Debate by Individual Members under Standing Order 11.21(iv): The Assisted Dying Bill

I call on Simon Thomas to move the motion.

Simon Thomas, Julie Morgan, Mick Antoniw, Alun Ffred Jones, Angela Burns
Motion NNDM5636 Simon Thomas, Julie Morgan, Mick Antoniw, Alun Ffred Jones, Angela Burns

To propose that the National Assembly for Wales:
Supports the principles of the Assisted Dying Bill.

15:53
Simon Thomas
I move the motion.

This is certainly an issue that deserves to be discussed across party lines in a debate such as this. The most recent background for this for me is the case of Tony Nicklinson, a man paralysed by a brain haemorrhage and who battled in the courts to give his doctor the right to assist him to die without being at risk of a court case. Mr Nicklinson was not able to travel to Switzerland, as some do. He was completely locked-in. The court ruling was that changing the law in this case was a matter for Parliament, and not for the courts. Mr Nicklinson died within a week of the ruling after refusing to take food, which caused pain to his family.

I completely agree with the judges that to change the law is a decision for Parliament, and it is a decision of the Westminster Parliament according to the current constitutional settlement. However, because such a debate changes a law that is so crucial to our society, impacting so heavily on our ethics, with so many implications for our health service and palliative care system, it is also very important that we, as a Welsh Parliament, discuss these principles.

In responding to the current situation, Lord Falconer has introduced a Bill in the House of Lords—the Assisted Dying Bill. Today's motion discusses that Bill and the principles contained therein only. I know that some Members may wish to discuss broader issues. That is the opportunity provided by debates such as this, but the motion and the vote today are clear.

So, what does the Assisted Dying Bill propose? It applies only to a patient facing a terminal illness with a prognosis of six months or less. Two different doctors would have to agree on this and also the patient would have to have the mental capacity to decide, full information about the options available, including palliative care, and the ability to make a voluntary decision, free of pressure. In addition, there would have to be High Court judicial consent that the patient had reached a clear and settled decision. After a period of reflection, the patient could then receive medication to bring his or her life to an end, and to do that him or herself.

The Bill, therefore, does not propose full euthanasia, as provided in Belgium or the Netherlands, or assisted suicide. Rather, it is modelled on the law that has existed for 17 years in the state of Oregon and which has been extended recently to Washington and Vermont in the United States. That law has not led to further demands to relax the rules or to change the system.

All too often, this debate is set up between those who advocate good palliative care and those who support assisted dying. Let us look at it from another perspective. The purpose of good law should be to empower the individual to control their lives as much as possible. Sometimes, a good death is talked about. I prefer to talk about a good life. We need to allow and support people to have as much control of their exit as they have had over the rest of their lives. When we do that, we see some astonishing things. In Oregon, for example, in practice, only a very small number of patients go on to have an assisted death: fewer than 80 in total last year out of the annual 30,000 deaths. Eighty out of 30,000 chose this option. Around 40% of dying people who meet the strict safeguards to obtain life-ending medication never actually use it. They simply take comfort from having the option. The law has worked well and safely there, and it has not led to a slippery slope. There has been no change in the law for 17 years, and no call for further change.

Already in the UK, some 25 to 30 people a year choose to travel abroad for assisted death. Assistance for these people to achieve their wish has been effectively decriminalised by director of public prosecutions guidelines. Yet, do the same in Wales as you would for your partner in, say, a Dignitas clinic in Switzerland, and you run the risk of prosecution.

I hope that Members will take the opportunity, if they have not already done so, to listen to the third Reith lecture that was given yesterday by Atul Gawande, a Harvard surgeon and professor. This is how he puts it.

‘We have had, I think, an about 50-year experiment with medicalising mortality, with casting it as just another problem for us to treat like any other, and I think that experiment is failing, but we have an alternative emerging. It’s one where we learn and elicit what matters most to people in their lives, besides just surviving.’
He points to evidence of how a patient’s control over his or her treatment can lead to better outcomes in alleviating suffering. The most high-profile, recent example of this in the United Kingdom was Lynda Bellingham, of course.

He reminds us that 60% of our population will die in hospitals and 80% in institutions of some kind—a remarkable change from the 1950s, when the majority of people died in their homes, surrounded by their families. Many say that this is precisely the task of good palliative care, and that is undoubtedly the case for the vast majority of people facing terminal illness. However, palliative care does not alleviate suffering for everyone, nor does it give some the choice that they desire. Legal assisted dying complements palliative care, encourages open discussions around end-of-life care, increases investment in end-of-life care and uptake of training by healthcare professionals. That has been shown by research by the Economist Intelligence Unit, which ranked end-of-life care across the world and found that debate and legislation on assisted dying were a catalyst for improved end-of-life care services. This is not an either/or situation, and this is also why we should be debating this in the Assembly, although it is a matter for the Westminster Parliament. It has a great effect, potentially, on our NHS.

The truth is that the current law is inadequate. It does not deter illegal assistance and places both professionals and friends and family members of dying people in a terrible position. Surveys between 2010 and 2014 have consistently found that between 75% and 80% of adults would support assisted dying for terminally ill adults, but not, however, voluntary euthanasia.

I am sure that many Members will have received scores of e-mails around this debate. I want to share just one story from a previous resident of my own region. Bob Cole's wife, Ann, became ill with a degenerative palsy last year. Both of them had been very active in Blaenau Ffestiniog and were well-known in that community. Faced with a terminal disease, she took the decision to join Dignitas and, this February, accompanied by her husband, family and friends, she ended her life in Switzerland—at a cost, incidentally, of £8,000, which also means that the current tolerance of such arrangements is fundamentally unjust for those who cannot afford it. As Atul Gawande put it in his Reith lecture yesterday, when faced with unavoidably unbearable suffering it is 'heartless' to think that we might not offer the option of assisted dying. Bob's e-mail to me concluded: 'I would urge you to do your utmost to make sure that Wales supports this important and humanitarian piece of legislation.' It is in response to experiences, stories and simple appeals to humanity like that that I bring forward this motion and ask our own national parliament to support dignity and personal choice in dying.

