of the Bill should so reflect. The package should accurately describe the contents. I was pleased to hear as the debate went on how more Peers were using the word suicide rather than dying.

Although the Bill will not result in more deaths—it could not do that even if it wished—it will clearly increase the number of suicides. Oregon and Washington have already gone down that road, and we see a steadily up trend in deaths from assisted suicide, in Oregon’s case punctuated by occasional dips while in Washington the rise has been steep and relentless. The death rate from this source has more than tripled in four years. In 2012 there were 4,800 suicides in England and Wales. Taking Oregon’s current death rate from assisted suicide, referred to by the noble Baroness, Lady Grey-Thompson, some 1,200 assisted suicide deaths can be expected here annually. Would these be additional suicides or would there be an overlap between the two? There is no hard evidence, obviously, but the number of suicide deaths to be expected from this Bill is significant enough, I suggest, to make us stop and think, and think again.

Let us therefore reflect on the deeply moving and most eloquent contribution of the noble Baroness, Lady Campbell of Surbiton, and the vitally important nursing voice that was given us by the noble Lord, Lord MacKenzie of Culkein. Let us also remember the slippery slope mentioned by so many of your Lordships today, and which the noble Baroness, Lady Cumberlege, more accurately renamed a slow-moving glacier. Let us recall the 1960s for a moment, which saw, inter alia, abortion legislation with all its safeguards. Today, you cannot find them; they are unrecognisable.

Let me say a final word, as a former deputy-chairman of the United Kingdom Statistics Authority—I am

sorry that my noble friend Lord Moser is not in his place. I am aware that responses to polls are heavily dependent on the drafting of the questions.

5.20 pm

**Lord Judd (Lab):** My Lords, no one who has sat through this debate could possibly imagine that there is not an immense amount of work to be done at the Committee stage. The complexity of the issue has become increasingly clear. The sincere and convincing convictions of people on both sides of the argument have been very forcefully expressed. Like many others, I have wavered on this issue. I have given it a great deal of thought and, indeed, it has caused me a certain amount of anguish. However, at the end of the day, two prevailing principles have swayed me firmly to support the Bill. First, if you believe in the right to life and that it must be protected at all costs, you cannot dodge the secondary question about what life is. If a person has reached a stage at which they say, “What I am going through and experiencing cannot be described as life, as I understand it”, how can those of us who believe in life, if it is to have any sense, meaning or fulfilment, possibly reject that request? That is one of the arguments.

I have toyed very much with the question of whether I should present my next argument. I regard myself as being at the social end of Christianity. My Christian values affect very much what I am about in life. To me, what is really important in those values is love. There have been honest and brave references to love—not just compassion, but love—in this debate. As someone who takes second place to no one in the argument about the importance of love in our society, I say to those in the Christian church who have come to a different view that it is because of how I understand love that I have come to the conclusion that the situations with which we are dealing will sometimes demand the action which this proposed legislation envisages.

We have to return to the front. We have all had a mass of correspondence from people on both sides of the argument and I have been very impressed by it. Noble Lords will know how, when you are getting such correspondence, one letter particularly hits you and stays with you. I want to read one letter that I received. It states:

“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”.

These are some of the harsh realities in the front line of what is happening. I have the privilege to be deeply involved in the work of Hospice at Home West Cumbria, of which I am president. I was having a conversation with the chairman last weekend about some of the issues we face and the things we want to do. I asked him about the Bill. He is a fine man, a doctor with years of wide experience and deeply committed. He said several things and I asked, “Can I quote you?”. He said, “Yes, of course you can”. He said, “First of all, the devil is in the detail”. That is

[LORD JUDD]

why your Lordships' scrutiny in Committee will be so important because, in the end, does the Bill really do what we want to do in the way we want to do it? "Secondly", he said, "I am worried about this mental capacity issue. In terms of my experience, how certain are we that people have the mental capacity in their situation in order to make a rational decision?"

In this debate, we should have been talking far more about palliative care. I have limitless regard for the quality of work being done in hospices across the country—the dedication, devotion and effective work by so many volunteers and staff. However, one of the things that is so crucial, which we have come to see in west Cumbria, is that part and parcel of the care for the patient is also the support work and counselling for the family. If we are taking this Bill seriously there has to be a real choice for the people about whom we are talking. That means: is there a convincing alternative that meets the situation? We all know that palliative care is patchy in this country. Some of it is very good and very advanced but it is not available to everybody on the scale it should be. That should be a priority, as should be the training of doctors who in the course of their work will spend an increasing proportion of their time dealing with the dying.

5.27 pm

**Lord Gold (Con):** My Lords, be under no illusion as to what will happen next if this Bill becomes law. Pressure will mount for further change. Whatever those supporting this Bill may believe or say, this will be the start of creeping euthanasia.

In the lead-up to this important debate today, we have seen much press reporting of heart-rending cases of really ill or disabled people who support a change in the law. The recent Supreme Court case brought by Paul Lamb and the family of Tony Nicklinson has highlighted the plight of patients who suffer acute physical incapacity. However, in Mr Lamb's case, he is not "terminally ill" within the definition of the Bill; he is not reasonably expected to die within six months and would therefore not be entitled to seek assistance for his suicide if the Bill became law.

That is the case of many people supporting this Bill. Inevitably, it is only a matter of time before they seek a further change in the law to enable them to end their lives. Those noble Lords who might doubt this should look at how legislation of this kind has developed in Belgium and the Netherlands. Euthanasia for adults was legalised in both countries in 2002 and the number of deaths by euthanasia has increased substantially. It is expected to reach 6,000 this year in the Netherlands. This steep rise has been put down to the introduction of six mobile euthanasia units which travel around the country. With more than 70% of doctors in this country being opposed to this Bill, I believe that we will see a similar development. The noble and learned Baroness, Lady Butler-Sloss, asked where people will find a doctor. They will find them travelling around the country, looking for patients. Belgium now permits euthanasia for children. Identical twins Marc and Eddy Verbessem were both killed by lethal injection in December 2012, not because they were terminally ill, but because they were born deaf and were going blind.

The supporters of the Bill claim that they have provided adequate safeguards. These safeguards are fundamentally flawed. They will not prevent abuse. First, they do not protect against doctors getting it wrong or acting badly. Secondly, the two certifying doctors may have known the patient for only a very short time. Will they truly be able to say that the decision to commit suicide was voluntarily made? The Bill requires that the patient must have capacity to make the decision to end their own life. We know that many terminally ill patients suffer from clinical depression. Does such a patient have the capacity to decide to end their own life? How are these short-term doctors, travelling around the country, able to certify capacity?

I am worried about abuse in the form of what I will call low-key coercion: subliminal messages coming from what appears to be well-thinking family members, demonstrating to their loved ones how distressed they are at the condition they are in, at the pain they are experiencing. They will say, "We will be there with you. We will be with you constantly to give support". We know from research undertaken in the United States that the majority of patients who have suffered assisted suicide have done so out of compassion for their family and loved ones, not because they have formed a clear and certain intention to end their own lives. Add to that the subliminal coercion to which I have referred and we have a most worrying risk that the Bill demonstrably fails to address.

We are concerned with some of the most vulnerable people in our society, whom I believe we in this House have a duty to protect. By passing this law, I truly believe that we will be failing to discharge that duty for the vast majority of these people, purportedly by giving a choice to some. What we should be concentrating on is not making it easier for patients to choose death. We should be concentrating on life and on improving the care of the terminally ill. We can deal with pain far better today, but let us really work on enhancing the quality of life for the terminally ill in their final days.

5.33 pm

**Lord Low of Dalston (CB):** My Lords, I echo the tributes that have been paid to those who have brought this legislation before the House; to those who have written to us, often by hand, with moving and compelling testimony; and to the quality of the debate. The Bill arouses strong passions, but it behoves us to approach it in as dispassionate a manner as we can. The speeches we have heard have largely done that.

There is little doubt that the Bill is wanted. I have had people come up to me in the street, urging me to support it. My postbag has been running 4:1 in favour, closely reflecting the sentiments of the general public. One woman told me her dog had had a better death than her mother; another said her grandmother died under harrowing circumstances, palliative care having proved entirely inadequate.

I want to concentrate on just one area of the debate: the impact on disabled people. It is said that the Bill defines terminal illness in such a way as to encompass large numbers of people with chronic conditions and disabilities, as well as terminal illnesses. However, this is not the case. It is a very narrowly and

precisely targeted measure aimed at assisting those who are terminally ill to avoid further suffering by assisting them to take their own life. It does not license voluntary euthanasia by authorising someone to take the life of a person not covered by the Bill. It relates only to someone who is likely to die within six months and is mentally competent in making the request for assistance to die. It would not license assisting someone who is simply disabled, having, say, broken their neck playing rugby or, as in some recent cases, someone who suffers from locked-in syndrome, although there may be some overlap at the margins. It is perfectly possible to distinguish between the disabled and the terminally ill. I am disabled but I am certainly not terminally ill, as is plain for anyone to see.

It is said that the Bill gives *carte blanche* to anyone who thinks that a disabled person's life is not worth living, but what is forgotten here is that, all importantly, the disabled person has to ask. Questions of the robustness of safeguards do not arise until that hurdle has been cleared. Therefore, the Bill will protect anyone who does not have a terminal illness and it will give dying adults peace of mind. As the poster says, no more people will die as a result of a change in the law, and not just self-evidently, as the noble Lord, Lord Rowe-Beddoe, says; importantly, I would stress, fewer people will suffer.

The leaders of disabled people say that disabled people are against assisted dying, but that is not borne out by the facts. It is not just particular individuals like me who take a different view; as a YouGov poll recently found, 79% of registered disabled people, very much in line with the rest of the population, support assisted dying for adults of sound mind with a terminal illness.

The argument for assisted dying is fundamentally that it gives people choice and control at the end of life. It is curious that the leaders of disabled people campaign for choice and control in every other aspect of life but balk at it in this one. I wish to speak for the overwhelming majority of disabled people who do not welcome the tendentious advocacy of their self-appointed spokespersons but, rather, wish to see this Bill progress. I very much hope that the noble Lord, Lord Cormack, for whom I have the greatest respect, would also want to listen to that majority and not just to the vocal and articulate minority.

5.37 pm

**Baroness Sherlock (Lab):** My Lords, it is always hard in such an important debate to find myself on the opposite side from colleagues for whom I have both respect and affection, but I cannot support this Bill.

It is a privilege to have been trusted with so many personal stories both in person and in writing. The moving accounts of those who have endured the misery of watching someone they love die slowly weigh very heavily on me, but I have been equally moved by stories of the unexpected richness of the period before death, including the beautiful article by the right reverend Prelate the Bishop of Worcester, who wrote in the *Guardian* of the death of his wife, Denise, as referred to by the most reverend Primate the Archbishop of York.

It has been argued today that this is primarily a question of autonomy. We are told that only a small number would exercise the right to assisted suicide under the Bill but that their wish to do so must be taken seriously. I agree. However, although the wishes of the individual are of enormous importance, in this as in every other policy matter, those wishes must be balanced with the needs and interests of society as a whole. That argument, as well as the arguments made from compassion, requires us to evaluate the impact on others of granting this right to some people.

First, doctors would have to help them to die, and most medics and medical organisations that I have heard from are wholly opposed to this Bill. Seventy-seven per cent of GPs told their royal college that they oppose legalisation, as do the medical royal colleges. They do so in part because they recognise the asymmetry of the doctor-patient relationship, and I confess that I worry about the effect on that relationship of introducing assisted suicide as a tool in the doctor's bag.

