



## Regrettably Limited Debate & Appreciation of the Full Evidence at the ‘Assisted Dying’ Bill’s Second Reading

On 29 November 2024 a majority of MPs voted in favour of the Terminally Ill Adults (End of Life) Bill at its Second Reading.

The current law, the [Suicide Act 1961](#), makes it a crime for anyone to ‘encourage or assist’ another person to take their own life. It protects everyone equally from being encouraged or assisted to attempt suicide, irrespective of the health of the person being encouraged or assisted. Guidance on the use of prosecutorial discretion focuses on the reluctance of the person assisting, the nature of the assistance and whether the person encouraging or assisting is the victim’s doctor. It makes no mention of the health of the victim. Notwithstanding cases of heavy-handed police investigation in cases where prosecution was not in the public interest, the law itself is an important protection, which also admits for merciful discretion. ‘A hard law, with a kind face’.

In stark contrast, this Bill permits a doctor to give a lethal substance to ‘bring about death’ to a patient who wished to ‘end their own life’, and allows a doctor to encourage or counsel such a course of action. It legalises physician-assisted suicide. It removes certain people from the current protection of the law.

[Evidence from overseas jurisdictions](#) shows that those included in such a law will widen over time, and that it will be used for people who, with adequate medical treatment and care, could have lived many years (as is the case in Oregon).

Even were it possible to limit the application to a small group of people, [it would deprive some people of suicide prevention](#) on the basis of their health status. This is why the Bill is flawed not only in its details but in principle. In other jurisdictions increasing numbers of people commit assisted suicide because they feel that they are a burden to others, as the law changes – corrupts – medical and general culture, including the value people give to their own lives.

In addition to this core issue, the evidence from other countries is that the ‘safeguards’ in the Bill, such as the requirement for two doctors to sign off on the provision of lethal drugs, will not stop coercion. There is nothing in the Bill, for example, to prevent the social coercion that is due to the lack of adequate health or social care or to cuts in the benefit system, a form of coercion [highlighted by the Equality and Human Rights Commission](#).

Two weeks before the debate, the Anscombe Centre published a paper by our Director, Professor David Albert Jones, [showing that another harmful effect of this kind of legislation was its impact on palliative care](#). However, [in the debate](#), a number of MPs however, showed no awareness of this evidence. Kim Leadbeater said that: ‘*The comprehensive report by the Health and Social Care Committee, published earlier this year, found no indications of palliative care deteriorating in quality or provision in places where assisted dying had been introduced*’, whilst Kit Malthouse argued that ‘*The evidence from the Health and Care Committee, published only in February this*

year, shows that palliative care and assisted dying go hand in hand'. The same sentiment was asserted by MPs Lee Dillon, Peter Prinsley, Rachel Hopkins, Lizzi Collinge, Drs Simon Opher and Neil Shastri-Hurst, Paula Baker, Peter Bedford and Vikki Slade.

As Rachael Maskell MP pointed out, however:

*'Funding for palliative care has regressed against rising demand in an ageing society with growing comorbidities. Hospices are paring back services. Research by the Anscombe Bioethics Centre in Oxford highlights how jurisdictions with assisted dying fall down the rankings on palliative care, while promised funding never materialises. When more than 100,000 people, predominantly in poverty, from [minority] communities or based on postcode, fail to access any palliative care despite needing it, or when those who access care do so from frequently overstretched services, unable to make timely or optimised interventions, or when, for most, care starts far too late, tragic testimonies follow, as we have heard in recent days.'*

Tim Farron MP likewise pointed out:

*'In the last decade, the countries in Europe without assisted dying increased palliative care investment by over three times more than those that had legalised it. In the United States, those states without assisted dying saw an increase in the size of their palliative care teams that was also three times greater than that in states that had legalised it. That is clearly no accident and no coincidence.'*

It is good to see recent evidence highlighted in Parliament but it is also regrettable that many MPs, including the sponsor of the Bill, continue to rely on evidence that is partial or outdated.

From a bioethical perspective this proposed change in the law is the most consequential for at least fifty years. It permits doctors to counsel and assist severely ill people to take their own lives. However, most of those voting on the Bill had been MPs for less than six months and none had had sight of the Bill for more than three weeks. It was a Bill that had received no significant pre-legislative scrutiny and came with no statement of its impact on human rights. Its provisions have been heavily criticised not only by disability groups and palliative care doctors but by senior lawyers and human rights groups concerned about the poor drafting of the Bill.

There will now be a period of scrutiny of the provisions of the Bill. The Anscombe Centre will provide evidence to assist in this process, as it has provided evidence during the highly truncated debate prior to the Second Reading. It is to be hoped that some formal mechanism is developed for receiving external evidence on the Bill (which is not usual for a Private Member's Bill). In any case, MPs will be seeking to inform themselves before tabling amendments and the Centre will present evidence in the public domain to help inform them.

It is also to be hoped that with greater scrutiny, the evidence of the harms that this Bill would bring will be recognised and it will be rejected. It is not enough to identify the worst elements of the legislative text which might be mitigated by amendments. The Bill is dangerous at root and if it passes into law then it will certainly cause harm. The aim is to encourage and assist suicide and over time the numbers and categories of those affected would only increase. There is evidence of this in every jurisdiction which has legalised euthanasia and assisted suicide.

For the sake of the most vulnerable members of society, it is imperative that MPs consider all the data from international experience, and having seen the realities and risks involved vote to finally reject this dangerous legislation.

**END**

Notes to Editors:

- Any part of the above can be quoted as coming from our Director, Professor David Albert Jones.
- For more information, please see the Centre's [full Guide on 'assisted dying' – euthanasia and / or assisted suicide \('EAS'\)](#) – which includes a guide to the latest evidence internationally, the Centre's [series of briefing papers on EAS since 2021](#), and videos on subjects relating to the same.
- If the issues discussed here affect you or someone close to you, you can call Samaritans on 116 123 (UK and ROI), [visit their website](#) or contact them on: [jo@samaritans.org](mailto:jo@samaritans.org)
- If you are reporting or writing about a case of death by suicide, whether assisted or non-assisted, please [consult the Samaritans' media guidelines](#) on how to do so responsibly.
- For more information on the Anscombe Bioethics Centre, see our website: [www.bioethics.org.uk](http://www.bioethics.org.uk)
- For interviews or comment, contact: [media@bioethics.org.uk](mailto:media@bioethics.org.uk)