16:01
Darren Millar
I welcome this debate in the Senedd. I think that it is one of the important topics of the day that we ought to be discussing. I have to say that I approach it after much soul-searching and a great deal of consideration of the matter in hand. I have no doubt that those who argue in support of assisted dying do so from a noble viewpoint of compassion and wanting to relieve suffering for the terminally ill. No-one in this Chamber, I am sure, would want to see a fellow human being suffer, but is support for this particular Bill on assisted dying the best way to secure such relief? I am not convinced that it is. Can the law ever, in fact, provide for sufficient safeguards to prevent unintended consequences from such a law? I do not think that it can. What about those who suffer but are not terminally ill, or those who perhaps lack the competency to make their own decisions, such as children or those with dementia? Would a law in this area perhaps open up the door to extensions of its provisions to them? I think that, eventually, it is likely that it would.

Why is it that I have drawn these conclusions? First, it is because of my experience of the palliative care movement in this country. I believe that the debate surrounding this issue helps us to highlight the importance of the need for high-quality, dignified care for terminally ill people. Britain, of course, was the founder of the modern hospice movement, and Wales can be proud of its place as a world leader in palliative care. Many Assembly Members will have visited hospices or seen hospice-at-home services operating in their own constituencies. Some, like me, will have seen their own loved ones pass away after being cared for in such settings. Good palliative care provides an opportunity for the terminally ill to die with dignity and with relief from pain and discomfort. Given this, it is no wonder that the vast majority of UK doctors, when polled, are opposed to assisted dying, as are the British Medical Association, the Royal College of Physicians, the Royal College of General Practitioners and, of course, the Association for Palliative Medicine. There has also been opposition, of course, from third sector palliative care professionals, such as Marie Curie Cancer Care.

Providing improved access to such care is surely a better hallmark of civilised society, and a better response to this debate than the provisions in Lord Falconer's legislative proposals. Secondly, making laws in this area is riddled with difficulty and is likely to lead to unintended consequences. In Washington, in the United States, where similar laws on assisted suicide are already in place, surveys suggest that more than 60% of those who choose to end their lives do so for fear of being a financial, emotional or care burden upon others. Of course, we must remember that suicidal thoughts and intent are often fluctuating and are rarely fixed. The Royal College of Psychiatrists, back in 2006, observed that studies of the terminally ill showed that depression is strongly associated with a desire for hastened death and that, once depression is effectively treated, in excess of 98% of people change their minds about wanting to die.

Research in Oregon, which has legalised assisted suicide, has established that around a quarter of those seeking to end their life are clinically depressed. So, it is surprising that Lord Falconer's proposals do not require an assessment by a mental health professional as part of the decision-making process on assisted dying. Instead, there are proposals for two doctors to certify that someone should be eligible and that assisted suicide should proceed. Of course, in Oregon, where there is a similar two-doctor rule, the phenomenon of doctor-shopping has appeared, whereby patients whose requests are denied initially by a clinician simply look and shop around for another doctor who will agree to support their request.

16:05
Simon Thomas
Will the Member give way?

16:05
Darren Millar
I am afraid I will not have time.

The doctors often find that they have a very short relationship with their patients and a limited knowledge of them and their circumstances. There is no requirement also for the clinicians to have any specialist knowledge of the patient's condition or of palliative care. In addition, the definition of 'terminally ill' in Lord Falconer's Bill is that a patient is expected to die within six months, and that in itself is also very difficult for clinicians to predict. One in four in Oregon says that they are not confident enough to determine a six-month life expectancy. Data actually show that, even of those patients who have been given a prescription for lethal medication, many of them have lived for two and a half years or more. In fact, one Oregon resident, Jeanette Hall, who was diagnosed with cancer and told that she had six months to live, decided to take Oregon's option of ending her life but was persuaded by her clinician to undergo treatment instead, and she is still alive some 14 years later. How many patients in Wales might miss out on valuable time with their loved ones should assisted suicide be legalised and situations like that occur here?
The third concern is about a slippery slope.

16:06
The Deputy Presiding Officer
You must be quick.

16:06
Darren Millar
I will be quick, Deputy Presiding Officer.

The third concern I have is about the potential for a slippery slope. Surely, the argument for giving a right to die to some people in society should be extended, if the argument is taken further, to other individuals, including children and perhaps those who are not competent to make such decisions for themselves. That is precisely what has happened in other parts of Europe. We see in the Netherlands, for example, it now being permissible for a doctor to euthanise a newborn baby that is disabled with the justification of preventing suffering. I do not want us to go down that route and that is why I am very pleased to see Members of the House of Lords from Wales championing the cause against this Bill. I would urge every Member of this Assembly to support their efforts.

16:07
Mick Antoniw
This is one of the most difficult and sensitive debates that I have participated in since I became an Assembly Member. It relates to a legislative debate that has commenced in the House of Lords on what is the most fundamental of issues and one that affects us all, our constituents and our society, namely the right to life, the alleviation of suffering, and the right of an individual to die in dignity and to exercise control over their own life. The debate requires consideration and respect for some of the most fundamental ethical and moral principles that govern how we protect the sanctity of life, while doing all we can to prevent suffering.

We have all received many representations on the issues raised by this debate. I welcome all those that I have personally received, a number of which have led to positive, informative and often illuminating discussions. I think this is because we all recognise that, whatever our various views, this is an important, albeit intensely complex, debate that is long overdue and needs to take place. It is right that in Wales we should have this debate in order to express our views and those of our constituents. Most of us will have our own experiences of close family members who, in their final weeks and months, despite all the wonderful palliative care and support available, and the best medication and medical intervention, nevertheless suffered an unpleasant, undignified and painful death. The questions raised by the Bill are: should an individual have the right in particular circumstances to seek and obtain support in bringing their life to a dignified end, and is it socially desirable and possible to legislate to achieve this? The Bill provides for a person who is terminally ill, that is, someone who has an illness that is irreversible and likely to lead to death within six months, and who has a clear intention to end their life, to be assisted in achieving this. The Bill as amended in the House of Lords on 7 November provides for a signed declaration by the individual witnessed not only by an independent person and doctors, but also by a family division judge. This provides a level of protection similar to that adopted in Oregon and some other states in the USA that allow assisted dying.

The more I read and think about this legislation, the more I realise how complicated and difficult it is. In principle, I support the right of an individual in these circumstances to bring their life to a dignified end. My support for this principle arises from my own experience with the death of my father a couple of years ago, and I am sure that many others have had similar experiences.