What of the wider impact on others? Notwithstanding the speech of the noble Lord, Lord Low, for whom I have a great deal of respect, I was profoundly moved by the speeches of the noble Baronesses, Lady Campbell of Surbiton and Lady Grey-Thomson. It must give us pause for thought that the majority of groups working with disabled people and representing them oppose assisted suicide, including Scope, Mencap and Disability Rights UK. They do so because they fear that we would see the spread of the view that life is not worth living or that their lives are worth less than those of others. If this Bill were to have the unintended consequence of reinforcing that view, we would all be the losers. I also worry about where the interests of the state lie. If the state or its agents cannot kill people or help them to die then it must treat them and it must care for them, and that will always be more expensive.

I come to the slippery slope argument, which was attacked by my noble friend Lord Harrison. There are times when that argument is deployed weakly, but this is not one of them. Today it is illegal for a doctor to give lethal drugs to a patient with the intention of killing him or her. If this Bill passes, it will not be illegal in certain circumstances for a doctor to do just that, although there is clearly not yet clarity on which circumstances would be covered by it. However, for the slippery slope argument to fail, the Bill's supporters would need to make clear a case for the provisions in this Bill that would not apply to a wider group. The two main arguments that we have heard advanced today are on the autonomy of the individual and compassion for suffering and distress. I have heard no arguments advanced as to why those cases apply only to those covered by the Bill and not to those who may be suffering but are not imminently about to die, or who may have a range of other concerns but could be affected, including the cases articulated by the noble and right reverend Lord, Lord Carey. This Bill has no safeguards and I hope that it will not pass. However, I hope that it will go into Committee. I support the suggestion of a royal commission to look at it.

Personally, I dread the possibility of being a burden. But another way to express that is that I would be reliant on other people to care for me. I confess that in the times of my life when I have been dependent,

[BARONESS SHERLOCK]

I have hated it; but I have also gained profoundly from it, and the relationship with those who cared for me has been one of the biggest gifts of my life. I confess to an increasing emphasis in our society that independence is always good and dependence is always bad, and it makes me worry about the way that we treat sick, disabled and vulnerable people. Moving on from today's debate, if every one of us who has spoken today could commit ourselves to going out and campaigning just as strongly for the kind of care we ourselves would want for those who want to live, and not just for those who want to die, something very good could come out of today.

5.42 pm

**Lord Stevens of Kirkwhelpington (CB):** My Lords, I too would like to draw attention to the amount of correspondence that I have received, as well as the number of telephone calls and conversations in the street. There is no doubt whatever that this is one of the major issues of our time, so I too commend those who brought this Bill in front of the House. I am in general agreement on the issue of assisted dying if it preserves dignity in death and reduces pain and suffering—the choice of a so-called good death. However, there have to be proper safeguards, safeguards which have to be credible and tested.

There is undoubtedly confusion about what this Bill is about, some of which has been addressed by the noble Lord, Lord Berkeley. Some 12 months ago, my family and I had to make a difficult decision about a very close loved one, as to whether she should be resuscitated. We decided against. In conversations with my family and others, some have said to me that this Bill addresses those issues and is similar in that respect. I do not believe that it is, but we have to bear that in mind.

What is certain is that there needs to be certainty in the law. The noble Lord, Lord Macdonald, the previous DPP, has basically plugged the gap. He did a superb job in his directions as the DPP, leaving the police, as my noble friend Lord Blair of Boughton illustrated, with some difficult decisions in sudden and suspicious deaths. As a junior and then a senior detective I went to hundreds of sudden and suspicious deaths, and it was one of the more difficult things that I had to judge and decide on. We in this place should be providing a certainty in law that gives those at the very front line of these issues—the police officers who go to these instances and are rightly called on to investigate—a certainty in how to deal with them. I believe that that is not too much to ask for.

Although I support the Bill in general, I have concerns about a prediction of six months of life. I have seen many cases, and heard noble Lords relate many cases, that demonstrate the uncertainties surrounding such predictions. I have massive admiration for the medical profession, but it is a nonsense that people can say that someone will definitely die within six months. That needs to be addressed.

I worry about the elderly being pressurised. I worry about the question of the agreement of two doctors being a sufficient safeguard. The Abortion Act and what has happened since is in itself evidence that that

is not good enough. I firmly believe that there should be some judicial safeguards to what we do. But the Bill must go forward. It must go to Committee. It must be discussed. We have been given the responsibility of delivering answers to safeguard the dignity of the vulnerable and the dying. To do nothing is not an option.

5.45 pm

**Lord Morrow (DUP):** My Lords, we have heard much in this debate today about choice and compassion, so it is perhaps not unreasonable to look carefully at some of the claims we have heard as well as examine the noble and learned Lord's Bill and ask ourselves to what extent it accords with these principles. We are regularly told by proponents of the Bill that there is overwhelming support for allowing assisted suicide. The contention that between 70% and 80% of the public support this Bill is presented as a foundational justification for the Bill before us today. But how robust is that? Polling conducted last weekend by ComRes for the charity CARE and published by various media outlets today, including the *Telegraph*, confirms that 73% of people support assisted suicide while 12% oppose it. However, when people are informed about the various public safety considerations, those figures change dramatically. Some 42% of those who initially supported the idea of assisted suicide change their minds. The end result is that the 73% in favour to 12% against becomes 43% in favour to 43% against.

Facts are what matter in this debate. When people are presented with the facts and the complex reality of assisted suicide sinks in, it is clear that there is no apparent consensus among the populace that the proposed change is desirable. Then we are assured by the noble and learned Lord, Lord Falconer, that his Bill facilitates assistance for suicide for terminally ill people and no one else. But if compassion is an underlying principle of his Bill, where does that leave people with distressing, incurable illnesses that are not terminal? On what grounds does the noble and learned Lord exclude them from something that he clearly sees as a benefit?

Again, if autonomy and choice are underlying principles of the Bill, where does that leave people who are suffering but physically unable to end their own lives if supplied with lethal drugs for that purpose? I say this not as a supporter of the noble and learned Lord's Bill—far from it—but to highlight the fact that inconsistencies such as these cause many people to worry that a law to assist the suicides of terminally ill people will not stop there.

We do not have to look far to see that happening. In Holland and Belgium, assisted suicide and euthanasia are now being offered to categories of people such as those with mental health problems and children who were not intended to be recipients when those laws were enacted only a few years ago. The noble and learned Lord will no doubt say that his Bill is modelled not on Dutch or Belgian legislation but on the assisted suicide law in Oregon. But let us ask ourselves what is the more appropriate comparator for assessing how an assisted dying law would work in this country—a small, sparsely populated and largely rural state on the far side of America or a densely populated and urbanised country just across the North Sea on the edge of Europe?

Rachel Cohen-Rottenberg, a writer and graduate student who advocates for disability rights and justice, writes:

“Advocates for death with dignity believe that they can put enough safeguards in place”.

However, what happens to people who are sick, in pain and alone, who do not realise that they have worth? They do not realise that we can fight the idea that it is better to be dead than ill or disabled. Their reaction to fear cannot be surrender, not when life is at stake.

Pressure on vulnerable people at the end of life is not novel or imagined, it is very real. It is truly life or death. We have already been warned in the press last week by Professor Theo Boer of the regulators of the Netherlands’ euthanasia law not to go there by changing our law. He was a supporter of the Netherlands’ euthanasia law when it was passed 12 years ago, but soaring death rates and elastic interpretation of the law have convinced him that the mere existence of a law licensing assisted suicide for euthanasia is an invitation to resort to it. Fear of dying, or even of dying badly, should not be motivation for assisted suicide but motivation for improved care. As proof, Boer warns, the issue of assisted suicide represented in the Bill before us today is a genie we should not let out of the bottle.

Many today have made reference to their postbags. I, too, have a postbag, and mine is running at 20:1 against the Bill. I am not talking about Northern Ireland as a region; I am talking about the whole of the United Kingdom.

5.51 pm

**Lord Haskel (Lab):** My Lords, like many other noble Lords, I want your Lordships to let the Bill proceed so that we can legislate in our usual, well established manner—especially as the Bill is a matter of individual conscience. There is no right answer. Yes, this is a Private Member’s Bill but the same arguments prevail. It is far easier to introduce a Private Member’s Bill in this House, and that is why I have always felt that it is our duty—our constitutional duty, as my noble friend Lady Jay put it—to do so.

We consider Bills in detail. Generally, we have more time and we often have more relevant experience—and, yes, we are less politicised—whereas, in the other place, sometimes large chunks of legislation are not even considered in Committee. That is why we need to debate the Bill in this House and then pass it to the elected House.

Some want the law changed. Some do not. Some want clarification. For my part, I would like to see the law changed. Fortunately for me, death and dying is pretty unfamiliar territory. As I learn more about this from the many letters that I have received, most of which are in favour, and hearing about the experience of others, I certainly want the law to be more compassionate and understanding of unnecessary suffering so that people do not suffer to satisfy my conscience or because they are not able to go to Switzerland.

We also have to move with the times. As a society, we are becoming a lot more aware of choice. Personal choice has become one of our freedoms. As a result,

our society is moving away from moral certainties towards personal choice. The Bill reflects this.

When considering legislation, public safety has to be at the top of our list of concerns. The law must protect the citizen from the slippery slope, so that assisted dying does not become assisted suicide or dying for the convenience of others. Many noble Lords have expressed this concern, but the law protects society from many other slippery slopes. I do not see why it cannot do so in this case.

I, too, want to be sure that there are safeguards against coercion and depression; that there is consideration for those who believe in the sanctity of life, respect for those who are conscientious objectors and respect for the concerns of the disabled; and that such a change in the law should not diminish the importance and provision of palliative care and hospice care. I want to see respect for the concerns of doctors and nurses, because it is their skill, professional standards and dedication on which this Bill will depend.

I believe that this Bill begins to address those concerns, but they need to be tested—although not by a commission, as other noble Lords have suggested. We tried that in 2006 and, as the noble Lord, Lord Blair, and the noble Baroness, Lady Young, told us, it did not work. Our concerns must be tested in detail in the same way that they are addressed when we debate all legislation. Our concerns will be tested several times as the Bill passes through its various stages, which brings me back to where I started. The way to deal with this emotional, difficult and controversial legislation is to follow our well trodden path. I hope that noble Lords will give this Bill a Second Reading.

5.56 pm

**Baroness Emerton (CB):** My Lords, the Bill proposes a major change in the criminal law. The title used for the previous Bill was assisted suicide, while this one is assisted dying. “Assisted dying” is a much more attractive term to the public, and I think it has attracted the large number of letters that we have all had. We have to address this, as many noble Lords have said, by seeing that there are enough safeguards to protect people from thinking that they are going to commit suicide. There is a difference between assisted dying and suicide.

I declare an interest, having been 60 years in the caring profession of nursing and as a carer for an elderly, mentally ill friend. My experience in learning disabilities taught me much about the vulnerability and needs not only of patients but of their families. Many of the elderly population today have seen life through two world wars, as well as Iraq and Afghanistan, and understand only too well the preciousness of the word “life”. I live in a retirement development and see 250 people who are over the age of 60. They are concerned for the future.

Recently, Dr John Ashton, president of the Faculty of Public Health, announced his support for the Bill and suggested that, to meet the plight of the elderly, a midwife-type person was required. Midwives are trained to preserve life and work to ensure the safety of mother and baby. What is being proposed in the Bill as it stands at the moment is the exact opposite: it is

[BARONESS EMERTON]

about providing the means to commit suicide. What we need is not legalised help with suicide but much better and larger palliative care provision. We have had comments on palliative care, and I agree entirely that this country has a high reputation for palliative care provision. Its quality is outstanding but there is just not enough and it is not wide enough to meet the need. The noble Lord, Lord Judd, made an impassioned request that this be looked at, which I would support.

