Assisted Dying Bill

25th June 2014

**Baroness Grey-Thompson (CB):** My Lords, can the Minister say, with regard to the 108 British people I am aware of who have travelled to Dignitas, how many family members or friends have been prosecuted?

**Lord Wallace of Tankerness:** My Lords, I do not have that specific figure. However, records published by the Crown Prosecution Service show that from 1 April 2009 up until 13 February this year, 91 cases were referred to the CPS by the police that have been recorded as assisted suicide or euthanasia. Of these 91 cases, 65 were not proceeded with by the CPS; 13 were withdrawn by the police; and there are currently eight ongoing cases. One case of assisted attempted suicide was successfully prosecuted and four cases have been subject to prosecution for murder or serious assault.

28th July 2014

**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 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.

7th November 2014

**Baroness Grey-Thompson (CB):** My Lords, I will briefly pick up on a few points that my noble friend Lady Finlay of Llandaff raised, and on the point made by the noble Lord, Lord Deben, on stereotyping. Quite rightly, we are spending a lot of time thinking about the process of the Bill. It is absolutely important that we get this right. However, we also have to think about what someone’s end of life may be.

I have never met anyone who wants to talk about their own death or think about the process of dying. The purpose of the noble and learned Lord’s Bill is for people to die without pain. However, we also have to remember that death, in some cases, is not a stereotype. It is not always a Hollywood death, whereby people just slip away. We have to be very careful of that.

A German documentary was shown in August 2004 about the scandal of Auhagen’s death, in which the man in question wanted to use a machine to end his life, not wanting any assistance from another person. He was hooked up to the machine, and 24 hours later, he had not died. The nurse who was with him said:

“The machine … couldn’t pump all the poison into his system. The man was partially poisoned, in agony and thrashing around in a coma, frothing at the mouth and sweating”.

That cannot be allowed.

In Oregon, some of the data have shown that in the last few days of life patients who have requested assisted suicide go through more pain than they did before the legislation was introduced because the palliative care is not there. If the Bill progresses, we cannot allow it to happen that, if someone wants to end their life, goes down the path of requesting suicide and then goes through the cooling-off period, the proper and appropriate palliative care is not there to support them all the way through.