However, while I am sympathetic to the Bill's principles, I am not yet wholly convinced that it is possible to introduce the proposed legislation without there being serious social and ethical consequences. One of my concerns is whether it undermines the challenge, respect and commitment that we have as a society to look after our elderly, those with illness and disease, and those in suffering. Are we able to achieve this without a move away from protecting life towards an easier, utilitarian culture, perhaps epitomised by a diminution of respect for the elderly in society and even among the elderly themselves? How might such a change impact on the role and morale of doctors, nurses and carers, who are committed to preserving life and the wellbeing of the elderly, infirm and vulnerable? How might the way that they are perceived in society be changed and possibly undermined? That is the conundrum facing us. So, it is right that we have this debate. However, to support this legislation, we have to be wholly and unequivocally convinced that the rights of the individual are not outweighed by the potentially adverse consequences to broader society. So, although I have put my name to this motion to enable this debate to take place, I have to say that I am not yet so convinced, and, while that uncertainty remains, I feel it necessary on this occasion to vote against the motion.

16:11

Kirsty Williams

May I begin by stating quite clearly for the record that the Welsh Liberal Democrat group has a free vote on the matter before us today? We regard this as a matter of conscience, and I am speaking in a personal capacity. It is difficult, indeed, to do justice to this most challenging and sensitive of issues within the time allotted to each speaker. I recognise that there are strongly and honourably held views on both sides of the argument. I also recognise the call from the president of the Supreme Court for Westminster to take a view on these matters, and I also believe that it is appropriate that we should have an opportunity to express a view here, as the National Assembly, on law that will affect our citizens.

I have a huge amount of sympathy with the Dignity in Dying campaign. Terminally-ill adults should indeed have more control over where they die, how they die, and, indeed, when they should die. However, in looking to enhance the autonomy of the individual—something that, philosophically, I feel very strongly about—I also feel strongly that enhancing that autonomy cannot be done at the expense, or at the risk of, endangering others in our society. The opening speaker is right. Many people categorise this argument into those who believe in the concept of assisted dying—the concept actually does not exist in law, it is 'assisted suicide'; it is a nicer way, I think, of putting it, but let us call a spade a spade, that is what it is—and those who believe in the principle of palliative care. However, I think that it is the failure in palliative care that often leads to calls for this. There have been great advances in palliative care, but, if we go back to the last debate that we had, on the cancer delivery plan, we will know that there are huge gaps in palliative care services in Wales. Only 23% of people who died were actually registered as palliative care patients. I know, from nursing my own father very recently, of the gaps in the services and how vulnerable they can leave an individual and a family.

We also need to enable more people to die at home. We have a woeful record of respecting people's wishes in this regard. There is so much more that we could to ensure that people have the support to die at home, which is where most people want to end their days. I think there is an absolute need for there to be a discussion in society and among individuals and families to have a greater use of advance directives and living wills. I had a very moving e-mail from a constituent who told of her family's experience of an advance directive, which meant that her mother died in the place and with the dignity and with the care that was appropriate and what that lady would have wanted. How many of us here have thought about this and have plans for this in our own lives, let alone dictating to other people how they should plan?
I think that it is impossible to have this debate without recognising the views of medical practitioners, who are, in effect, the people who will be tasked with implementing this law. I recognise that there are doctors who support the move to assisted suicide, but the vast majority of doctors and the royal colleges at present do not support this move. That is important to realise, because if the law was to pass, we would have to operate a system that would allow individual doctors to opt out of the service in line with their conscience. That would lead to a small pool of doctors, I suspect, whose speciality would become assisting those people to die. I have grave concerns about the nature of the relationship between a doctor and an individual whom they have not known for very long. I do not think that we can have this debate without taking on board the views of the medical profession.

There is also the matter of safeguards. The question before us today is whether this is the right legislation to implement, and I am concerned that the legislation today does not have the safeguards that I would want to see before I could support a move from the principle of agreeing with assisted suicide or assisted dying and the practicalities. In comparison with the law that was brought forward by Lord Joffe—I think that is how you pronounce his name—in 2005, there is scant detail on the face of this Bill about safeguards. That really, truly troubles me. Like Mick Antoniw, while I have sympathy for the principle, one wonders whether you can truly legislate for a system that would provide adequate safeguards and a framework to operate this very difficult piece of legislation. That is why today, Deputy Presiding Officer, I shall vote 'no'.

16:16
Jenny Rathbone
I think Kirsty Williams is absolutely right that this is not a matter for whipping by any political party, and I cannot envisage circumstances where it would become part of a party political manifesto. Therefore, I think that it is entirely appropriate that the legislation proposed by Lord Falconer is a Private Member's Bill and it is then up to individuals to decide on their attitude towards it.

One of the reasons why I decided to speak today is because my closest friend of over 40 years took the Dignitas route. As Simon Thomas has already pointed out, this is something that is available for those who have the money and the resources, and indeed the courage, to do it. My friend was a really exceptional individual, because she lived with lung cancer for many years. Over about seven years, she knew that she had lung cancer, and she knew that she had a death certificate hanging around her neck, but it was not until the cancer inevitably spread to her brain that she knew that she did not want to go on any longer, because she was particularly keen to be able to be the person who determined when and how she died, rather than to wait until, inevitably, she completely lost control of her destiny. I respected her decision and admired her courage in doing so. Indeed, she opted not to have any friends with her in the room when she took the medicine.

The key point, which Simon has already pointed out, is that assisted dying is already available for those with the resources to go to Switzerland, and that is why Lord Falconer's Bill has a lot of merit, because I feel that it ought to be available to everybody who wishes to take that decision but does not have the resources to go off to Switzerland.

None of us knows when, where and how we are going to die, but all of us wish to avoid having a gruesome death. I think that some people are faced with the true knowledge that they will have a gruesome death, just because of the condition that they have. That is why I feel that it should be available in a civilised society to enable them to end it, with all of the safeguards that need to be in place to ensure that it really is the wish of that individual.

16:19
Aled Roberts
Kirsty Williams has already made the point that this particular piece of legislation incorporates far fewer safeguards than Lord Joffe's previous legislation, which was rejected at Westminster. It also includes far fewer safeguards than even the Oregon legislation where, for example, if the doctor has any concerns regarding mental capacity, there is a requirement for a further report from a psychiatrist before the decision can be approved.

16:20
Jenny Rathbone
I think it is perfectly possible that there need to be further safeguards in the Bill, but there is nothing preventing people like Ilora Finlay, who came to speak at lunchtime, from proposing amendments if she or others feel that the safeguards are not there in the way that this Bill is currently drafted. However, I think that the purpose of our debate today is really to discuss the principle rather than the specifics of the legislation, because it is not a Bill that is coming before this Assembly.