In the last eight months, I have been an in-patient in the care of the NHS and the private sector, and a visitor in an NHS hospital where the red flag had gone up and the emergency beds opened. In each case, I witnessed the best possible care being delivered to a very vulnerable group of elderly patients, both in the NHS and in the private sector, including to patients at the end of life, who were receiving the highest level of care. In one establishment, I had to commend very much the multi-professional team that visited each end-of-life patient every morning and had a conference, and the families were involved as well. There is good end-of-life care, but we need to do more.

The Bill before us, as other noble Lords have said, affects medical and healthcare professionals. The Royal College of Nursing, with 415,000 members, adopted a stance of neutrality in 2009, when the previous Bill on assisted suicide was debated. Since then, much research into good practice for end-of-life care has taken place. The RCN has published guidelines and has been careful to see that they are established across the nursing profession.

I pose the question: is this a responsibility that doctors and nurses want to take on or should take on? I believe that very few of them want to do so. It is on the real assisted dying—on supporting and caring for patients as they die—that we in this House should focus our attention, and not on the assisted suicide that this Bill is offering under the name.

6.01 pm

**Lord Vinson (Con):** My Lords, I support the Bill and come from a background of active churchwardens and general practitioners. I am now 80 and am beginning to do a bit of forward planning.

My doctor forebears, in a much less regulated world, applied common sense when coping with life and death. They applied the Hippocratic oath, but they also had at the back of their mind:

“Thou shalt not kill; but need’st not strive  
Officiously to keep alive”.

Rules designed to prevent inappropriate outcomes often prevent doctors doing what they think is right, leaving little room for natural morality for fear of prosecution—a point well made by many other speakers today. I hope that this Bill, if it passes—which I believe it will, no doubt with amendments—will help them with their duties and enable them to be even more compassionate.

However, like other noble Lords, I have received many heartfelt letters from those who are against these measures. The common theme is that we must not introduce the Bill because the vulnerable might—I repeat, might—suffer. I understand the concern, but

does it not beg the question what one is to do about those who are suffering both mentally and physically? Should their needs not also be looked at and should they be denied? However, so anxious are those who oppose the Bill to prevent the vulnerable suffering, which I understand, that they sent me a series of letters. Perhaps I may quote from some of them. The key view that they promoted—like the reverend Prelate the Bishop of Bristol, who I am sure is not a callous man—was that “suffering should not trump all other considerations”. I felt that this was a choice example of preaching what you do not practise. That is carrying the precautionary principle too far. Others have rights, too, and I think that the relief of suffering should trump all other considerations, and that is as near an absolute as one is likely to get. That is why this Bill is important.

When I was ennobled, I chose as my motto, “No freedom without choice”. People should have the right to choose. Freedom begins with freedom of choice and should be extended as widely as possible into all areas of society at all levels. The proposals in the Bill, sensibly regulated, will give greater freedom to people to control their lives—and whose life is it anyway? They will relieve suffering, both mental and physical. The prospect of palliative care in itself gives no reassurance against suffering, but the provisions in the Bill can give that reassurance if the option is either used or unused.

This is an important Bill. It achieves many things. It advances choice; it deepens compassion; and it reduces suffering. We should support it.

6.04 pm

**Lord Layard (Lab):** My Lords, I support the Bill for many reasons, but time is passing so I want to focus on just one, which is the feeling of being a burden to your family and friends. That issue was highlighted in the letter to the *Times* from opponents of the Bill. As they rightly pointed out, 61% of people who chose to die in Washington gave as one reason that they did not want to be a burden to their family and friends. That is a fact, but the opponents of the Bill then go on in that letter, and in today’s debate, to infer that if the Bill was passed there would therefore be more pressure on people from family and friends to make this choice. We do not need speculative inference; we have 17 years of evidence from Oregon, where no single instance of undue pressure from family and friends has been discovered. Unless British people are more heartless than Americans, I do not think it is at all proper to conduct an argument not by looking at evidence but just by speculating about what might happen if we did something.

There is also a separate moral issue that has been raised by the Bill’s opponents: is it all right if people take into account the effect on family and friends when they make a decision as important as this? The noble Baroness, Lady Warnock, said everything that there is to be said on this, but I will just say it again because it is such an important point. The main point of that letter is that it is shocking that people should take this into account. However, every moral theory that I have ever heard of encourages us to take into account the effect of our decisions on other people. Why should that principle suddenly cease to apply as a

person approaches death? If a person is going to die an agonising death, that person is not the only one who will be traumatised. Their family and friends will be traumatised, too. Not only will they lose their loved one; they will be left with horrible memories for the rest of their lives. So if a dying person wants to take that sort of thing into account, how on earth can it be a bad form of motivation? I find it a very peculiar argument. Of course, not everyone will want to. Some people will and others will not, but surely that should be their choice. Why should we prevent people taking altruistic decisions if they want to? Why should we think it particularly shocking if they decide to do this on altruistic grounds?

I come to my concluding points. We have no evidence that the Bill will lead to greater pressure from family and friends and good evidence that it will not. Therefore, because there is not that—if you like—atmospheric effect, the standard principle of a liberal society surely applies in this case. We all know what the fundamental principle of a liberal society is. People on all sides of this House regularly say that a person should be free to do what they want unless it harms someone else. That is the aim of the Bill.

6.08 pm

**Lord Pearson of Rannoch (UKIP):** My Lords, having listened to all the speeches so far, a point occurs to me that has not yet been made. This is that many, perhaps most, noble Lords who believe in a better life hereafter are against the Bill, while many of those who may believe that death is the end seem to be rather in favour of it. I am happy to exclude from this analysis the noble Baroness, Lady Richardson, and the former Archbishop of Canterbury, the noble and right reverend Lord, Lord Carey, and congratulate them on their courageous and powerful speeches.

However, I would ask other Christian noble Lords and the faith communities generally: why are they so afraid of death? We are all afraid of death, of course. We all know people who have said during their lives that if the day comes when they can no longer look after themselves, they want to be moved on, but who, when they get there, want to cling on to the bitter end. This Bill is helpful because it allows those who are suffering so much that they no longer want to cling on to choose death.

I felt I should speak today because some 37 years ago, I had what is usually called a near-death experience. I was having a two-hour operation, when the anaesthetic steadily failed although the paralysing drug continued to work. In that circumstance, when you cannot scream or even flick an eyelid as the pain grows steadily to the point of endurance and beyond and you know that it will get even worse, there are three routes open to you. You can go mad; you can die; or you can go somewhere indescribably wonderful. Of course, noble and Europhile Lords will have concluded long ago that I took the route to madness; and noble and scientific and humanist Lords may say that my experience of going somewhere which was all the opposite of pain, which was of limitless peace, light, justice, warmth, compassion, love and much more, was merely the release of endorphins in the brain. Who knows? They may be right. Their lack of faith makes them need that sort of explanation.

But for me, and for thousands of others who have had the same sort of experience, they are wrong. Where we went was and remains real.

I fear that those noble and Christian Lords who oppose the Bill because it breaches the sanctity of human life may not have got that quite right either. I am no theologian, but it seems to me that Jesus Christ was somewhat careless with his own earthly life. After all, he did not need to go to Gethsemane and the cross. He knew that he would be on his way to a terribly painful death; and, perhaps, he was not so sure of his resurrection either, when he cried out from the cross,

“My God, my God, why hast thou forsaken me?”.

I hope that this does not irritate my Christian friends too much. After 37 years ruminating on my experience, I have other heretical doubts, such as whether God really is almighty, or whether good may have always been equal to evil. It seems to me that if Christianity and other faiths were less sure of the eventual supremacy of their God, or the eternal force of good, they might do more to fight the eternal force of evil, or the devil. And the answer to that otherwise unanswerable question, “Why does a loving, all-powerful God permit such terrible suffering in our world?”, might be that he does not; it is just that he cannot stop it; he needs our help in the eternal struggle.

I suggest that the Bill gives us the chance to help to reduce just a little of that suffering, by allowing those who want to relieve their own agony to do just that. We and they should be confident that they are moving on to somewhere immeasurably better. I support the Bill.

6.12 pm

**Baroness Mallalieu (Lab):** My Lords, the law in this area is a mess. It has continued in that form for so long because of a degree of selective blindness on the part of doctors, police and the prosecuting authorities but, one way or another, it is just about to change. The noble and learned Lord, Lord Falconer, has, I think, earned 10 out of 10 for courage in raising again an issue which Parliament has so far repeatedly shied away from. Other noble Lords—in particular, the noble Baroness, Lady Jay, and the noble and learned Lord, Lord Brown of Eaton-under-Heywood—have mentioned the Supreme Court’s judgment in the Nicklinson and Lamb cases. The references that some noble Lords have made about hoping to be able to stop the Bill later indicate that the full implications of that judgment are not being appreciated. There is a strong probability that on the very next appeal on this issue, the relevant provisions of the Suicide Act will be found inconsistent with the European Convention on Human Rights, which provides the right to private and family life.

In the Nicklinson case, two of the five justices would have made the declaration there and then; the other three said that they would prefer to give Parliament an opportunity to decide on it first. This is that opportunity. If we do not take it, it will not be long before there will be a declaration of incompatibility, and the Government will then be forced to bring forward legislation under pressure and in haste. This is our opportunity to legislate carefully and with proper consideration.

[BARONESS MALLALIEU]

I support the Bill. If and when I know that I am close to death, I want to know that a provision such as this is available to me, whether or not I decide to use it in the end. So, I believe, do the majority of people in this country. This is a measure whose time has come. It may be a strong word but I believe that the law at present is cruel. The many letters that I have had illustrate that all too clearly, as did the noble Lord, Lord Judd, in the powerful letter that he read to us. To say to a dying person, a mentally competent adult, “You must continue to suffer unbearable indignity or pain, which defies respite, for as long as it takes despite your clear and settled wish to end your life”, is to deliberately cause unnecessary suffering. That is the definition of cruelty.

Nor do I believe that the prolonging of suffering for one individual can possibly be justified by concern for possible vulnerable people elsewhere, who might be put under pressure from unscrupulous relatives—the vultures to which the noble Lord, Lord Tebbit, referred—to do the same, by feeling that they are a burden to others. I have no doubt that there are such people now, as the law stands, but rejecting the Bill will do nothing for those vulnerable people or their situation. If there is a solution to that problem it must surely lie, if it is possible, in changing society’s attitudes to the old, the disabled and the vulnerable. Perhaps that is beginning to happen, but all too slowly.

Would the Bill make their position worse? If there is evidence of people now buying one-way tickets to Switzerland for their old relatives, or calling in a man from Exit—or referring them, as they can so easily do, to the internet—to polish off vulnerable relatives, I have not heard of it. However, that would be a great deal easier to organise than going through the hoops and hurdles of this very modest Bill. That old friend, the slippery slope, has been raised far too many times but I cannot see any gradient in the Bill or scope for extension. Indeed, any of the other categories that people have mentioned would require primary legislation, which would no doubt be informed by the way that this limited measure works in practice.

Like others, I admire those who offer palliative care and the wonderful work of the hospices but for some, those simply cannot provide the answer or the relief from suffering. I also respect those who have spoken from strong religious belief of the sanctity of life, but they should not try to impose their certainties on others who do not share them. If you do not like it, you do not have to have anything at all to do with it. Of course, in many cases we cannot choose the way that we die. Perhaps many of us are hoping to die quietly in our beds, with our family around us, or we may expire from emotional exhaustion after listening to 128 excellent speeches on the hottest day of the year. Yet it must be a right, when possible, to let dying people choose the time and the place. While 70% of us want to die at home, sadly, only 18% manage to do so currently. We should be trying to change that. Experience has shown that relatively few people will choose to use this provision but the fact that it is there will give great comfort to many, of whom I am one.