One of the issues that I quarrel with, in relation to some of the people who have written to me by e-mail, is that they are quoting the Oregon situation as the reasons why we should discount this in our country, when the situation for people living in Oregon is so different to the one that we have here. We have the national health service free at the point of delivery, whereas in Oregon—there are 40 million people across the United States who do not have any health insurance and, when they get life-threatening conditions, they die, because they cannot afford whatever medicines they have to tackle that condition. I can well understand that desperate relatives will take desperate measures to try to raise the money to get the treatment that they want their loved ones to have and why that puts appalling pressure on the individual who has the life-threatening condition to end their life in order not to see their loved ones plunged into debt. However, I think it is a very different situation that we have here in the UK, simply because it is not about money. We are able to get palliative care based on the needs of each individual. So, I think that Lord Falconer's Bill has merit even if there may need to be some safeguards added to it.

16:22
William Graham
This debate is not about the right to die; it is about the right to help patients kill themselves. Instead of giving freedom to patients, assisted suicide is about giving other people the legal power to end another person's life. It is a complex and emotive subject that transcends many fields of knowledge and experience, including the law, medical practice, mental health, society and the experience of the handful of overseas jurisdictions. The Suicide Act 1961, as it stands, reflects social attitudes to suicide. While we rightly treat people who attempt to take their own lives with understanding and compassion, as a society we do not regard suicide itself as something to be encouraged or assisted, as suicide watches and suicide prevention strategies amply demonstrate. The law prohibits assistance with suicide. It holds serious penalties in reserve to deter and, where necessary, to deal with malicious offenders. The law recognises that assisting a suicide might cover a wide spectrum of criminality from ill-intentioned assistance motivated by gain and accompanied by pressure to reluctant assistance motivated by compassion.

A large number of people who are terminally ill have found richness and purpose in their lives despite pain and hardship. While we have the emotion of all human life having a profound value, there are also real pragmatic concerns as to why this Bill is creating so much disquiet. As we have heard, the vast majority of doctors are deeply opposed to changing the law. Doctors recognise that assisted suicide is almost always unnecessary. Good palliative care restores quality of life without needing to erase the life itself. Personal autonomy can be preserved without need to promise death on a due date. Unrelievable suffering is hypothetically possible, but there are many doctors who will say that they have never seen it. What they have seen is patients suffering unnecessarily because of poor access to good palliative care.

There is a real threat to autonomy. Killing people is cheaper than providing palliative or long-term care, and healthcare resources will always be constrained. This must mean that healthcare teams and society in general will feel under pressure to encourage patients to choose suicide. If it becomes legal for some people to help kill others, they will inevitably do so for reasons that are nothing to do with a patient's actual reasoned wish to die. Most importantly, it is unstoppable. It is impossible for legislation to protect against misuse because key words the law would need to use do not have definitive meaning. The phrase 'unbearable suffering' is subjective, so legislation cannot protect against it being misused. The phrase 'within six months of death' is meaningless as doctors simply do not know how long a patient might live. Far from being protected from feeling that they must end their lives, the state—the custodian of our civic morality—becomes the provider and facilitator of assisted suicide. In this context, especially mindful of the cost of end-of-life care, it is not hard to see how the right to die will very quickly become a duty to die.

I quote from Lord Howarth's statement at the Second Reading:
'*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…The very existence of a legal option of assisted dying would itself constitute an additional pressure.'

For myself, I will assert that we are not just establishing a right to what was previously forbidden, but we are changing how we think of the act itself of suicide—from a tragedy to a benefit, a release from suffering; and of assisting suicide—from a crime into a service. We are asserting that helping people in pain to end their lives—killing them, to be more direct—is a positive good that is the state's obligation not merely to tolerate, but to facilitate.

In countries where assisted suicides have been legalised, it is increasingly the practice. Belgium, where euthanasia on the Quebec model has been legal since 2002, this year extended it to severely disabled children, joining the Netherlands, where it has been lawful since the 1990s. In Switzerland, it is permitted to euthanise the mentally ill, and the list continues to grow. Prisoners serving life sentences are the latest addition. What begins in compassion, it seems, ends in eugenics.

Let us recall the Hippocratic oath:
'Nor shall any man's entreaty prevail upon me to administer poison to anyone; neither will I counsel any man to do so.'

16:27
Alun Ffred Jones
I have put my name in support of this motion because I felt strongly that we should be discussing this crucially important subject in this place in view of the proposals that are going through the House of Lords. One of the features of the discussion on the whole is care and respect on both sides in putting forward our arguments, and I hope that we will be able to continue in that vein.

I am not sure about my opinion on the subject, to be honest, because it deals with one aspect of our lives that none of us can avoid. However, two things strike me. Medicine has developed to such an extent that we are able to sustain life even in the face of serious illness that would certainly have led to death in years gone by. However, is extending the length of our lives the purpose of healthcare, regardless of the circumstances? I am not sure.

My mother died as a result of a stroke shortly after she reached the age of 80, but her sister lived until her mid-90s. By then, she was blind and deaf and had lost all zest for life. I remember going to see her and her telling me, 'Your mother was very fortunate to go as she did'. Certainly, I think that auntie Lilian would have appreciated the opportunity that this Bill would provide.

When I think about this, words from the play 'King Lear' come to my mind, when the faithful servant Kent sees a dying Lear, and there is some attempt to try to help. He says:

‘*O! let him pass; he hates him/ That would upon the rack of this tough world/Stretch him out longer*.’
I think that there is something in those words that is relevant to this debate.

On the other hand, accepting the direction of the Bill before the Lords at present, it is clear that there are grave concerns in the field of healthcare and the medical field. I would agree that there would have to be very strict rules in terms of the conditions under which such an option would be allowed. It was interesting to read yesterday that at least one professional body that represents psychiatrists refuses to say whether it supports or opposes this current Bill because opinion is split within that professional body. So, the only thing that I can say in concluding is this: let us discuss and encourage discussion outside of this place so that we can ultimately come to a reasoned decision before we legislate on this important matter.

16:30
Angela Burns
I am deeply aware that the matter before us is controversial, so I wish to frame my argument very carefully. For me, the Assisted Dying Bill is not about a good death but a good life, a life in which we have so many times been given the opportunities for choice, a life in which we have been enabled and encouraged to develop our individuality, to assert ourselves with vigour and to develop our emotional and social maturity and to accept personal responsibility. However, in framing my argument, I want first of all to pay tribute to the hospice movement and the many others involved in offering palliative care. I personally am, and I know that Paul is, privileged to be involved with the Paul Sartori Foundation based in Pembrokeshire. It is an organisation that offers hospice-at-home care for those in the later stages of a life-limiting illness. Many here will be aware of the work of Macmillan, Marie Curie, Tŷ Hafan and the work of the national health service and so many organisations and the incredible people who staff them. Their compassion, resilience and fortitude should be recognised, and I am deeply grateful for all the work they do. They enable people to have a choice.

However, Deputy Presiding Officer, there, for me, is the rub, because if I were within weeks of dying from a terminal illness and palliative care no longer brought me the relief it had done, I would want to know that I could end my life if I wished to. It does not mean that I would, but the choice would be mine. This is important to me, because all my life I have been educated and groomed to make choices and to be sensible and mature enough to build relationships, to have children, to hold down jobs, to evaluate risk and to accept or refuse medical treatment, to run my life and, indeed, to take responsibility for the wellbeing and lives of others. However, my ability to choose to take responsibility for my actions, to understand my choice, is for nought if I have no control over how I might end my life.

I want to be really clear about exactly what choice the Bill on assisted dying is suggesting we enact. Simon Thomas has already elucidated the fact that it is for someone who is within six months of dying from a terminal illness and who is mentally competent, that two doctors will be involved and that, not only do they have to agree your diagnosis and prognosis, they have to ensure that you have been offered palliative care pathways. That is absolutely critical. A High Court judge needs to make sure that those pathways and the entire process have been completely above board. However, what I would like to add is that I think that the safeguards within the Bill will stop the confusion and uncertainty currently surrounding those with terminal illnesses who wish to end their lives and, as Jenny Rathbone has said, those who sometimes end their lives to early because it is the only time they are still competent when they may have wanted to stay longer with us.

It is also very, very clear that it will make it a criminal offence—
16:33
Suzy Davies
Thank you very much for taking the intervention. I just want to ask you, as you have listed a number of the safeguards involved in the Bill as it is now, whether you agree that none of that means anything unless the key concept is proven, and that is unbearable suffering, because, without that, none of the Bill applies.

16:34
Angela Burns
Yes. Thank you. Also, what the Bill will clearly do is make it a criminal offence to assist anyone who does not have a terminal illness to end their life, whether this is an incident of overt help or a case of un-consented, covert withdrawal of medical support. I carefully choose these words, Deputy Presiding Officer, because it is the elephant in the room. Personally, I think that withdrawing food and water in the terminal stages of someone's life is neither human nor humane. I think that these safeguards will protect the elderly, those with disabilities, those worried that they are a burden, those with disinterested and avaricious families and those who are hard to look after. In the UK, I believe that we can put in place the safeguards. Look at how this very place walked that very fine line on presumed consent for organ donation. These are legitimate fears we have that we might begin to trade people's lives as commodities on the stock market of society. I have read with care the e-mails that I have received from doctors and organisations, outlining very clearly their concerns that vulnerable people will be pressurised to give up.

I am aware of this very slow creep in the Netherlands, where fear of being a burden, rather than unbearable suffering, has become the primary cause for a life termination choice. As Simon and other speakers have said, this proposed Bill is based on the Death with Dignity Act in the state of Oregon.

I want to finish by saying that I would like to quickly address the depression element that Darren Millar rightfully brought up. I believe that being sad or angry or frightened must be a natural part of facing death. Wanting to talk about your opinions is natural. Wanting to refuse interventions when the outcome will not change is natural. Being unwilling to endure the loss of privacy and independence is natural. Wanting to share your final days, pass on your memories, say your farewells, determine what your end goals are is natural. To say that people do not die in pain may be technically accurate, but if you are actually sleeping your way through to death, how can that be a safe and good death? We are hard-wired for life. I beg you to support this motion.

16:36

Byron Davies

I really am very grateful to have the opportunity to contribute to this extremely important debate. Let me say from the outset that I am profoundly opposed to the principles behind the Bill that we are considering today. At the outset, I would like to make it plain that I believe that any move towards legalising assisted suicide would have very serious consequences for many vulnerable terminally ill people. More than that, what the Bill proposes would, I believe, fundamentally change the nature of our society for the worse.

Much has been made by proponents of assisted suicide, as well as in the media and in the campaign literature of organisations championing assisted suicide, of the need for choice in the matter of how and when we die. However, what the Bill proposes—bluntly, allowing one person to kill another—is not choice, at least not for the thousands of vulnerable people who would be put at risk were the law to be changed. We know as legislators that laws must be made for the betterment, flourishing and protection of the many not the wishes of the determined and desperate few. So, as well as permitting or prohibiting actions, laws also shape perceptions. Despite all the talk of safeguards, it is simply not possible to use the state to provide a mechanism whereby people can end their lives without conveying a message that some lives are not worth living, that it is okay for some to be assisted to kill themselves if they have a terminal illness.

Today, by contrast, someone who is terminally ill, with all that that entails in terms of the additional burden placed on families and the state for the duration of the illness, and does not want to end their life, is protected by the fact that even though they are a burden, they know the state does not think it appropriate for another person to end their life. In adopting this position, the state, effectively, says that their life is still worthwhile. Once there is a hint from the state that this is not true, once we budge a single inch on the issue of assisted suicide, all that changes. Instead of feeling protected, the vulnerable would find themselves exposed, I believe, to pressure.
The right to die will quickly become, in at least some cases, a duty to die. To this end, the Assembly will be interested to learn that, in 2013, 61% of those applying for assisted suicide in Washington State, which has a law very similar to that proposed by the Assisted Dying Bill, cited being a burden as a motivation. Do we really want to make Wales, where we rightly place so much emphasis on community life, a place where people are exposed to these pressures? I hope not. I firmly believe that we should say ‘no’ to assisted suicide here, as the Scottish Parliament did by a resounding majority of 85 votes to 16 in 2010.