6.18 pm

**Baroness Berridge (Con):** My Lords, as the youngest Peer speaking today, I suppose that I should be the least concerned about a Bill dealing with death. However, I believe that it is mine and younger generations who could be most affected by the Bill. We will live out the effects of the erosion of the social norm that we not only dissuade suicide but positively protect people from taking their lives, whoever they are.

The suspect in the custody suite and the convicted criminal in prison are put on suicide watch if necessary. Paracetamol packets are now limited to 32 tablets, Beachy Head is patrolled and the Golden Gate Bridge will soon have a net. King Edgar criminalised attempting suicide—ironically, probably to have men to fight wars—but we want our population alive as we are all equally precious. I have read with interest the reasoning in *Hansard* in 1961. The law criminalises assistance at a time of someone’s greatest vulnerability: when contemplating taking one’s own life. Although suicide and prostitution are not appropriate to be crimes, assisting suicide and controlling prostitution for gain are. The criminal law is upholding societal values. You may walk past the man on the bridge who is about to jump, as you are not required to rescue him, but if you intervene you do so to preserve life.

Noble Lords need only go online to see how necessary this reasoning is, and how relevant it is to the challenges that today’s young people face. Tallulah Wilson’s mother stated that companies should,

“withdraw their advertising from those sites who continue to host inappropriate self-harming and suicide-promoting blogs to stop this poison spreading”.

Her 15 year-old daughter, caught in a toxic digital world, threw herself under a train. Jango.com offers “Suicidal Tendencies” music, and it is estimated that between one in 12 and one in 15 young people in the UK self-harm. I contacted the vicar of a busy Oxford church who has spent years dealing with students—there are 1,200 in his congregation—and said, “What about self-harm?”. His text reply was, “EPIDEMIC”.

We are so much more than autonomy. Even in our youth we are actually dependent and often weak and vulnerable. Society’s value of human dignity cannot be collapsed into mere autonomy, as the Bill seeks to do. “Are you not compassionate to these people’s suffering and their right to choose?”, you might ask me. Of course I am, but law is about more than a small group of individuals’ rights against the state. Herein lies the main weakness of our human rights law; it fails to take into account the rights of the rest of society. I am a supporter of the European convention. We may be heading towards the constitutional irony that even if there were a declaration of incompatibility, Parliament could leave the law unchanged and we might in fact find ourselves backed by the Strasbourg court rather than undermined.

Law creates culture and affects the values of future generations. The decision to give health professionals, of all people, a role in assisting suicide would inevitably send a message about suicide itself and cannot be vacuum-packed away from the rest of our society. We legislate for a real and deeply imperfect world, a world not of speculation but of Westbourne View and Mid Staffordshire hospital—a world where increasingly you

are valuable only if you are productive, good-looking, rich or in the media regularly. However, we also legislate now for a virtual world that is often explored only by the young, and is often far scarier and far more difficult to police. The Bill undermines the societal value that we discourage suicide, and for this and other reasons I oppose it.

6.22 pm

**Baroness Flather (CB):** My Lords, I thank all the people who have written to me. Reading all those letters has been a slightly life-changing experience. As other noble Lords have said, both the pain expressed in them and the opposing arguments have been extremely valuable, and I thank every single person who wrote.

I have always supported similar Bills. When we had the first debate on the Bill brought forward by the noble Lord, Lord Joffe, I said that if my disabled husband asked me to help him to die and there was no legal provision, I would still do it out of compassion and love and it would not matter what happened to me. He received two e-mails the next day to say, "Watch out for that woman". But he is still here; he was here today. Incidentally, he wanted me to tell disabled people here and everywhere that he is tetraplegic. He was diagnosed with MS in 1983 and he has been getting progressively more disabled but he says that disabled people should always have exactly the same rights as able-bodied people and it will be their choice.

The Bill is about choice; it is not about forcing. Somehow or other it seems to have taken on a sort of hue of people being forced into asking to die. I have no intention of asking to die, but I do not want to go through a whole lot of pain. Medical science has made great progress. What has happened as a result is not just that things can be cured, as there are many things that cannot be cured, but that we can be kept lingering on for very much longer than used to be the case only a little while ago. It was seen as futile to keep people going on with life when life itself was not life. I still believe that to get rid of all pain we will have to be put in the twilight zone. I do not think that is life. I would not like to be in the twilight zone to say that my pain has gone.

We have had a few words about faith and how the faith communities should get together. As a woman, I tell you that I do not have much faith in faith. Women have not been protected by any of the faiths. Faith communities are free and able and can do what they like. This law is not about forcing anybody—I beg your pardon: this Bill. I am just being optimistic. This Bill is not about forcing anybody. This Bill is not about coercing anybody. In fact, when the time comes to debate it, we should have some system of monitoring decisions, which would be very much better for people who are worried about the possibility.

The noble Lord, Lord Tebbit, talked about vultures. I can tell him that there are plenty of vultures now, perhaps even more than there are likely to be if we pass the Bill. We talk about Shipman. Another Shipman could not happen if we brought this Bill in. It would not be possible for us to have another Shipman.

I am running out time and I have so much more to say. I listened to the lady who is in charge of implementing the Oregon scheme. I was hugely impressed by her.

She said she started by being against and that bit by bit she realised the need for it. She said that only half the people take the medication which is given to them. She said something which I would like your Lordships to think about carefully. They do not take it because they have a plan. They know what is going to happen, if they need it. They have a plan. I think every human being needs a plan in their life for their death.

6.27 pm

**Lord Wills (Lab):** My Lords, like many others, I have struggled to reach a definitive view on this Bill, not least because of the many moving letters I have received on both sides of the argument, but in the end I decided that I cannot support it. The Bill addresses the nature and value of human life and such profound issues should not be influenced by opinion polls, which are just snapshots of the popular mood where the answer is determined so much by the way the question is asked. They should not be influenced by PR campaigns, and the experience of other countries should not be determinative. The exemplars for the changes proposed in the Bill are small states that are significantly different from this country, although of course there are lessons that might be learnt from them.

As other speakers have said, making the decision on principle is difficult because the issue pits two generally accepted goods against each other: on the one hand, the autonomy and freedom of the individual, and on the other the sanctity of life. How each of us strikes that balance will be influenced by personal circumstances, including our own life and religious faith. I should declare that I lack religious faith but that my decision has been influenced by the death of my mother.

I accept that the Bill strives to strike a balance between these two principles, but I think it gets it wrong because I believe it will start a process in which the safeguards against the taking of life will continue to be eroded and, as a result, greater harm will be done if this Bill becomes law than if it does not. My concern flows from the fact that the two, linked, principles that appear to underpin the Bill—the right to the individual's autonomy over their own life and the right to end intolerable suffering—are not clearly reflected in the drafting. If the guiding principle is one of autonomy, then a time limit transgresses it. If the guiding principle is one of relief from intolerable suffering, why should a time limit be imposed when the longer the suffering, the greater the case for such relief? In those circumstances, if the Bill becomes law and the principles underpinning it become established, I cannot imagine how, over time, legislators will be able politically to resist the claims of those who argue for an extension of the right to an assisted death. I cite the case, for example, of a diagnosis of an invariably fatal illness such as mesothelioma, where the prognosis is clear and involves great suffering for which very little effective palliative care is available but where the progress of the disease may take 18 months.

The difficulties of definition in the drafting of the Bill, about which other speakers have already said a great deal today, could, over time, further encourage the erosion of the safeguards which almost everyone in your Lordships' House today seems to agree should

[LORD WILLS]

be there. There may be a case for assisted dying on demand in cases of intolerable and unrelievable suffering, but that is not what we are debating today, and yet that is where we could well end up if this Bill becomes law. And I fear that.

The more the scope for assisted dying is widened, the greater is the potential for abusive pressure on the physically and mentally frail to end their lives. I do not share the idealism of other noble Lords that such pressure will never take place. It will often be subtle and difficult to protect against, and certainly this Bill offers no adequate protections. The more such abuses happen, the more thoroughly our society will be brutalised. The more that the law, which reflects and sets standards for our society, allows that to happen, the more thoroughly our society will be brutalised.

Finally, I want briefly to raise one other subsidiary concern about the Bill and that is the wide and imprecise scope it gives to the state in Clauses 4 and 8. I believe it is wrong that the state should be given such power over the taking of life. In my view, these clauses are unacceptable as they extend executive power into areas where it should have no place. My view that this Bill strikes the balance between competing principles in the wrong place is strengthened by the guidelines issued by the DPP in 2010 which, wisely and compassionately, address the widespread concerns that were raised the last time this issue was debated in your Lordships' House about the position of loved ones who assist suicide.

By opposing this Bill, I must accept that I am supporting the continuation of suffering in particular cases. But I have, with great difficulty, concluded that to support the Bill would, over time, also result in suffering and abuse and the brutalising of our society. I cannot support it.

6.32 pm

**Baroness Brinton (LD):** My Lords, I am sure that I am not the only late speaker who has had to tear up their speech and start again after many of the points I had intended to make have been made by others. As a disabled and Christian woman, I support the Bill. I was very moved by the words of the noble and right reverend Lord, Lord Carey, and the noble Baroness, Lady Richardson of Calow, setting the very difficult issues around death in God's love and compassion. But I want to use my four minutes to explode some of the myths that we have heard in the debate. My noble friend Lord Hylton said that those with chronic diseases are particularly worried about the Bill, while the noble Baroness, Lady Masham, said that disabled people must not be made to feel worthless. Well, this disabled woman with a chronic life-limiting illness, rheumatoid arthritis, does not feel worthless or worried because the safeguards offered in the Bill are so tightly drawn that it would take major legislation to amend them.

Some of the speeches in your Lordships' House today have either ignored those safeguards or tried to say that it does not matter what they are—that it will be a slippery slope towards euthanasia. But these safeguards are even stronger than in Oregon, and much more tightly drawn than in the Netherlands. That is as it should be. We need to reassure people

about where the boundaries lie. Not many people know that, very rarely, rheumatoid arthritis can be fatal. Although I did not know her, I admired Emma Suddaby, a blogger with the *Shropshire Star* who had long-term, aggressive and then final-stage disease. She died earlier this year, and around the time she was told that she was terminally ill, she wrote the following:

"I don't think anyone is afraid of dying, what they are afraid of is ending up in a hospital bed, being hoisted from here to there, legs akimbo, dignity ditto, pain creeping ever higher up the scale and only then realising there is only so much a doctor can do—a very scary realisation, let me tell you.

I can only liken it to being trapped in a tall building which is going up in flames. Desperately fleeing up one corridor and down another, finding exit doors, joyfully wrenching them open only to find them locked and bolted, all escape routes barred. It's a desperate feeling. It would be enough for some people just to know there is a way open to them, should they need it.

Most, I'm sure would end up not taking their leave until nature intended. It would be enough for them just to know there is a way out should things get too ugly".

Emma's words summarise the experience found in Oregon. Of every 200 terminally ill patients who go through the approval process with doctors, counselling and discussion with their families, only two get the prescription filled out, and only one will use the drugs to end their life.

Every doctor and nurse I know wants palliative care to be available for terminally ill patients, and our hospice movement is the best in the world. However, it is not universal, and some diseases mean that death can be very difficult and unpleasant. In this day and age, with more patient involvement and understanding of their illnesses than ever before, the Bill allows them, with real safeguards, to have death in the way that they want, having had the opportunity to say farewell to those they love.

That was not the case for a close family friend of ours who suffered from late-stage MS, who killed himself—in the traditional way, with plastic bags and barbiturates—when his wife was away for two days, because he was so fearful that she would be arrested and charged with helping him. He had wanted to be open with her, but could not, so he died alone, and she found him. The Bill will allow us to be honest—with ourselves, our families, our doctors and as a society. It will allow the dying individual the choice, should he or she wish it, and will provide law to prevent abuse by others.

6.36 pm

**Lord Alton of Liverpool (CB):** My Lords, since the noble and learned Lord, Lord Falconer of Thoroton, laid the Bill before your Lordships' House, I have argued that it should be given a proper, considered appraisal in Committee, and nothing that has happened in today's debate has changed my view about that. This has been a thoughtful and at times very moving debate, on all sides of the argument. However, I express some surprise that the Bill was not laid first before the elected House. After all, it is not as if we have not given this issue any previous consideration.

When the House last asked the question, "Is it possible to allow assisted suicide for a determined few, without putting much larger numbers of others at risk?", it concluded that it is not. It did so after exhaustive deliberation. The Select Committee, which

was chaired with such distinction by the noble and learned Lord, Lord Mackay of Clashfern, covered some 246 *Hansard* columns, two volumes of 800 pages, asked 2,460 questions, considered 14,000 letters, and took evidence in four jurisdictions. Since then, the principles involved and the challenges we face have not changed, and there is no consensus and no settled view, as the debate in your Lordships' House today has demonstrated.

That is reflected in society at large. Consider just two editorials that appeared at different ends of the spectrum in this morning's newspapers. The *Guardian* newspaper said that the Bill,

"would create a new moral landscape. It is also, potentially, open to abuse".

It concluded:

"Reshaping the moral landscape is no alternative to cherishing life and the living".

The *Daily Telegraph* said:

"The more assisted dying is discussed, the more its risks will become apparent".

That point was made very well by the noble Lord, Lord Wills, a few moments ago.

Another reason why the Bill should go into Committee is that the fear that those remarks underline was revealed in a poll referred to earlier on, published only yesterday by ComRes. Yes; it shows that support for assisted suicide has been at 73%, but as soon as the question is asked, "Would you support it if it jeopardised public safety?" that falls to 43%, which, of course, means that it is entirely evenly matched on both sides. As we know, the questions that are asked in those polls are the issue. Prudential judgment is required by Parliament. After all, as a young Member of the House of Commons I was constantly told that I ought to support on the basis of polling evidence legislation against immigrants, to leave the European Union, and to reintroduce capital punishment, none of which I supported, because prudential judgment is more important than polls.

Public safety and incrementalism are my main reasons for opposing this Bill. Great play has been made today by many speakers about choice and autonomy. I thought that the noble Baroness, Lady Kennedy of The Shaws, put it incredibly well in her speech. How much autonomy is there in this Bill? I think that the word "assisted" in the title is the key. Who will be required to do the assisting? It will be doctors, of course, and very few want to do it. One of my sons is training to be a medic, and he tells me that he is deeply concerned about this Bill because of the proposals to change the nature of the healer and defender into the destroyer of life. That is why the British Medical Association, the Royal Colleges, the British Geriatric Society, the hospices and 95% of palliative medicine specialists oppose a change in the law.

We had a reference earlier from my noble friend Lady Grey-Thompson to Professor Theo Boer from the Netherlands. He said that he now regrets that on the basis of the argument for greater autonomy and freedom he supported changes in the law there. He said:

"I used to be a supporter of the Dutch law. But now, with 12 years of experience, I take a very different view ... Pressure on doctors to conform to patients'—or in some cases relatives'—wishes can be intense".

Professor Boer admitted he was,

"wrong—terribly wrong, in fact",

to have believed that regulated euthanasia would work. One reason why he has changed his mind is because of the inevitability of incrementalism. Euthanasia, he says, is,

"on the way to becoming a default mode of dying for cancer patients".

Since 2008, assisted deaths there have increased by about 15% every year, maybe reaching a record of 6,000 a year.

What of incrementalism here? The 2011 commission of the noble and learned Lord, Lord Falconer, said that assisted dying should not be offered to disabled people who are not terminally ill,

"at this point in time".

At what point in time will it be right to offer to end the lives of people with disabilities? How long will it be before it becomes expected? Only today the Secretary of State for Health, the right honourable Jeremy Hunt, said that changing the law would "devalue" the lives of people living with permanent disabilities.

And what of public safety? The current law, unlike the Bill, provides safeguards and has rarely had to be invoked. Willy Loman, the central character in Arthur Miller's "Death of a Salesman", takes his own life, and the playwright's plea is that we pay attention, and that, "he's a human being, and a terrible thing is happening to him".

I had an uncle who fought in the last war and, as a result, became deaf. He was a gunner. In a state of great depression—a point referred to by the noble Baroness, Lady O'Cathain, earlier—he took his own life. The suicide of people, assisted or otherwise, affects everyone. We should pay attention to the terrible things that mental illness and depression involve and respond with tender compassion and strong laws to deter exploitation, with laws that safeguard vulnerable people. My noble friend Lady Campbell of Surbiton said that this would become a runaway train, and we should pay attention.

6.42 pm

**The Earl of Arran (Con):** My Lords, death is not a pretty affair. Thus it was a most humbling experience and a great privilege to have been appointed to your Lordships' committee in 2005 to take evidence on assisted suicide. Not only did we travel to Europe, including a visit to Dignitas, but we travelled also to the US state of Oregon to examine very carefully the operation of the Death with Dignity Act, which was passed in 1997. I suggest that never has the state of Oregon been mentioned so often in your Lordships' House. We could almost be forgiven for thinking that we are the Oregon Parliament—but we are not. I mention Oregon for a purpose, and I shall dwell very briefly on a few points.

Seventeen years later, that Act has enjoyed great popular support. There is no evidence of abuse, nor are there calls to extend the law beyond its narrow parameters. Partly as a result of the Oregon example, the states of Washington and Vermont have now followed suit. That must be something for good rather than bad. Despite the hysterical claims of opponents

[THE EARL OF ARRAN]

that the numbers of assisted deaths in Oregon have risen fivefold, assisted deaths equate to only 0.25% of all deaths each year. These claims obscure the fact that the initial numbers were understandably very low while residents became aware of the choice and, following a steady increase, numbers have stabilised in recent years.

A small minority of patients—around a quarter—cite concerns about inadequate pain control as one of their reasons for pursuing assisted dying. This does not mean that Oregon is not delivering adequate palliative care; on the contrary, it is among the best states in the USA for end-of-life care. Indeed, more than 88% of hospitals in Oregon deliver specialist palliative care compared with the national average of 60%. The vast majority of patients who have assistance to die—more than 85%—are enrolled in hospice care. There, as here, many dying patients face the choice of either being sedated to the point that they lose lucidity or retaining lucidity with less than complete pain control, allowing them to pass away as they wish with friends and family around them.

The law does not endanger potentially vulnerable people. Research tells us that potentially vulnerable groups—the over-85s, people from lower socioeconomic groups, people with disabilities and people suffering from psychiatric conditions—are in fact underrepresented in assisted dying figures. A study from Oregon found that some patients did show symptoms associated with depression, although the authors pointed out that the indicators used to measure depression are also the side-effects of a typical terminal illness—for example, loss of appetite, fatigue and difficulty sleeping.

Claims that patients may be coerced to ingest the life-ending medication by family members are misguided and are not borne out by any evidence. Furthermore, the Bill before us provides additional safeguards that would ensure a patient had a clear and settled intention to die before taking the medication.

Death is a most distressing affair. We must therefore look at this Bill with great care and compassion but, above all, with good, sound common sense. None of us here today asked to come into this world. Should we therefore not have the choice as to how we might wish to depart from it? A very considerable majority of the public are now clamouring for change. Society at large is on the march. It is our duty to listen and act.

6.46 pm

**Lord Mitchell (Lab):** My Lords, on 9 October in the year 2000, my parents-in-law, Jack and Ruth Lowy, committed joint suicide—double exit, I think they call it. Jack was born in Bratislava in what was then Czechoslovakia. The family were Jewish and, following the events in Munich in 1938, they got out quickly. They went to America and, when war was declared, Jack joined the Czech division of the RAF in Canada and then worked in British intelligence. After the war, he went back to Czechoslovakia as part of a debrief mission. There he saw that his whole family and everyone he knew had been wiped out by the Nazis. He was scarred for ever. He was a brilliant scientist, a professor in biophysics specialising in the movement of muscles. His work required him to conduct experiments

on animal tissue, and he spent much of his time at the Daresbury particle accelerator. In those days, no one quite understood the long-term dangers of radiation and protection was rudimentary. For him, it was fatal. In 1998, he was diagnosed as having acute myeloid leukaemia, which he knew was 100% terminal. Jack told me, in his usual very direct manner, “Parry, I am bloody well going out with my boots on”. There was not much room for misinterpretation.

Gradually, relations between them and us closed down. They disappeared into their own secret world of preparation and disengagement. Letters were returned, e-mails bounced back and telephone calls went to the answering machine. We were bereft. We had no one to talk to and, to be honest, no one believed us. When we said there was a chance that Ruth would commit suicide along with him, people shook their heads in disbelief. My wife, in particular, was convinced that it was going to happen, but there was nothing she could do and no one to advise her. Even more to the point, there was no one to counsel Jack and no one on hand to help Ruth in what must have been an absolute hell. Being the scarred Holocaust survivor that Jack was and the brilliant scientist that he had become, there was no way he was going to get it wrong. He amassed sufficient barbiturates, and both their deaths were completed to perfection.

If there had been assisted dying legislation at that time, I am certain that things would have turned out differently. First of all, we could have talked about it openly without the fear of legal consequences. We could have engaged all sorts of professional help. My father-in-law would have been able to die in circumstances not clouded by a veil of secrecy and subterfuge. I believe that we would have been able to say our goodbyes to him in an open and loving way, as opposed to being harshly rejected.

I will never be certain why my mother-in-law decided to join him. Was it for love? Was it for duty? Was it because she was frightened? Or maybe, as I suspect, they both knew that she could well run the risk of being charged with committing a crime as an accomplice. I simply do not know. But had this Bill been law then she might have chosen to live. All I do know is that my family could well have been spared a double bereavement that was unnecessarily brutal and psychologically damaging for us, and for that reason I have no hesitation in supporting this Bill.

6.51 pm

**Lord Carlile of Berriew (LD):** My Lords, the noble and learned Lord, Lord Falconer, has initiated an extraordinary debate. Coming in to bat at number 117, as I think it is now, I am able to reflect a little on that debate.

We have heard some marvellous speeches, analytical and deeply personal in equal measure. The noble Lord, Lord Mitchell, has just given a moving description of what happened in his family. Earlier, we heard an extremely moving speech from the noble Baroness, Lady Symons of Vernham Dean. Those are two stories that I am sure we will all remember as eventually we go into Committee on this Bill, and I am sure will colour our judgment, whichever side we happen to be on.

However, during this debate there has been running what I submit to your Lordships is an ethical and philosophical fallacy about the primacy of choice. The noble Baroness, Lady Kennedy, referred to this earlier, and I agree with her carefully articulated analysis. I challenge the presumption of the primacy of choice. We are denied many choices in life in the greater public interest. For example, one of the choices that we are denied is that of killing or even injuring those who attack and injure us. If we do, we may have a defence in court but it is very different from a choice. I suggest that the slippery slope that we are really discussing here is more in the context of what legitimate choice is than in this proposed legislation. Exactly the same kinds of arguments about choice are deployed in the United States of America to justify the availability of guns. At the bottom of that slippery slope we know lie the bodies of the many innocent victims. As this Bill continues in this House, we should continue to debate that philosophical question.

How big a question does the Bill really ask? Earlier in the debate, the noble Lord, Lord Joffe, said that the Bill was not a radical innovation in the law. With great respect to the noble Lord, he could not be more wrong. Indeed, a few minutes later, the noble Lord, Lord Brennan, reminded us that this Bill dismantled the Hippocratic oath. As the *Guardian's* editorial put it this morning, the Bill attempts to “redraw the moral landscape”.