Before I conclude, I want to touch upon one other issue, which is that champions of assisted suicide cite one of their chief concerns as ensuring death with dignity. Mindful of this commitment, Members will be interested to know that, rather than a comfortable death at the time of their choosing, the experience of residents in the US state of Oregon paints a very different picture. Since the law was changed in Oregon, there have been 22 incidents of patients regurgitating the lethal substances that they were given. In six cases, the people in question actually regained consciousness. Clearly, this was not the end that these people had in mind, nor is it that that is promoted by advocates of assisted suicide. Indeed, it is hard to conceive of a less dignified death than one that involves vomiting up poison. With a similar percentage of complications in England and Wales, and assuming a similar rate of assisted death as in Oregon, almost 50 people would go through this experience every year, and 13 would regain consciousness. This is not the end that we should seek for ourselves, or for others. I cannot possibly support the motion before us today, and urge other Members to think very carefully about the message that would be sent to vulnerable people around Wales and the rest of the UK if we give our support to the motion when we vote in a short while. I would urge all Members who cherish the society that we enjoy in Wales to vote against the motion.

16:41
Nick Ramsay
I think that, as Angela Burns said, along with the presumed consent organ donation debate that we had here, this debate is probably the most emotive debate to be held in this Chamber over the last 14 years. I should point out, as you have probably gathered, that the Welsh Conservatives have a free vote on this matter of conscience.

The examples given of cases where families feel that end-of-life suffering has been disproportionate are well rehearsed, and it is too easy in this Chamber, I think, to fall back on statistics when those statistics are merely representative of many human lives and individual stories behind those data. That is what this debate is essentially about. What it comes down to is the value of a human life, how we measure that, how we ensure that the mechanisms of Government and the force of the laws of the land reflect the value of that life, strengthen and enhance it. However, as we have heard today, there are two views being expressed on how you measure that value: the view that life is sacrosanct and assisting or accelerating end of life is wrong in any circumstance and the equally strongly held belief that suffering should be alleviated and that, in certain circumstances, the end justifies the means. I think that you would have to have a heart of stone not to be moved by the cases of individuals who have decided that they would rather move faster towards the end of life than the law currently permits and those heartbreaking cases where others are criminalised for helping them to achieve that wish.

I will be frank with you: I am not sure how I would deal with a conversation with someone nearing the end of life and wanting to accelerate that. I am not sure how I would feel if I was in that position myself and the options and freedoms to move more quickly towards the end of life were denied to me. What I do know, and this is after much thought and soul-searching, is that I cannot support the motion before us today. That is not because I think that the status quo is perfect, and I certainly do not feel a desire to deny some of the most vulnerable people in society who want to exercise their freedom in the most real way possible.

I am going to vote against this today because I just do not think that the piece of legislation before us is the answer to the question that it believes is being asked. In fact, I am worried, and I know that other Members are worried as well, that this legislation, if enacted in the form before us, would open a door never before opened in this country without really providing a clear direction of travel beyond that door and without cast-iron safeguards on the procedures that it is proposing. In other words, back this motion if you really feel that it is the right thing to do, but be absolutely sure in your own mind, when you vote for it, that this is how you want the system to work once that change is made. I cannot personally have that certainty and, for me, there are too many unanswered questions and it is too ambiguous in its current form.

On some of the legal technicalities that have been alluded to, what is a ‘competent adult’? How do you define competency? Who makes that decision? People have been talking about medicine. That medicine, if you want to call it medicine, according to the law, would have to be delivered to the person for whom it was prescribed. Of course, in some situations, that might be a very difficult thing to achieve. Framing and drafting laws is an imperfect process. I think that we have all realised that in this institution over the last few years, but the problem here is that the consequences of getting it wrong are literally life and death. For me, this legislation, although extremely well-intentioned, seeking to deal with what it perceives as a long-standing injustice for many individuals and families, is at this point a bridge too far and a bridge over which I would suggest others should cross only if they are absolutely sure.

In closing, although I agreed in the main with the speeches of some colleagues, I do think that talking about some examples of euthanasia in other countries is not helpful in this debate. I think that you have to accept that the people who have brought forward the legislation in Westminster and this motion here today are doing it for the best reasons possible. We need to keep this debate on a sound footing. I am pleased to have contributed to this debate today, and I hope that it has shed light on a number of issues, which will help us to move forward. However, as I say, for me, at the moment, this is a bridge too far.

16:46
Janet Finch-Saunders
I too cannot support this motion today, or indeed support the principles of this Bill. Lord Falconer’s Bill has been described by many as not only unethical, but also unnecessary and dangerous; and that it has the potential to marginalise the disabled and the vulnerable within our society. There has been much talk of the need for those wishing to end their lives in terms of compassion and dignity. However, it is essential that we show this same compassion, dignity and care for all of our terminally ill.

The Suicide Act 1961 is currently addressing society’s attitude towards assisted death: that any active encouragement or assisting in a person’s demise is a criminal offence, and the evidence is mounting and overwhelming a very strong opposition to any such legislative change in this area. The BMA and the royal colleges of physicians, surgeons and general practitioners are strongly opposed to legislation of this kind. Less than one in five doctors have stated that they would be willing to engage in the assisted dying principles. Of course, we have all witnessed the shocking catalogue of abuse with the Liverpool Care Pathway. That has been down to interpretation and has been subjective, where we have seen patients with a chemical cocktail of drugs with the express intent of hastening their deaths. I too personally witnessed that kind of scenario.

I, along with a hugely respected Baroness Finlay and countless medical professionals from across Wales, fail to see any such requirement for a change in our current and protective legislation. In Wales, as has been mentioned, we have some remarkable hospices, such as St David’s Hospice within my own constituency. Here, unlike in

many other parts of the world, palliative care is a recognised clinical speciality. Recently, ‘The Economist’ conducted an international survey that saw Britain ranked first for its quality end-of-life care. More than 70% of the members of the Royal College of Physicians stated that, with improvements in palliative care, good clinical care can be provided within existing legislation, and patients can die with dignity. This notion was also set out by the Royal College of General Practitioners Wales in a letter sent to all Assembly Members by doctors Phil Williams and Helen Herbert.
I believe that we should recognise the immense work of our hospices and ensure that all of those suffering with a debilitating or terminal illness are afforded the same level of care, compassion and dignity so often available through our hospice movement in Wales.

The campaign Dignity in Dying states that, subject to strict upfront safeguards, this Bill should enable the terminally ill and mentally incapacitated to request life-ending medication from a doctor. How can we be sure that these safeguards will protect the vulnerable—those for whom ‘yes’ may mean ‘no’, and ‘yes’ may mean ‘I don’t know’? This fear has been expressed by one of the country’s most eminent end-of-life doctors, Baroness Finlay. She has said that it is too dangerous to allow the law to be changed so that somebody else assists and abets your suicide when there are no proper safeguards in this Bill. Again, we talk about interpretation and subjective.
16:49
Bethan Jenkins
Janet, will you take an intervention?