I therefore ask the noble and learned Lord, before he sits down at the end of the debate, to answer some questions for which we need the answers if we are to be able to judge fairly how the Bill should proceed. They include: why has he not redrafted it in the light of the recent Supreme Court judgment so that the arbitration of these cases would not be by two random and favourably inclined doctors but through the courts? As the noble and learned Lord knows, the courts are very accustomed to these kinds of decision, as they are in vegetative syndrome cases and in cases relating to Jehovah's Witnesses' refusal to have operations, on which the courts decide on a regular basis. I urge on the noble and learned Lord that that provides a much better template than two doctors. On this aspect, I agree completely with the noble Baroness, Lady Neuberger.

Why has the noble Lord provided in the Bill for only the possibility of a ministerial code of practice, rather than the certainty? Is it a mere piece of text, or has he obtained from Ministers their acceptance that a code of practice would be promulgated? When will we see an example of the draft code of practice, which we expect to examine alongside the Bill? Why does he not insist in the Bill on doctors who actually know the patient, so that we avoid what has been described, rather extravagantly, as the Shipman problem? Would he please answer the question of the noble Baroness, Lady Kennedy, about whether there will be inquests and inquiries after deaths, as he proposes should take place? These and many other questions require answers.

To sum up, I quote the *Guardian* leader again:

“Reshaping the moral landscape is no alternative to cherishing life and the living”.

Certainly I shall approach the Committee stage in the spirit of cherishing life and the living.

6.55 pm

**Baroness Hayman (CB):** My Lords, I absolutely agree with one aspect of the speech of the noble Lord, Lord Carlile: I too will approach the Committee stage in the spirit of cherishing life and the living.

Today's debate has illustrated that there is not some enormous divide between those who care about people's lives and those who do not. Can we agree on one thing: that there is no unanimity on this issue? There is no unanimity between lawyers, between previous Lord Chancellors, between doctors, between people with disabilities, between Christians, between Jews, or, as I believe the noble Lord, Lord Avebury, said, between Buddhists. People of faith can take genuinely different positions on this. I agree with the noble Lord, Lord Carlile, that there is an issue here about the precedent we give to autonomy, to choice and whether we can, as legislators, look at ourselves in the mirror in the morning and say we passed legislation like this without the dire consequences—the road to hell—that we have had described today.

I should have said that I am a member of the General Medical Council, but of course I speak in a purely personal capacity today. Another interest is that I was also a member of the committee so ably chaired by the noble and learned Lord, Lord Mackay of Clashfern. That experience, which I went into not having a settled view on this issue, made me support the Bill. It is my sense that it is possible to find the right balance, to provide compassion without a slippery slope or a criminal's path. It is difficult in just the same way as when this House chooses to try to balance the needs of security with individual liberty. However, that is what we are here for. With the greatest of respect to the noble Lord, Lord Alton, I do not regret that this debate is taking place in your Lordships' House and that the legislation will have the line-by-line scrutiny that we know does not happen with Bills in another place. It is right that we should do some of the heavy lifting on the Bill in Committee in order for the Commons to take its part.

The noble Baroness, Lady Brinton, said that she had had to rewrite her speech. I wish she had not pinched mine in rewriting it. I will not say the things that she said, but I will give one quote. I was very struck when I read that wonderful novel *Revolutionary Road* by a quote that went something like: “He was left standing in the door of his home, dying imperceptibly, as we all are”. But actually that is not right. Some of us are not dying imperceptibly; some of us die in terrible, unbearable physical and emotional pain. I have listened to the stories of some of those people, as well as having read the letters.

I end with the words of a doctor whom I was talking to recently. He told me that he had changed his mind on this subject because he had had experience of a family who had gone to Switzerland. He had changed his mind because, he said, “We have to be able to do better than this for our patients”. I believe that we can do better than this, and it is Parliament's job to see that we do so.

7 pm

**The Lord Bishop of Carlisle:** My Lords, a word that is frequently used in your Lordships' House is “balance”. It has already been used several times in this debate—in

[THE LORD BISHOP OF CARLISLE]

particular, by my noble and learned friend Lady Butler-Sloss, the noble Lord, Lord Condon, the noble Baroness, Lady Kennedy, and the noble Lords, Lord Kerr of Kinlochard and Lord Wills, and probably many others whom I may have missed. We constantly look for balance in our legislation and in the way that the legislation is applied.

My contention in this brief contribution to our inspiring debate is that the Bill would destroy the balance, however precarious it may be, that we have achieved in the current law on assisted suicide and in the guidelines that have been produced for its enforcement. In the first place, it destroys a delicate balance on compassion. As we have heard frequently today, compassion is the primary argument behind the noble and learned Lord's Bill. Of course, on these Benches we have the greatest sympathy with that and respect for those who advance it.

However, as several noble Lords have observed, this compassion is highly selective. It offers a seemingly compassionate approach to those who are terminally ill and wish to end their lives, and it sounds compassionate towards those who help them to do so. However, not only does it ignore those whose situations are often even more desperate and who are not terminally ill, as recognised by the Supreme Court, but it also, however inadvertently, disregards the many vulnerable elderly and disabled people in our society who, as we have been reminded many times today, will find themselves under great pressure should the Bill ever become law.

We have all received a huge amount of correspondence on this subject. In my case, much of it has been from precisely such vulnerable people who have expressed their deep-seated fears and worries about the legalisation of assisted suicide, whatever the proposed safeguards. What is more, their very moving and powerful letters have been overwhelmingly reinforced for me by communications from members of the medical profession who have all had years of experience in serving the elderly and providing palliative care. They—and they include my son's ethics tutor at medical school—are deeply concerned about any possibility of a change in the law and they urge us to oppose any such change.

As for the theology of compassion, mentioned by the noble and right reverend Lord, Lord Carey, accompanying someone to his or her death is what our clergy and others do all the time. It is the very definition of compassion—"suffering with", from the Latin—and that of course is a big part of what the cross is all about in the Christian faith. However, neither in scripture nor in the church's tradition has that ever included helping people to commit suicide. Therefore, as various speakers have suggested—particularly the noble Baroness, Lady Hayman—the supporters of the Bill have no monopoly on compassion.

Secondly—the noble Lord, Lord Wills, made this point very powerfully—the Bill destroys the fine balance on choice, or patient autonomy, which our present legislation and the guidelines attempt to provide. The point was made also by the noble Lord, Lord Phillips of Sudbury. How often do we hear people claim that they have a right to choose what they do so long as their choice does not affect anyone else? Let us be clear

about the kind of choice that we are considering today. A choice to assist someone else to commit suicide does affect other people. It cannot be made in a moral or legal vacuum.

Our true dignity as human beings lies not least in our interdependence and our willingness not only to care for those in need but also, when we are ourselves in need, to be served by others. I believe that that is the love referred to earlier by my noble friend Lord Judd. To quote from one letter I received from a severely disabled person who requires 24-hour assistance:

"There is nothing shameful or degrading about needing personal care".

My noble friend Lady Campbell of Surbiton made that point earlier in a most powerful way.

The current law makes it clear where we stand on this crucial question of life and death but also takes a sensible, humane approach to breaches of the law, as we heard so clearly from the noble Lords, Lord Macdonald and Lord Condon. The Bill destroys that balance in an irreversible way, and others have indicated where such a change will undoubtedly lead over time. By going down this track we would be sending a clear message to society, and especially its most vulnerable members, about individual lives having a different value according to their circumstances. That is something which, on these Benches at least, we could never accept.

7.06 pm

**Lord Ribeiro (Con):** My Lords, I am speaking today as a doctor to express the views of some of the medical royal colleges which believe that the law as it stands should remain. They represent the doctors who will have to implement and execute this Bill, unlike the rest of us, who are nearly all retired.

My own college, the Royal College of Surgeons, of which I was president from 2005 to 2008, in a council minute of February 2005, stated:

"The Assisted Dying for the Terminally Ill Bill was discussed by council in July 2004. It was felt that the college should not take a position as this was a matter for individual fellows and members to decide".

However, in 2011, in its response to the Commission on Assisted Dying, which was chaired by the noble and learned Lord, Lord Falconer, the RCS made a very clear statement:

"The law as it currently stands should not be changed and no system should be introduced to allow people to be assisted to die. The college does not recognise any circumstances under which it should be possible for people to be assisted to die".

The RCS believes that the Assisted Dying Bill would fundamentally alter the role of the doctor-patient relationship. Doctors should preserve and improve life. If they are also involved in taking life, a damaging conflict of interest will occur, which patients will not understand. My noble friend Lord Sheikh stressed that there is a danger that a right to die may become a responsibility to die, making vulnerable people more vulnerable.

On 16 July, the Royal College of Physicians, stated:

"Today RCP Council reaffirmed its position on assisted dying—that it does not believe a change in the law is necessary. This policy is based on a 2006 survey, in which 73.2% of ... fellows",

and members voted for no change. A new survey will be conducted in the autumn and we should wait for that.

The Royal College of General Practitioners surveyed 1,700 members during a four-month consultation: 77% opposed any change to the law. Finally, as we have heard many times today, the British Medical Association, of which I am a member and, I have to say, a critical friend, opposes legalising assisted dying. The chairman of the BMA's council, Dr Porter, added:

“Our focus must be on making sure every patient can access the very best of palliative care, which empowers patients to make decisions over their care”.

We have all received countless letters and we have all recited them, but I was struck by a paragraph in a letter from an oncologist at St Bartholomew's Hospital, which is a leading cancer centre. He said:

“I am appalled at the negative implications of this Bill for my patients with advanced cancer. In my speciality of lung cancer and melanoma, we are currently experiencing a revolution in medical advances that would have been unimaginable 10 years ago. We should remember that many patients with advanced ‘terminal’ cancer have been cured due to the medical advances that this Bill would deny our patients ... from children with leukaemia to adults diagnosed with advanced ‘terminal’ melanoma, that have been cured with novel immune therapies in recent years”.

I plan to table amendments in Committee to Clause 4(4)(b) where the term “a medical device” is mentioned.. The Explanatory Notes make reference to “a syringe driver” and we need to be absolutely clear what these devices are intended to do.

The debate highlights the need for better and more widespread palliative care with a focus on individual patients' needs rather than a focus on assisting a few to die. The noble Lord, Lord Cavendish, referred to mercy killing on compassionate grounds. Perhaps we should revert to this term in the context of this Bill, which also invokes compassion. We should take note of the concerns of doctors and nurses who will, after all, have to implement the Bill.

7.10 pm

**Baroness Morgan of Huyton (Lab):** My Lords, it has been an honour to listen to the speeches today—well argued, passionate and persuasive on all sides. However, I remain of the view that I had at the start of the day and I will be brief in terms of summarising that. I support the Bill, but I particularly support the Bill going forward for proper consideration in Committee. Issues have been raised today, particularly around safeguarding, where I think intelligent amendment may reassure some of the noble Lords who provisionally support the Bill.

There are three main issues. The first is legal clarity. We are currently in a murky position at best. There is a sort of romantic view of the GP easing people out of suffering. That may have happened in the past, but we know that life has changed. Relatives risk prosecution. The terminally ill may decide to die earlier than they wish because they are scared of leaving it too late. We turn a blind eye to Switzerland for those who can afford it and do not leave that too late. We deny people personal autonomy and wash our collective hands of the legal conundrum that we are in.

The second issue is Parliament itself and our role here today. We are here to tackle this sort of issue and to take responsibility for clarifying the law. We have a particular responsibility in this House. We can deal with this issue in detail away from the pressure of lobbying from groups, party members and groups of constituents leading up to the general election. We can give this Bill the proper consideration and scrutiny that it deserves and that we know the public want it to have. The Supreme Court has urged Parliament to produce a workable law or else someone else will have to do it—the lawyers, for example. I am perplexed by the argument that I have heard today that we must not support the Bill in case it leads to a further Bill in the future. We will never take this issue lightly in this House or in the other place. We cannot decline to take this Bill forward on the basis that something else may change in the future.

The third issue is compassion and we have heard a lot about that today. Like so many others, I have talked to many friends and relatives and received many letters urging—indeed some of them begging—us to face up to our responsibilities today. The letters speak of suffering and seek compassion from us, but they also speak in many cases of a wish for personal autonomy and control of their own destinies. Whatever our personal views, we must take the debate forward properly in Committee and send it to the elected House.

Like other noble Lords, I was moved in particular by some of the letters, and I have pulled out one that I want to share with the House today. This is a cogent, coherent and in some ways a cool and measured letter. It was from a doctor who also had terminal cancer and he very clearly asked for our help. He said he wanted our help to clarify the law, restore public confidence and provide safety and security for the terminally ill and the medical profession. I find that argument compelling.

7.13 pm

**Lord Dholakia (LD):** My Lords, many of us have been brought up to believe in the sanctity of life. The matter of death is very seldom discussed. We have been privileged to listen to some remarkable speeches and in many cases that has helped to shape our approach to this important Bill. For that reason, I thank the noble and learned Lord, Lord Falconer of Thoroton, for promoting the Bill and he has my support.

Some years ago, I was called out to a hospital following a near-fatal accident my younger brother had suffered. He was on a life-support machine and brain dead. After advice from those who looked after him, I agreed that the life-support machine should be switched off—a decision I never thought that I would have to make. I had all my happy recollections of him but, in that single moment, I was aware that he would never enjoy the quality of life which we often take for granted. That memory has stayed with me all my life. Do I feel any guilt? No. I wanted to remember him as I knew him and not as being in a vegetative state. He did not have a choice, but I, together with assistance from the medical staff, took the decision which alleviated much of his suffering.

[LORD DHOLAKIA]

This Assisted Dying Bill reflects not only compassion and care, but also makes a fundamental point of recognising choice, with those strict, upfront safeguards defined within it. This gives us a unique opportunity to be able further to improve the Bill in Committee. The current prohibition on medical assistance to die causes some terminally ill people to take matters into their own hands. We repeatedly read about such cases. Some relatives also face the risk of prosecution for helping a loved one to die. The Bill would bring clarity to the law, and provide greater safety for terminally ill people and their loved ones. The Bill has strict safeguards and eligibility criteria—which were often omitted from some of the speeches we heard today. People who are not mentally competent and terminally ill, such as the disabled or older people who do not have a terminal illness, would not be eligible.

A number of noble Lords have cited the decision of the Supreme Court a few weeks ago. If we fail to make a decision, we will ultimately have to do so on the instruction of the Supreme Court. As a law-making body, we cannot ignore this challenge.

Comments have been made repeatedly about religious support. A YouGov poll in 2013 found that, of 1,200 people who identified as belonging to a religion, 62% were supportive of assisted dying for terminally ill people, with only 18% opposed. Examination of the results revealed that 78% of those who attended a place of worship once a month supported assisted dying, 59% of those who attended several times a month support assisted dying and this fell slightly to half of those who attended once a week. I make no comments about how often you should visit your place of worship, but there are a range of views on assisted dying from religious leaders. Those who are opposed have tended to dominate the debate, in direct contrast to the religious public's support—a point well made by the noble Baroness, Lady Blackstone.

I will quote some of these religious bodies. In March 2013, the Hindu Council UK stated that it supported assisted dying with safeguards:

“Compassion ought always over-ride the argument for the sacredness of life”.

Just this last weekend, the former Archbishop of Canterbury the noble and right reverend Lord, Lord Carey—we are delighted with his presence in your Lordships' House—very publicly stated that he had moved away from his long-standing opposition to assisted dying, declaring that it would not be “anti-Christian” to support a change in the law:

“Personally, I find it a shameful blot on our country's great reputation for caring for others that we have not come up with a better alternative than the Zurich clinic ... Today we face a central paradox. In strictly observing the sanctity of life, the Church could now actually be promoting anguish and pain, the very opposite of a Christian message of hope”.

I hope that I quoted the noble and right reverend Lord correctly; I have taken that quote from the *Daily Mail*.

**Noble Lords:** Ha!

**Lord Dholakia:** Similarly, my Lords, Desmond Tutu has openly backed the right of the terminally ill to end their lives with dignity:

“I revere the sanctity of life—but not at any cost ... why exit in the fog of sedation when there's the alternative of being alert and truly present with loved ones?”

There are also many Jewish clergy who have come to view assisted dying as a religiously valid choice for those who so wish. Rabbi Dr Jonathan Romain writes:

“There is nothing holy about agony. If a terminally-ill person does not wish to live out his/her last few months in pain, for what purpose should they be forced to do so, and in whose interest is that life being prolonged?”.

Over the years, Parliament has faced many serious issues: the abolition of slavery, the reform of abortion laws, the reform of laws on homosexuality, the abolition of capital punishment and, as recently as last year, the promotion of same-sex marriages. These issues do not sit comfortably with many in our community, but your Lordships' House is well equipped to deal with this particular matter in Committee.

7.20 pm

**Baroness Hollins (CB):** My Lords, I welcome all discussion that would help us to be less fearful about death and to end the taboo. However, I have to ask your Lordships a question: have your Lordships discussed your end-of-life issues with those closest to your Lordships? Today, the key point has been made many times that there is a big difference between choosing to withdraw a futile or life-prolonging treatment—a legitimate everyday occurrence—and taking a prescribed lethal drug.

One of many welcome letters that I have received opposing the Bill was from an oncologist specialising in lung and pancreatic cancer. She says that most of her patients have a prognosis of less than six months and would be directly affected by a change in the law. Over 20 years, she says that she has treated in excess of 10,000 patients, and only one in that time has made persistent requests to be helped to commit suicide. The fact that the law explicitly prevents it enabled her to fully explore the reasoning behind the request. It was due to a poor experience with a family member many decades previously, which had left the patient fearful. She wanted to live, but wanted to be assured that she would be properly cared for at the time of her dying. The oncologist says that the majority of her patients remain in control and have a peaceful death, with family present and nurses nearby, through falling asleep and not waking up—contrast that with a complication rate of 23% for physician-assisted suicide in Holland.

Assisting a peaceful death is not about supporting suicide; there are so many other options. Depression has scarcely been mentioned today but there is evidence of increasing depression and anxiety as death nears for people with cancer. In those who request assistance to die, there is an association with depression and hopelessness. This was borne out in an Oregon study of those who had been prescribed lethal drugs to end their lives despite depression.

We in this House are in a somewhat privileged position. We are accustomed to making lifestyle choices with confidence. We know the law and our rights. In a word, we can look after our own interests. The present law may not give determined and strong-minded people such as ourselves what we want, but it provides protection for those who cannot speak up for themselves—people such as those I worked with as a doctor and psychiatrist.

The noble and learned Lord's Bill assumes that a doctor can readily assess a patient's mental state, but most doctors have little or no training or skill in capacity assessment, as was a matter of considerable concern for the post-legislative scrutiny committee for the Mental Capacity Act, which I was a member of. Doctors are also insufficiently familiar with normal death, which is why they strive too hard to keep us alive. Death is seen by many doctors as a failure, and the public are afraid too. However, many of my correspondents affirmed their experience of death and dying as being a precious time. A friend of mine who died of motor neurone disease last year died gently and peacefully, his wife said, when the oxygen was removed—when he was ready. A similar situation was referred to earlier by my noble friend Lady Finlay. This is not an intellectual argument: we need emotionally intelligent people here and, as my noble friend Lady Campbell said so powerfully on the "Today" programme this morning, to start listening to people who are terminally ill, not just to those who think that they will be able to anticipate their own feelings when their time comes.

7.24 pm

**Baroness Howells of St Davids (Lab):** My Lords, I asked for permission to speak in the gap because there was some mistake over whether I had put my name down. I do not know how that happened but there we are.

The Assisted Dying Bill provokes strong feelings and has sparked widespread debate across the country, and rightly so. It affects the most vulnerable in our society and is literally an issue of life and death. We have all received numerous pieces of correspondence from members of the public from all walks of life—in my case mostly from the community to which I belong—in the days leading up to this Second Reading, vociferously objecting to the Bill. This reflects the deep concern held by many that the Bill flies in the face of the fundamental principle that we are all equal in dignity, and that it lacks significant adequate safeguards, thereby posing an unacceptable risk to the most vulnerable members of our society. It is difficult to think of a group of people more vulnerable than those who are dying.

A key reason for opposing the Assisted Dying Bill is the fundamental principle that human beings are equal in dignity. This is a principle that has been preserved through the legal and medical prohibition on intentionally killing patients and intentionally helping them to kill themselves. It is a prohibition that was aptly described in 1994, by the noble Lords who constituted the House of Lords Select Committee on Medical Ethics, as,

"the cornerstone of law and of social relationships. It protects each one of us impartially, embodying the belief that all are equal".

The Bill deals a sharp blow to respect for the equal worth of human life, a principle that so many in this country hold dear. We have been entrusted with the privilege of helping to shape the laws that govern this country, and we have a duty to do so in a manner that ensures that such laws protect the people of this country, particularly the most vulnerable among us.

We must be mindful of the message that the Bill sends to the public. Disturbingly, it signals an acceptance of the view that some people's lives are no longer worth living, or are inferior to the lives of others. Who are we to determine that another person's life has no further value? This is a concern shared by leading disability charities such as Scope and Disability Rights UK, which fear that the disabled would be prime candidates for such discriminatory designation.

While I acknowledge that the Assisted Dying Bill is born out of an attempt to be compassionate to those who wish to be assisted in ending their lives, there is a risk that it would have the opposite effect. Undue pressure would be placed on the terminally ill to end their lives, thereby causing further distress to people who are at the most vulnerable point of their lives. This risk was highlighted in a survey of disabled people conducted by Scope, which found that 70% were concerned that a change in the law would create pressure on them to end their lives prematurely. The correlation between pressure and people deciding to end their lives is evident in places such as Washington, where it has been found that 61% of those requesting to end their lives did so because they felt they were a burden on their friends and family or on care givers. Here in England and Wales, abuse of the elderly is a problem that persists.

I thank noble Lords for their kind attention.

7.29 pm

**Lord Beecham (Lab):** My Lords, although I speak today from the Opposition Front Bench and in favour of my noble and learned friend's Bill, I do so from a purely personal perspective. This is not an issue on which the political parties should take a position; nor have they. Members of all three main parties have spoken on either side of the debate today. The subject of the debate is quintessentially one demanding the exercise of individual judgment, touching, as it does, on the most profound concerns—issues of life and death, freedom of choice, responsibility and ethics. Members of your Lordships' House have demonstrated in this and previous debates a keen appreciation of the complexities which confront our society in contemplating the plight of those suffering from conditions that are not only incurable, but, in the terms of the Bill, terminal. The sincerity and motivation of proponents on either side of the argument justify the confidence which the Supreme Court displayed in its recent call to Parliament to review and clarify the law.