16:49
Janet Finch-Saunders
Yes.

16:49
Bethan Jenkins
I am just wondering, because I have heard the debate from all sides and I truly have not decided, if the High Court has to make a decision on it as well, is that not enough? Does that not go as high as you can possibly go in making that decision? Surely, if somebody makes the choice, that is for them. I do not think I could tell anybody how they feel in the Chamber. Surely, if you know how you feel, nobody else should take that away from you.

16:50
Janet Finch-Saunders
I take that point on board, but we are talking now about people who may be confused, or who have dementia and who may make a decision one day and then actually feel differently. We are talking about the point of no return and actually assisting in somebody's death. There is no coming back.

The Bill does not even define certain fundamental elements that could be viewed as safeguards, such as settled intention or how freedom from coercion or duress may be established. One consultant physician who cared for the elderly for more than 20 years, specialising in those suffering from progressive and usually fatal lung conditions, wrote to me asking me to carefully consider rejecting the proposal to support this, citing grave concerns regarding the reliable prediction of patient survival

and the determination of mental capacity. He states that predictions are little more than estimates, with patients being told that they have only several months to live, but can go on to defy the expectations of medical teams. He believes that the practical realities of determining capacity, such as disagreements between family members, practitioners and the patients themselves, will mean that the implementation of this Bill in practice will leave room for interpretation and place the vulnerable at risk. Lord Falconer's Bill lacks the requirement for the psychiatric assessment of a patient when mental capacity is in doubt. We as Assembly Members cannot endorse this. I urge and ask you to reject this motion.
16:51
The Deputy Presiding Officer
I call the Minister for Health and Social Services, Mark Drakeford.

16:52
Mark Drakeford, The Minister for Health and Social Services
May I begin by thanking Simon Thomas for the way in which he opened this debate, and many others who have taken part in it?

As we have heard, the Assisted Dying Bill is intended to legalise assisted suicide for terminally ill, mentally competent adults—not people with dementia, of course—in Wales and England, who have a clear and settled intention to end their own life and are reasonably expected to die within six months. They must have reached a voluntary, clear, settled and informed wish to end their life, but to be unable to do so without medical assistance. Under the terms of the Bill, therefore, healthcare professionals would be required to assess whether an applicant for assisted suicide met the Bill's criteria and then to supply lethal drugs that would enable terminally ill persons to end their own lives.

Although this is a non-devolved matter and the Ministry of Justice will be leading on the Bill, as it involves a change to the criminal law in England and Wales, it is clearly right that, as a matter of such importance, it is discussed and debated here, as it has been in relation to the four different Bills on this matter that have come before the House of Lords in the last 10 years, with none of the previous three having made progress.

The current Bill was introduced to Parliament by Lord Falconer in 2013, had its Second Reading on 18 July, was debated for 10 hours by 130 peers and moved to the Committee of the Whole House of Lords. The first day of the House of Lords committee took place on 7 November and although it debated the Bill from 10 a.m. to after 5 p.m., it succeeded only in agreeing the first clause. It will now be up to Lord Falconer to request a second committee day. That has not yet been scheduled, and may not take place until the new year. Realistically, as the current session of Parliament will be interrupted by the general election, it must seem unlikely that the Bill will have sufficient time to complete its passage through Parliament, or, indeed, even through the House of Lords.

During the Second Reading debate, Lord Faulks, the Minister of State at the Ministry of Justice, set out the UK Government’s position that any change in the law in this area would be an issue of individual conscience, and a matter for Parliament to decide, rather than Government policy. This was, of course, the position also taken by the Court of Appeal in reaching a judgment in the case of Nicklinson and Lamb in December 2013, as Simon Thomas reminded us, when concluding that, if the law is to be changed, it must be changed by Parliament.

In correspondence late last year with the then Minister of State at the Ministry of Justice, I agreed with the UK Government's position of neutrality. This is essentially, as Mick Antoniw said, an ethical and moral issue. The question as to whether there are any circumstances in which it could be legal to assist another person to die is deeply controversial and one on which very different views are equally deeply held on all sides of the argument and on all sides of the political spectrum. We have heard powerful contributions this afternoon, for example, by both Angela Burns and William Graham.

There is an important distinction to be drawn, as others have, between the potential support for the principle—and, as Simon Thomas reminded us, it is the principle before the Assembly this afternoon—while remaining to be convinced that it is possible to design a set of practical arrangements to make that principle safe and effective. We have heard this afternoon from the supporters of the motion, making the powerful case that can be mobilised in favour of a change in the law: the evidence from elsewhere; the iniquities and inconsistencies in the present arrangements; and the inescapable fact that with even the best palliative care, some deaths are painful, devoid of dignity and full of suffering. At a human level, it is impossible, as Darren Millar said, not to be moved by the plight of anyone for whom life has become intolerable. At a personal level, each Member in this Chamber has, I am sure, reflected on how we ourselves might want to be treated should such challenging circumstances ever have to be faced in our own lives or in those of people close to us, as was movingly described in this debate by Jenny Rathbone.

Yet, all Members here will also have heard over the past few days from powerful and credible opponents of a change in the law—from senior clinicians such as Baroness Ilora Finlay, chair of our own end-of-life care board. You will have heard also from individuals and organisations representing disabled people: Kevin Fitzpatrick, former disability rights commissioner for Wales; and Baroness Tanni Grey-Thompson, who writes to say that she knows from personal experience how emotive a debate this can be, but who has chosen consistently to oppose the Lord Falconer Bill in the House of Lords. This much, at least, is clear: there is no monopoly of wisdom on any one side of this debate, nor, as Nick Ramsay reminded us in closing, a monopoly either of moral purpose or of ethical sensitivity.