It is just over four years ago to the day that my wife returned to hospital in the last stages of incurable bowel cancer, diagnosed two years earlier, and we are exactly seven weeks short of the fourth anniversary of her death. As I revealed to the House in the debate on the Motion of my noble friend Lord Dubs last December, she had been a nurse, health visitor and counsellor, and the daughter and sister of doctors. She had seen her grandmother, mother and brother die of cancer. From the start of her journey, she made it clear that if the pain became unendurable, she would wish to be helped to die. She lived as fully as possible during those two years, not least by raising awareness about bowel cancer. In the event, she died peacefully, without excessive pain, under sedation in the hospice where

[LORD BEECHAM]

she spent those last few weeks. But I know that she would have wanted me to support the Bill. She would have wanted those whose suffering could not be sufficiently alleviated to have the choice which the Bill, with proper safeguards for both patient and clinician, affords.

In that December debate, I mentioned a friend who was suffering much more pain than my wife as the result of a long illness caused by a cancer which had returned years after surgery. She, too, wished for a peaceful end. She died not long after that debate, but would have preferred an earlier release.

Another friend also suffered badly from an incurable cancer which left her extremely weak, causing her to pass out and fall on a number of occasions, leading to her being rushed into hospital many miles from her home. At one stage, she was put on the Liverpool pathway, without being asked, only to be taken off it a day or two later and dying a couple of weeks after that. The Liverpool pathway has its supporters, but it also has its critics. Its use without the consent of the patient is surely a denial of individual choice. Even with the consent of the patient, it is difficult to argue that it is fundamentally different in substance and effect from what the Bill proposes.

We have heard many moving speeches today, and no one who heard the impassioned speeches of the noble Baronesses, Lady Campbell, Lady Grey-Thompson, and Lady Masham, could fail to be moved by their arguments. Their active lives are the most eloquent testimony of the human spirit's to attain fulfilment, notwithstanding physical impairments with which many of us would struggle to cope. I understand, but do not agree, with their concerns that the Bill would threaten the future of people with a disability; it is specifically addressed to terminal conditions.

Some of the other arguments against the Bill seemed to me also unconvincing. The numbers affected would not generate the significant financial savings to the National Health Service that the noble Lord, Lord Tebbit, suggested—even assuming that clinicians improperly took that factor into account. It seems to me that the suggestion of the noble Lord, Lord Macdonald, that its provisions bypass the need for an inquest into an inflicted death ignores the crucial point: that, under the Bill, death is self-inflicted following a detailed procedure, although I concede that we need to give further consideration to the details of that procedure.

Support for the principles enshrined in the Bill appears to be growing, even from some of those—such as Desmond Tutu, as referred to by the noble Lord, Lord Dholakia, and the noble and right reverend Lord, Lord Carey—whose commitment to their Christian faith is unchallengeable. Although, as we have heard, many of the professional bodies are opposed to the Bill, many individual physicians support it. Last December, I quoted the line from Keats's *Ode to a Nightingale*, in which he expressed his aspiration,

“To cease upon the midnight with no pain”—

an aspiration which I suspect that we all share. Another line occurs slightly earlier, which might be thought to serve as a symbol of the Romantic movement, in which the poet speaks of being,  
“half in love with easeful Death”.

It is not necessary to subscribe to that morbid approach to recognise the legitimacy of the desire of a patient to end, with assistance and after due process, a life which is in any case drawing to a close but in circumstances which are, to the sufferer, unbearable.

Nothing in the Bill reduces the requirement to provide the best possible palliative care for those who need it, for as long as the patient requires it. However, I respectfully suggest to those who oppose the Bill that it would not be right to deny those for whom even the best palliative care is insufficient the mercy of an earlier release, if such is their wish. Ultimately, as my noble friend Lord Elder said, it should be a matter of choice—a choice about one's own life and not, as the noble Lord, Lord Carlile, seemed to postulate, about the life of others.

I join all those who have spoken in favour of giving the Bill a Second Reading and going on to examine it in detail in Committee, where legitimate concerns about safeguards for both patients and medical and nursing staff can be explored. In that connection, and having regard to my wife's experience as a counsellor, I suggest that consideration might be given to the potential role of counselling in the safeguarding process. We should definitely look at requiring parliamentary approval of a code of practice, as suggested by the noble Lords, Lord Shipley and Lord Carlile. I also concur with the suggestion of the involvement of a judge that was made by the noble Baroness, Lady Neuberger, and the noble Lord, Lord Shipley, supported again by the noble Lord, Lord Carlile.

Whichever way Members are inclined—and I make the tally of speeches for each side approximately equal, which gives a sense of how important this issue is and how much thought has been given to it—the House today has fulfilled its function well. We should now continue in that vein at the next stage, doing what your Lordships' House does best: scrutinising and improving legislation that bears, in this case quite literally, on the life of the citizen.

7.37 pm

**The Minister of State, Ministry of Justice (Lord Faulks) (Con):** My Lords, I congratulate the noble and learned Lord, Lord Falconer, on bringing forward the Bill and securing this Second Reading debate. It is a great privilege to respond briefly on behalf of the Government. It is a reflection of the profound importance of the subject matter that so many Members of the House have attended and contributed to what has been an extraordinary debate.

Today is not the first occasion on which this House has debated this difficult and sensitive area of the criminal law, but it is, I think, the first occasion in this Parliament that we have had before us specific legislative proposals. The Bill would, if enacted, legalise assisted suicide for mentally competent terminally ill adults who are reasonably expected to die within six months. Wherever one stands on the desirability of legislative change, there can be no doubt that this would be a very significant step. Its significance has been recognised by most noble Lords, notwithstanding the description of the Bill as having modest provisions. It is possible to have modest provisions that are none the less significant.

The debate has been decorated by succinct yet powerful analysis, intensely moving personal testimony and a profound respect for opposing views, with very few discordant notes. In some quarters, the work of your Lordships' House in the detailed scrutiny of legislation and debates on matters of real importance is insufficiently regarded. Today is a polite but firm response to those who would downgrade this House.

Today's debate is also particularly timely, coming as it does within weeks of the Supreme Court handing down a landmark judgment in two cases which illustrate, all too clearly, the human predicament at the heart of the debate. Like Members of this House, the Supreme Court Justices were divided on some of the issues before the court, not least on whether Parliament is better qualified than the courts to assess the complex issues involved.

I shall set out the Government's position on the Bill. As I explained in a letter to colleagues yesterday, the Government believe that any change in the law in this emotive area is an issue of individual conscience. In our view, it is rightly a matter for Parliament to decide rather than government policy. Taking a neutral position on an issue of conscience, though, is not the same as doing nothing. The Government must of course be concerned with the fitness for purpose of any legislation that may reach the statute book. That is not to suggest that the Government will seek to block the Bill at a later stage if the consensus of this House is that it should proceed; rather, we should seek to correct any drafting deficiencies and to ensure that the law would operate in the way that Parliament intended.

The debate on the Bill has raised a number of issues. Most noble Lords were concerned about the adequacy of the safeguards. Many pointed out that the Bill would not deal with the applicants in the Supreme Court case of Nicklinson and others, and the difficulty of predicting with any confidence life expectancy in the face of a diagnosis of serious illness. Noble Lords were also anxious about the so-called slippery slope. How slippery is it—or is it just an excuse for doing nothing? Some Peers were concerned that if the Bill were enacted there might not be adequate post-death inquiry to ensure that there had been compliance with the safeguards. Others stressed the difficulty in assessing

mental capacity generally, particularly for the purposes specified in the Bill. Then there were those who thought that we should hesitate to legislate if the law, messy and uncertain as it may be, still worked well in practice. I sense the clear consensus of the House that the Bill should proceed to Committee, where these and other issues can be thoroughly discussed.

This has been a long debate with many contributions on both sides. As impressive as they were, I hope that noble Lords will allow me to break with the normal convention and not attempt to reflect all of them in my concluding remarks. There have been so many impressive speeches that I dare not mention even one. Rather, I conclude by praising all noble Lords for picking up the gauntlet thrown down by the Supreme Court. Parliament is now seized of the issue raised by the Bill, and this debate has illustrated clearly that it is very much up to the task.

7.42 pm

**Lord Falconer of Thoroton:** My Lords, to the usual channels—the noble Baroness, Lady Anelay, and my noble friend Lord Bassam—I express my profound gratitude for arranging a remarkable debate, which has had 133 speakers in one day. The quality of the speeches has been second to none. To those who have expressed support for my Bill, I also express profound gratitude. To those who have opposed it, I express my gratitude for the total lack of venom and the constructiveness with which they have approached the issue.

Today, it is clear that this House is near unanimous in its view that Parliament must now grasp this issue and the Bill must go on to its third stage in this House—Committee. This is an historic day. I thank everyone in the House for the contribution that they have made. After nine hours and 43 minutes of debate, I shall say nothing more than: “I beg to move that this Bill do have a Second Reading”.

*Bill read a second time and committed to a Committee of the Whole House.*

*House adjourned at 7.44 pm.*



## Written Answers

Friday 18 July 2014

### Cycling

#### Question

Asked by *Lord Trefgarne*

To ask Her Majesty's Government whether they have any plans to require the carriage of identity documents by cyclists riding on highways. [HL964]

**The Minister of State, Department for Transport (Baroness Kramer) (LD):** We have no plans to make cyclists carry identification. The police already have sufficient powers if they are unsure of a person's identity.

### Housing: Disability

#### Questions

Asked by *Lord Swinfen*

To ask Her Majesty's Government what plans they have to enable disabled people to locate suitable properties in their locality. [HL870]

To ask Her Majesty's Government what plans they have to require local authorities to provide a list of suitable accessible homes for disabled people in their local area. [HL871]

**The Parliamentary Under-Secretary of State, Department for Communities and Local Government (Lord Ahmad of Wimbledon) (Con):** The Government is committed to supporting disabled people to live safely in accommodation suitable to their needs.

To facilitate the provision of suitable housing in England, the Government is providing £315 million over five years for the Care and Support Specialised Housing Fund. The main aim of the fund is to support and accelerate the development of the specialised housing market for older people and disabled adults.

The Department for Communities and Local Government is providing £785 million between 2011-12 and 2014-15 for the Disabled Facilities Grant, which is administered by local authorities in England and provides adaptations to the homes of disabled people to help them to live as independently as possible in their own home.

We have no plans to require local authorities to provide lists of homes suitable for disabled people.

However, a number of local authorities maintain "accessible housing registers", and in London there is a city-wide London Accessible Housing Register (<https://www.london.gov.uk/priorities/housing-land/renting-home/london-accessible-housing-register>).

The Government believes it is important that people who require accessible housing are given the right level of priority under a council's housing allocation scheme, and that councils and social landlords are able to make the best use of affordable housing in their area, including accommodation which is accessible or has been adapted. We have retained the statutory "reasonable preference" requirements which ensure that priority for social housing is given to those who need to move on medical and welfare grounds (including grounds relating to a disability).

Around half of all disabled people are also older people, and the Department for Communities and Local Government supports FirstStop Advice, a national information and advice service that can help older people to locate more suitable properties to move to, or to access services to help them repair, adapt or improve their current homes to make them more suitable for older age.

### Railways: Liverpool

#### Question

Asked by *Lord Birt*

To ask Her Majesty's Government what is their assessment of the relative impact on Liverpool, compared to Leeds and Manchester, if neither HS2 nor the proposed HS3 rail links are connected to the city. [HL1070]

**The Minister of State, Department for Transport (Baroness Kramer) (LD):** The high-level assessments of potential options for the route of Phase Two of HS2, including options for serving Liverpool, were published and can be found at:

<https://www.gov.uk/government/publications/options-for-phase-two-of-the-high-speed-rail-network>

The potential route of HS3 to introduce improved rail links in the north has not been decided. The plans are at an early stage. The Government has asked Sir David Higgins to produce a plan for bringing the benefits of high-speed rail to the north more quickly, as well as initial proposals for faster east-west connections, including options on route, timescales and cost, and to deliver this in the autumn. This will start the process by which we can have a proper debate about the future of rail connectivity in the north.



Friday 18 July 2014

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