When I said earlier that I had agreed with Ministers elsewhere that this is not a matter for the Government to take forward, it is not at all to say that to be neutral on an issue of conscience is the same as doing nothing. Here in Wales, we have tried to lead the way in generating discussions on the important matters of death and dying, of the sort highlighted by Kirsty Williams. The changes that we are making to organ donation legislation mean that conversations have happened in families in all parts of Wales, where these had previously not taken place. Our palliative care community is in strong support of our new group, Byw Nawr, a Welsh parallel to the Dying Matters coalition in England and the Good Life, Good Death, Good Grief partnership in Scotland. It is to be chaired by Hywel Francis, the retiring Member of Parliament for Aberavon. It will be an important part of our efforts to persuade people in Wales to plan ahead, to consider drawing up advance decision and advance planning documents, to make a will, to talk to their loved ones about their wishes, and to plan for future care and support.

In relation to the Lord Falconer Bill, I will, of course, ensure that the transcript of today's proceedings is sent to Lord Falconer himself and to the relevant Ministers at the Ministry of Justice. Should the Bill emerge from its committee stage in the House of Lords, and before it enters the House of Commons, there will be a need for detailed consideration of the implications that the Bill would have for Wales; how such legislation might be implemented here; the role of the Welsh Government and NHS Wales staff; the resource implications entailed in it; and whether it is possible to put sufficient safeguards in place to cover the individuals who might wish to undergo assisted suicide, and the clinical and other workers who would have to undertake the preparatory actions and who may have real reservations and concerns about doing so. If we are in a position where we have to face those practicalities, of course, I will report them in detail to this Chamber and make sure that the important debate that we have begun today is continued as the law moves ahead.

17:00
The Deputy Presiding Officer
I call on Julie Morgan to reply to the debate.

17:00
Julie Morgan
Thank you very much, Deputy Presiding Officer. I think this has been a very considered debate, and a deeply moving debate, and I think that all Members have treated each other with respect with regard to differing views.

This is an issue over which we have no power to make a decision, but I think it is very important that we air and discuss this very important debate in this Chamber. We certainly do not have enough time in one hour to discuss this issue. I read through the nearly 10 hours of the Second Reading debate in the House of Lords, in which, as the Minister said, 130 peers requested to speak, and the three hours of the Committee Stage on 7 November, and I know that we can only put our toes in the water here. However, I want to say very strongly at this point that I hope that all Members will remember that we are voting on the principle of the Bill. The Supreme Court has asked Parliament to give a view, and it is that principle that we are voting on. In the Second Reading in the House of Lords, no peer voted against it. This is the further stage that any legislation has reached. No peer voted against it. They all had many different views, but they thought that the principle was one that should be taken forward and discussed further. In the Committee Stage, there was an amendment moved by Lord Pannick that was accepted by Lord Falconer that brought into the arena the safety net of a High Court judge coming in as well to give a safeguard, as well as the two doctors. This, again, was accepted without a vote. So, this has progressed with people with many different views.

The time is very short and I am not going to be able to go through everybody’s contributions, so I hope that it will be acceptable for me to just address some of the issues that have come up here today. One of the major issues that many Members

have raised is the issue of hospices and palliative care. I want to say very strongly that I do not believe that support for the principles for Lord Falconer's Bill in any way undermines or affects the importance of the hospice movement. I am a strong supporter of that movement, I am vice-president of George Thomas Hospice Care, a member of the cross-party group on hospices, and I acknowledge the work done by Baroness Ilora Finlay, who is eminently respected and who has worked with the Welsh Government on this issue. However, I do not find any contradiction in working for more funding for the hospice movement, greater opportunities for pain relief, and for patients to die in their own homes as they wish, which does not happen at the moment, as has been pointed out by Kirsty Williams and others today.
Most patients want to die in their own homes surrounded by their family. That does not happen except in only a small percentage of cases. While good quality end-of-life care can alleviate much of the suffering that the dying process causes, it cannot do it for everyone. Legal assisted dying complements palliative care—I think that Simon Thomas made that point in his opening statement—it does not undermine it. Both palliative care and assisted dying share common ground. In fact, I think both agree that people should have dignity when it comes to the end of their lives. So, the issue of palliative care is absolutely vital and, for most people, the development of palliative care is the way that we should be going, and I think we want to do all we can from this Assembly and this Government to support that, but it cannot cover everybody, and today we have had some very moving testimonies given about individual friends and family and the situations that people have seen that make them think that something needs to be done and that there is a gap here. Something needs to be done, and there have been very moving testimonies about that today.

Another issue that has been raised is that medical professionals are all against it, and that all of the different groups are against it, but that is not true. All of the different groups are divided, and the medical profession is divided. We have had a lot of e-mails from the medical profession, but we know for a cert that, when the debate took place in the House of Lords at the Second Reading, Sir Terence English, the ex-president of the Royal College of Surgeons of England, plus 25 very eminent doctors, went and lobbied and presented a letter saying that they supported this. The medical profession is divided, as are disabled people. Obviously, I think we all appreciate the very strong lobbying by disabled people who are afraid that this legislation will affect them. However, certainly, all of the surveys have shown that the majority of disabled people would want to have this option, as many of us would. In fact, I think it is a higher percentage than among the population as a whole. Nevertheless, we do acknowledge that there are disabled people who are very worried that this is a slippery slope, and I think that that is very important to address.

Darren Millar certainly said that this was a slippery slope, but this is a very controlled and very specific Bill. It is quite definite as to the group that it is intended for. Simon Thomas said that in his introduction; it is for people who are terminally ill and who may have only six months to live. It is very, very specific, and the safeguards have increased. At the Committee Stage, a High Court judge was brought in, so there are additional safeguards there.

As to the other arguments that have been made, I think some of them also need to be addressed. The issue of what happens in Oregon has been raised, and the point was made that some of the attempts to end life have not ended successfully. I think it is very important to say that Lord Falconer's Assisted Dying Bill has an additional safeguard that is not there in Oregon, in that it requires a healthcare professional to deliver the medication to the person who has made the request and to remain with the person, or in close proximity to them, until they have self-administered the medication and died. That is not there in the Oregon legislation, so that safeguard is built in.

Mohammad Asghar rose—

Julie Morgan
I am nearly coming to the end of my time.

So, I think we have an opportunity here in this Assembly today to vote for the principle of the Bill and to show as a body that we recognise that there are issues that need to be addressed. Certainly, the House of Lords, with all its huge range of opinions, let this go to Committee Stage. They all agreed on amendments. Surely here in this Chamber we can vote for the principle of the Bill and say, 'Let's give people dignity in dying'? I hope Members will support this Bill.

17:07
The Deputy Presiding Officer
The proposal is to agree the motion. Does any Member object? There is objection. I defer voting on this item until voting time.

Voting deferred until voting time.